ICMJE DISCLOSURE FORM

Date: Mai 17, 2022

Your Name: Sabrine Nasfi

Manuscript Title: Packaged or unpackaged: appearance and function of exRNAs in plants

Manuscript number (if known): ExRNA-22-11

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 Our research was funded by The Dr.Ernst.Leopold Klipstein Foundation	Grant to Sabrine Nasfi
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	Biorender license: This license permits BioRender content to be sublicensed for use in journal publications	Grant to Sabrine Nasfi License number: MG23UYBPCM

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Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Patricipation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None X None	4	Consulting fees	X None	
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committee or advocacy group, paid or unpaid	10	in other board, society,	_XNone	
group, paid or unpaid				
	11		X None	
		,		
12 Receipt of equipment, _XNone	12	materials, drugs, medical writing, gifts or other	_XNone	
services 13 Other financial or non- X None	12		V None	
13 Other financial or non- financial interests _XNone	13		_xNone	
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Please summarize the above conflict of interest in the following box:

There is no conflict of interest. Our research has been funded by The Dr.Ernst.Leopold Klipstein Foundation and a publication license was grant to Sabrine Nasfi for use in journal publications.

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.

Sales Sales

M.sc. Ing. Sabrine Nasfi

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Date:M ai 17, 2022	<u>.</u>

Your Name: Karl-Heinz Kogel

Manuscript Title: Packaged or unpackaged: appearance and function of exRNAs in plants

Manuscript number (if known): ExRNA-22-11

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.

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		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	None	
	manuscript (e.g., funding,	Our research was funded	Grant number FOR5116 to Karl-Heinz Kogel
	provision of study materials,	by the Deutsche	
	medical writing, article	Forschungsgemeinschaft	
	processing charges, etc.)	(German Research Council)	
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_xNone	
4	Consulting fees	xNone	

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	x_None	
	manuscript writing or educational events		
6	Payment for expert testimony	_xNone	
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or	x None	
	pending		
	Perion 18		
9	Participation on a Data Safety Monitoring Board or	xNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	xNone	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	x None	
11	Stock of Stock Options	INUITE	
12	Receipt of equipment,	x None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	x_None	
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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 th
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Prof. Dr. Karl-Heinz Kogel