Date:		
Your Name:	Fantang UM	
Manuscript Title: Hypoxia pre	econditioned mesenchyma	al stem cells attenuate microglial pyroptosis after intracerel
hemorrhage		
Manuscript number (if known	i): ATM-21-2590	
related to the content of your parties whose interests may be	manuscript. "Related" m be affected by the content necessarily indicate a bia	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a do so.
The following questions apply manuscript only.	to the author's relations	hips/activities/interests as they relate to the current
to the epidemiology of hypert medication, even if that medi-	tension, you should declar cation is not mentioned in apport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript. ted in this manuscript without time limit. For all other item
	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
STATE OF STA	Time frame: Since the init	ial planning of the work
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	-X_None	
KE THE SECTION OF THE PARTY OF	Time frame: pa	st 36 months
Grants or contracts from any entity (if not indicated in item #1 above)	None	

Royalties or licenses

Consulting fees

\*None

¥\_None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
3	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

	1872	

Date: July!	1,202	
Your Name:	dialso He	
Manuscript Title: Hypo	oxia preconditioned mesenchymal stem cells at	tenuate microglial pyroptosis after intracerebra
hemorrhage		
Manuscript number (i	known): ATM-21-2590	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
S	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
3	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

	1872	

Your Name:	San Alica a	
Tour wante.	- Jan Lagar	
Manuscript Title: Hypoxia p	reconditioned mesenchymal stem cells attenuate microglial pyroptosis a	after intracerebral
hemorrhage		
Manuscript number (if know	(n): _ATM-21-2590	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	-X_None	
		Time frame: pas	at 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	*None	
4	Consulting fees	√ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
3	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

	1872	

Date:	4, 2021	
Your Name:	2 Helte	
Manuscript Title: Hypoxia	preconditioned mesenchymal stem cells attenuat	te microglial pyroptosis after intracerebral
hemorrhage		
Manuscript number (if kn	own): ATM-21-2590	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the Init	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
	William III	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	✓_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
3	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

	1872	

Your Name:	Han.	Xrao				
Manuscript Title: Hypoxia preco	nditioned mese	nchymal ster	m cells attenua	te microglia	l pyroptosis	after intracerebral
hemorrhage						
Manuscript number (if known):	ATM-21-2590					

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
5		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
3	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

	1872	

Your Name:	Thi wang en
Manuscript Title: Hypoxia hemorrhage	preconditioned mesenchymal stem cells attenuate microglial pyroptosis after intracerebra
Manuscript number (if kno	own): ATM-21-2590

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: pas	at 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	√ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
3	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

	1872	

Da	te: 7/4/1/0.2	22/ \ 7	
	ur Name:	- There !	rowel
Ma	nuscript Title: Hypoxia pre	conditioned mesenchyma	Il stem cells attenuate microglial pyroptosis after intracereb
	morrhage		
Ma	anuscript number (if known	: _ATM-21-2590	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" m e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
m	anuscript only.		hips/activities/interests as they relate to the <u>current</u>
to	the epidemiology of hypert edication, even if that medic	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure		ed in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		

Time frame: past 36 months

None

✓\_None

None

medical writing, article

processing charges, etc.)

Grants or contracts from

in item #1 above).

Consulting fees

3

4

Royalties or licenses

any entity (if not indicated

No time limit for this item.

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
3	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

	1478	

Your Name:	MAMALLA
Manuscript Title: Hypoxia precondit	oned mesenchymal stem cells attenuate microglial pyroptosis after intracerebra
hemorrhage	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
b		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	- None	
1		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
	Consulting fees		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
3	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

	1478	

Date:	W, U 2021
Your Name:	Zhi pina Hu
Manuscript Title: Hypo	xia preconditioned mesenchymal stem cells attenuate microglial pyroptosis after intracerebral
hemorrhage	
Manuscript number (if	known): ATM-21-2590
related to the content parties whose interest	parency, we ask you to disclose all relationships/activities/interests listed below that are of your manuscript. "Related" means any relation with for-profit or not-for-profit third is may be affected by the content of the manuscript. Disclosure represents a commitment per not necessarily indicate a bias. If you are in doubt about whether to list a
relationship/activity/in	nterest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the init	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
3	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

	1478	