Date: Apr. 1st, 2022 Your Name: Zi-Bing Hu

Manuscript Title: Platelet rich plasma enhanced neuro-regeneration of human dental pulp stem cells in vitro and in

rat spinal cord

| Manuscript number | er (if known) | | | |
|-------------------|---------------|--|--|--|
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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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _XNone | |
| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | | | | |
|-----|---|-------------------------------|--------------|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, | xnone | | | | |
| | speakers bureaus, | | | | | |
| | manuscript writing or | | | | | |
| | educational events | | | | | |
| 6 | Payment for expert | _XNone | | | | |
| | testimony | | | | | |
| | | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | | |
| | g , | | | | | |
| | | | | | | |
| 8 | Patents planned, issued or | _XNone | | | | |
| | pending | | | | | |
| _ | | | | | | |
| 9 | Participation on a Data | _XNone | | | | |
| | Safety Monitoring Board or Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | X None | | | | |
| 10 | in other board, society, | | | | | |
| | committee or advocacy | | | | | |
| | group, paid or unpaid | | | | | |
| 11 | Stock or stock options | XNone | | | | |
| | · | | | | | |
| | | | | | | |
| 12 | Receipt of equipment, | X_None | | | | |
| | materials, drugs, medical | | | | | |
| | writing, gifts or other | | | | | |
| 42 | services | V Nove | | | | |
| 13 | Other financial or non- financial interests | X_None | | | | |
| | illialiciai liiterests | | | | | |
| | ase summarize the above c | onflict of interest in the fo | llowing box: | | | |
| | | | | | | |
| Ple | Please place an "X" next to the following statement to indicate your agreement: | | | | | |

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

| Date: Apr. | 1st, | 2022 |
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Your Name: Hai-Cong Chen

Manuscript Title: Platelet rich plasma enhanced neuro-regeneration of human dental pulp stem cells in vitro and in

rat spinal cord

| Manuscript number | (if known) |) : | |
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| | | | |

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| | I | | planning of the work |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | _XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | _XNone | |
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| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | | | | |
|-----|---|-------------------------------|--------------|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, | xnone | | | | |
| | speakers bureaus, | | | | | |
| | manuscript writing or | | | | | |
| | educational events | | | | | |
| 6 | Payment for expert | _XNone | | | | |
| | testimony | | | | | |
| | | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | | |
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| | | | | | | |
| 8 | Patents planned, issued or | _XNone | | | | |
| | pending | | | | | |
| _ | | | | | | |
| 9 | Participation on a Data | _XNone | | | | |
| | Safety Monitoring Board or Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | X None | | | | |
| 10 | in other board, society, | | | | | |
| | committee or advocacy | | | | | |
| | group, paid or unpaid | | | | | |
| 11 | Stock or stock options | XNone | | | | |
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| 12 | Receipt of equipment, | X_None | | | | |
| | materials, drugs, medical | | | | | |
| | writing, gifts or other | | | | | |
| 42 | services | V Nove | | | | |
| 13 | Other financial or non- financial interests | X_None | | | | |
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| | ase summarize the above c | onflict of interest in the fo | llowing box: | | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | | | | |

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

| Date: | Apr. | 1 st , | 202 | 2 |
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| Your N | Name | : B | o W | ei |

Manuscript Title: Platelet rich plasma enhanced neuro-regeneration of human dental pulp stem cells in vitro and in

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _XNone | |
| 3 | Royalties or licenses | _XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | | | |
|------|---|--------|--|--|--|--|
| | lectures, presentations, | | | | | |
| | speakers bureaus, | | | | | |
| | manuscript writing or | | | | | |
| | educational events | V None | | | | |
| 6 | Payment for expert testimony | _XNone | | | | |
| | testimony | | | | | |
| 7 | Support for attending | X None | | | | |
| ′ | meetings and/or travel | | | | | |
| | meetings and, or traver | | | | | |
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| 8 | Patents planned, issued or | _XNone | | | | |
| | pending | | | | | |
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| 9 | Participation on a Data | _XNone | | | | |
| | Safety Monitoring Board or | | | | | |
| | Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | _XNone | | | | |
| | in other board, society, | | | | | |
| | committee or advocacy group, paid or unpaid | | | | | |
| 11 | Stock or stock options | X None | | | | |
| 11 | Stock of Stock options | XNone | | | | |
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| 12 | Receipt of equipment, | X_None | | | | |
| | materials, drugs, medical | | | | | |
| | writing, gifts or other | | | | | |
| | services | | | | | |
| 13 | Other financial or non- | X_None | | | | |
| | financial interests | | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | | |

| None | | |
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| Date: | Apr. | 1st. | 2022 |
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Your Name: Zhong-Min Zhang

Manuscript Title: Platelet rich plasma enhanced neuro-regeneration of human dental pulp stem cells in vitro and in

rat spinal cord

| Manuscript number (| if known): | |
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| | | |

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| 9 | Participation on a Data | _XNone | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | _XNone | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| 11 | group, paid or unpaid Stock or stock options | X None | | |
| 11 | Stock of Stock options | XNone | | |
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| 12 | Receipt of equipment, | X None | | _ |
| 12 | materials, drugs, medical | X_NOTIC | | _ |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X_None | | |
| | financial interests | | | Г |
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| Plea | ase summarize the above co | nflict of interest in the fo | llowing box: | |
| | | | | |
| No | one. | | | |

Date: Apr. 1st, 2022 **Your Name:** Shao-Ke Wu

Manuscript Title: Platelet rich plasma enhanced neuro-regeneration of human dental pulp stem cells in vitro and in

rat spinal cord

| Manuscript number | (if known) | | |
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| 12 | Receipt of equipment, | X None | | _ |
| 12 | materials, drugs, medical | X_NOTIC | | _ |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X_None | | |
| | financial interests | | | Г |
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| No | one. | | | |

| Date: | Apr. | 1 st , | 2022 |
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Your Name: Jie-Cong Sun

Manuscript Title: Platelet rich plasma enhanced neuro-regeneration of human dental pulp stem cells in vitro and in

rat spinal cord

| Manuscript number | (if known) |) : | |
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| 12 | materials, drugs, medical | X_NOTIC | | _ |
| | writing, gifts or other | | | |
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| | financial interests | | | Г |
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| Plea | ase summarize the above co | nflict of interest in the fo | llowing box: | |
| | | | | |
| No | one. | | | |

Date: Apr. 1st, 2022 **Your Name:** Min Xiang

Manuscript Title: Platelet rich plasma enhanced neuro-regeneration of human dental pulp stem cells in vitro and in

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| 4 | Consulting fees | XNone | | | | |

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| 5 | 5 Payment or honoraria for | XNone | | | | | | |
| | lectures, presentations, | | | | | | | |
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| | testimony | | | | | | | |
| | | | | | | | | |
| 7 | 7 Support for attending | XNone | | | | | | |
| | meetings and/or travel | | | | | | | |
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| ç | 9 Participation on a Data | _XNone | | | | | | |
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| | Advisory Board | | | | | | | |
| 1 | 10 Leadership or fiduciary role | _XNone | | | | | | |
| | in other board, society, | | | | | | | |
| | committee or advocacy | | | | | | | |
| | group, paid or unpaid | | | | | | | |
| 1 | 11 Stock or stock options | XNone | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1 | Receipt of equipment, | X_None | | | | | | |
| | materials, drugs, medical | | | | | | | |
| | writing, gifts or other | | | | | | | |
| _ | services Other financial or non- | W. Mara | | | | | | |
| 1 | 13 Other financial or non- financial interests | X_None | | | | | | |
| | financial interests | | | | | | | |
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| _ | Disease assume asian the schools conflict of interest in the following hour | | | | | | | |
| ۲ | Please summarize the above conflict of interest in the following box: | | | | | | | |
| | None. | | | | | | | |
| | None. | | | | | | | |