Date: Jan. 17<sup>th</sup>, 2023

Your Name: Neus Gomila Pelegri

Manuscript Title: Neurogenic marker expression in differentiating human adipose derived adult

mesenchymal stem cells

Manuscript number (if known): SCI-2022-015

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 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.

		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 any entity (if not indicated in item #1 above).	XNone	
,	3	Royalties or licenses	XNone	

4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone
	manuscript writing or	
	educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending	XNone
	meetings and/or travel	
8	Patents planned, issued	X None
	or pending	
9	Participation on a Data	X None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary role in other board,	X None
	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	
	services	
13	Other financial or non- financial interests	X_None
Plea	se summarize the above	e conflict of interest in the following box:
No	one.	
1		
Plea	se place an "X" next to t	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: Jan. 17th, 2023

Your Name: Bruce K Milthorpe

Manuscript Title: Neurogenic marker expression in differentiating human adipose derived adult

mesenchymal stem cells

Manuscript number (if known): SCI-2022-015

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 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.

	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
_	All a second feedbar	V. N.	
1	All support for the	X_None	
	present manuscript (e.g.,		
	funding, 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	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,	XNone
	manuscript writing or	
	educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending	XNone
	meetings and/or travel	
8	Patents planned, issued	X None
	or pending	
9	Participation on a Data	X None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary role in other board,	X None
	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	
	services	
13	Other financial or non- financial interests	X_None
Plea	se summarize the above	e conflict of interest in the following box:
No	one.	
1		
Plea	se place an "X" next to t	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: Jan. 17<sup>th</sup>, 2023

Your Name: Catherine A Gorrie

Manuscript Title: Neurogenic marker expression in differentiating human adipose derived adult

mesenchymal stem cells

Manuscript number (if known): SCI-2022-015

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 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.

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

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

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.

Date: Jan. 17<sup>th</sup>, 2023

Your Name: Jerran Santos

Manuscript Title: Neurogenic marker expression in differentiating human adipose derived adult

mesenchymal stem cells

Manuscript number (if known): SCI-2022-015

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 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.

	T	Name all entities with whom you have this relationship or indicate none (add rows as needed) ime 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.	None	
		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	None	
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
	, and the second		
8	Patents planned, issued or pending	None	
		110110	
	D. Pairelle and D. D.	Nicol	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary	None	
10	role in other board, society, committee or advocacy group, paid or	None	
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non- financial interests	None	

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

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.