| Date: 5/6/2021 |
|----------------------------------------------------------------------------------------------------------------------|
| Your Name: Josef Richter |
| Manuscript Title: New possibilities in treatment of chronic urinary tract infections – vaccines, autovaccines |
| and beta glucans |
| Manuscript number (if known): |
| |
| In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are |

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.

| | | 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. | 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 | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert | XNoneXNone | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------|------------|--|--|--|
| | testimony | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| 8 | Patents planned, issued or pending | XNone | | | |
| 9 | Participation on a Data | _XNone | | | |
| | Safety Monitoring Board or | | | | |
| 10 | Advisory Board Leadership or fiduciary role | XNone | | | |
| | in other board, society, committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| 12 | | V. | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- financial interests | X_None | | | |
| | | | | | |
| | Please summarize the above conflict of interest in the following box: | | | | |
| Д | uthors declare no conflict of in | erest | | | |

| Date:5/5/2021 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Your Name: Vaclav Vetvicka | |
| Manuscript Title: New possibilities in treatment of chronic urinary tract infect | tions - vaccines, autovaccines |
| and beta glucans | |
| Manuscript number (if known): | |
| In the interest of transparency, we ask you to disclose all relationships/activities/into related to the content of your manuscript. "Related" means any relation with for-pro | |

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.

| | | 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 | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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 | | _ |
| 13 | Other financial or non- financial interests | X_None | | |
| | use summarize the above co | | owing box: | |

| Date:5/6/2021 | |
|--------------------------------------------------------------------------------------------------|---|
| Your Name:_ K. Haasova | |
| Manuscript Title: New possibilities in treatment of chronic urinary tract infections – vaccines, | |
| autovaccines and beta glucans | |
| 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.

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.

| | | 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) |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 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 | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pastXNone | 36 months |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | xNone | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert | XNoneXNone | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------|------------|--|--|--|
| | testimony | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| 8 | Patents planned, issued or pending | XNone | | | |
| 9 | Participation on a Data | _XNone | | | |
| | Safety Monitoring Board or | | | | |
| 10 | Advisory Board Leadership or fiduciary role | XNone | | | |
| | in other board, society, committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| 12 | | V. | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- financial interests | X_None | | | |
| | | | | | |
| | Please summarize the above conflict of interest in the following box: | | | | |
| Д | uthors declare no conflict of in | erest | | | |

| Date:5/6/2021 | |
|---------------------|--------------------------------------------------------------------------------|
| Your Name:_ R. Mike | esova |
| Manuscript Title: | New possibilities in treatment of chronic urinary tract infections – vaccines, |
| autovaccines and l | peta glucans |
| 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.

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.

| | | 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. | 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 | x_None | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert | XNoneXNone | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------|------------|--|--|--|
| | testimony | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| 8 | Patents planned, issued or pending | XNone | | | |
| 9 | Participation on a Data | _XNone | | | |
| | Safety Monitoring Board or | | | | |
| 10 | Advisory Board Leadership or fiduciary role | XNone | | | |
| | in other board, society, committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| 12 | | V. | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- financial interests | X_None | | | |
| | | | | | |
| | Please summarize the above conflict of interest in the following box: | | | | |
| Д | uthors declare no conflict of in | erest | | | |

| Date: 5/6/2021 | |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Your Name: Ivana Stiboro | va |
| | |
| autovaccines and beta g | w possibilities in treatment of chronic urinary tract infections – vaccines, glucans |
| Manuscript number (if known | own): |
| related to the content of y parties whose interests ma | ency, we ask you to disclose all relationships/activities/interests listed below that are your manuscript. "Related" means any relation with for-profit or not-for-profit third ay be affected by the content of the manuscript. Disclosure represents a commitmen not necessarily indicate a bias. If you are in doubt about whether to list a |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

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 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 | x_None | |

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

| Date:5/6/2021_ | |
|--------------------|--------------------------------------------------------------------------------|
| Your Name: Vlastin | nil Kral |
| Manuscript Title: | New possibilities in treatment of chronic urinary tract infections – vaccines, |
| autovaccines and | beta glucans |
| Manuscript numbe | r (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.

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.

| | | 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 | | |

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