

ICMJE DISCLOSURE FORM

Date: 2021/12/30

Your Name: Youshu Lin

Manuscript Title: Effects of different concentrations of human umbilical cord mesenchymal stem cells to relieve psoriasis-like skin lesions in BALB/c mice

Manuscript number (if known): _____

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.

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		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 processing charges, etc.) No time limit for this item.	Hainan Province Clinical Medical Center	
		Hainan Natural Science Foundation	Effects of indigo naturalis and Arnebia on differentiation and barrier function of epidermal stem cells in psoriasis response research (20158342)
Time frame: past 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	
9	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	
11	Stock or stock options	_____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____ None	
13	Other financial or non-financial interests	_____ None	

Please summarize the above conflict of interest in the following box:

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

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Date: 2021/12/30

Your Name: Hongwei Wang

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Date: 2021/12/30

Your Name: Chen Chen

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Your Name: Danpeng Shen

Manuscript Title: Effects of different concentrations of human umbilical cord mesenchymal stem cells to relieve psoriasis-like skin lesions in BALB/c mice

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Your Name: Jie Yang

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