Date:	2021.9.22				
Your Name:	Danni Yao				
Manuscript Title:Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a					
single-arm pil	ot trial				
Manuscript n	umber (if known):	ATM-21-5028			

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> <u>manuscript only</u>.

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding,	X_None	
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	<u>X</u> None	

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

I have no conflicts of interest including the above to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021.9.22		
Your Name:	Shuyan Ye		
Manuscript Ti	tle:Adipose-deriv	ed mesenchymal ste	m cells (AD-MSCs) in the treatment for psoriasis: results of a
single-arm pil	ot trial		
Manuscript nu	umber (if known):	ATM-21-5028	

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> <u>manuscript only</u>.

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding,	X_None	
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	<u>X</u> None	

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

I have no conflicts of interest including the above to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021.9.22			
Your Name:	Ziyang He			
Manuscript	Title:Adipose-deriv	ed mesenchymal ste	m cells (AD-MSCs) in the treatment for psoriasis: r	esults of a
single-arm p	oilot trial			
Manuscript	number (if known):	ATM-21-5028		

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> <u>manuscript only</u>.

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding,	X_None	
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	<u>X</u> None	

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

I have no conflicts of interest including the above to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021.9.22
Your Name:	_Yu Huang
Manuscript T	e: Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a
single-arm pi	ot trial
Manuscript n	mber (if known):ATM-21-5028

\_

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> <u>manuscript only</u>.

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding,	X_None	
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	<u>X</u> None	

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

I have no conflicts of interest including the above to declare.

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 2021.9.22

 Your Name:
 Jingwen Deng

 Manuscript Title:
 Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial

 Manuscript number (if known):
 ATM-21-5028

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> <u>manuscript only</u>.

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	X_None	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		<b>T</b> <sup>1</sup>	
2	Grants or contracts from	Time frame: past	36 months
Z	any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

I have no conflicts of interest including the above to declare.

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 2021.9.22

 Your Name:
 Zehuai Wen

 Manuscript Title:
 Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial

 Manuscript number (if known):
 ATM-21-5028

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> <u>manuscript only</u>.

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	<u>X</u> None	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		<b>T</b> '	
2	Grants or contracts from	Time frame: past	36 months
2	any entity (if not indicated	<u>X</u> None	
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

I have no conflicts of interest including the above to declare.

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 2021.9.22

 Your Name:
 Xinsheng Chen

 Manuscript Title:
 Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial

 Manuscript number (if known):
 ATM-21-5028

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> <u>manuscript only</u>.

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	X_None	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		<b>T</b> <sup>1</sup>	
2	Grants or contracts from	Time frame: past	36 months
Z	any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

I have no conflicts of interest including the above to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2021.9.22
Your Name:	_Hongyi Li
Manuscript Tit	le:Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a
single-arm pilo	t trial
Manuscript nu	mber (if known):ATM-21-5028

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> <u>manuscript only</u>.

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding,	X_None	
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

I have no conflicts of interest including the above to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021.9.22
Your Name:_	Qin Han
Manuscript 1	Title:Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a
single-arm p	ilot trial
Manuscript r	number (if known):ATM-21-5028

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> <u>manuscript only</u>.

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding,	X_None	
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

I have no conflicts of interest including the above to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2021.9.22
Your Name:	Hao Deng
Manuscript Titl	e:Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a
single-arm pilot	t trial
Manuscript nur	nber (if known):ATM-21-5028

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> <u>manuscript only</u>.

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	X_None	
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

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

I have no conflicts of interest including the above to declare.

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 2021.9.22

 Your Name:
 Robert Chunhua Zhao

 Manuscript Title:
 Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial

 Manuscript number (if known):
 ATM-21-5028

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> <u>manuscript only</u>.

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding,	X_None	
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

I have no conflicts of interest including the above to declare.

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 \_\_\_\_\_2021.9.22

 Your Name:
 \_\_\_\_Chuanjian Lu

 Manuscript Title:
 \_\_\_\_Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial

 Manuscript number (if known):
 \_\_\_\_\_ATM-21-5028

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> <u>manuscript only</u>.

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 initial	planning of the work
1	All support for the present manuscript (e.g., funding,	X None	
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
•		Time frame: past	36 months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for	<u>X</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
Ũ	testimony	<u>x</u> None	
	,		
7	Support for attending meetings and/or travel	X_None	
	<i>c i</i>		
8	Patents planned, issued or	<u>X</u> None	
	pending		
9	Participation on a Data	<u>X</u> None	
	Safety Monitoring Board or Advisory Board		
10		N N	
10	Leadership or fiduciary role in other board, society,	<u>X</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
12		<b>N</b>	
12	Receipt of equipment, materials, drugs, medical	<u>X</u> None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

I have no conflicts of interest including the above to declare.

Please place an "X" next to the following statement to indicate your agreement: