ICMJE DISCLOSURE FORM

Date: Nov 15th, 2022

Your Name: Maria Siemionow MD, PhD

Manuscript Title: Creation of Human Hematopoietic Chimeric Cell (HHCC) Line as a Novel

Strategy for Tolerance Induction in Transplantation

Manuscript number (if known): SCI-2022-026

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

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

the time frame for disclosure is the past 36 months.

	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) I 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	XNone
	any entity (if not indicated	
3	in item #1 above). Royalties or licenses	X None
3	noyalties of licerises	
4	Consulting fees	AMCA
5	Payment or honoraria for	XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	_X_None
	testimony	
	-	
7	Support for attending meetings and/or travel	XNone
	Ğ	
8	Patents planned, issued	XNone
	or pending	
9	Participation on a Data Safety Monitoring Board	X_None
	or Advisory Board	
10	Leadership or fiduciary	XNone
	role in other board,	
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	XNone
10	Descipt of an invest	V. Nana
12	Receipt of equipment, materials, drugs, medical	_X_None
	writing, gifts or other	
	services	
13	Other financial or non-	X_None
	financial interests	

The author receives consulting fees from AMCA.

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.

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Date: Nov. 14th, 2022

Your Name: Sonia Brodowska

Manuscript Title: Creation of Human Hematopoietic Chimeric Cell (HHCC) Line as a Novel Strategy for

Tolerance Induction in Transplantation

Manuscript number (if known): ID SCI-2022-026

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	Ti	me frame: Since the initia	l planning of the work
1	All support for the	XNone	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
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	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	XNone	
		.,	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
_	0	N. N.	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	XNone	
	or pending		
		V N	
9	Participation on a Data Safety Monitoring Board	XNone	
	or Advisory Board		
10	Leadership or fiduciary	X_None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
10	Pagaint of aguinment	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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ICMJEDISCLOSUREFORM

Date: Nov. 14th, 2022

Your Name: Klaudia Różczka

Manuscript Title: Creation of Human Hematopoietic Chimeric Cell (HHCC) Line as a Novel Strategy for

Tolerance Induction in Transplantation

Manuscript number (if known): ID SCI-2022-026

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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	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.			

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.

ICMJE DISCLOSURE FORM

Date: November 14, 2022 **Your Name:** Claire Roesler

Manuscript Title: Creation of Human Hematopoietic Chimeric Cell (HHCC) Line as a Novel Strategy for Tolerance

Induction in Transplantation

Manuscript number (if known): ID SCI-2022-026

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

None.			

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