## ICMJE DISCLOSURE FORM

Date: 11/16/2021

Your Name: Ashish Kumar

Manuscript Title: "Treasure" in garbage bags; EVs based biomarker for neurological diseases.

Manuscript number (if known): ExRNA-21-25

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.

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.

		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.	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,	None			

	speakers bureaus, manuscript writing or educational events						
6	Payment for expert	None					
	testimony						
_							
7	Support for attending meetings and/or travel	None					
8	Patents planned, issued or pending	None					
9	Participation on a Data	None					
	Safety Monitoring Board or						
	Advisory Board						
10	Leadership or fiduciary role	None					
	in other board, society,						
	committee or advocacy group, paid or unpaid						
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.

## ICMJE DISCLOSURE FORM

Date: 11/16/2021

Your Name: Gagan Deep

Manuscript Title: "Treasure" in garbage bags; EVs based biomarker for neurological diseases.

Manuscript number (if known): ExRNA-21-25

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