

ICMJE DISCLOSURE FORM

Date: December 18, 2021

Your Name: Mayra Alejandra Diosa Toro

Manuscript Title: Tinkering with extracellular vesicles viruses evolve new infectious units

Manuscript number (if known): Ex-RNA-21-26

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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)
--	---

- 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) None
No time limit for this item.

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 educational events None

6 Payment for expert testimony None

7 Support for attending meetings and/or travel None

8 Patents planned, issued or pending None

9 Participation on a Data Safety Monitoring Board or Advisory Board None

10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None

11 Stock or stock options None

12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None

13 Other financial or non-financial interests None

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

I declare no conflict of interest.

Please place an “X” next to the following statement to indicate your agreement:

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: 16 December, 2021

Your Name: Tania Strilets

Manuscript Title: Tinkering with extracellular vesicles viruses evolve new infectious units

Manuscript number (if known): ExRNA-21-26

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
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: 17/ 12/ 2021
 Your Name: Shih-Chia Yeh
 Manuscript Title: Tinkering with extracellular vesicles viruses evolve new infectious units
 Manuscript number (if known): ExRNA-21-26

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

None in all answers

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: 16 December 2021
Your Name: Mariano A. Garcia-Blanco
Manuscript Title: Tinkering with extracellular vesicles viruses evolve new infectious units
Manuscript number (if known): ExRNA-21-26

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

IMPORTANT: I have responded specifically for support for the work reported in this manuscript NOT for other unrelated activities.

		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	
		NIH/NIAID (USA) P01 AI150585	Grant funding
		UTMB Startup funds	Funding for my laboratory (this is my institution)
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 educational events	√ None	
6	Payment for expert testimony	√ None	
7	Support for attending meetings and/or travel	√ None	
8	Patents planned, issued or pending	√ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	√ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√ None	
11	Stock or stock options	√ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√ None	
13	Other financial or non-financial interests	√ None	

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

Dr. Garcia-Blanco reports grant funding from NIH/NIAID (USA) P01 AI150585 and funding for his laboratory from UTMB Startup funds.

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.