ICMJE DISCLOSURE FORM

Date: ___2021, 7th July___________________________________________________________
Your Name: ______ Rongpei Wu__________________________________________________
Manuscript Title: Functional characterization of the immunomodulatory properties of human urine-derived stem cells___________________________________________________________
Manuscript number (if known): TAU-21-506________________________________________

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.** | _X_ None                                                                          |

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   |   |   |
|---|---|---|
| 5 | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** | _X_ None |
| 6 | **Payment for expert testimony** | _X_ None |
| 7 | **Support for attending meetings and/or travel** | _X_ None |
| 8 | **Patents planned, issued or pending** | _X_ None |
| 9 | **Participation on a Data Safety Monitoring Board or Advisory Board** | _X_ None |
| 10 | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | _X_ None |
| 11 | **Stock or stock options** | _X_ None |
| 12 | **Receipt of equipment, materials, drugs, medical writing, gifts or other services** | _X_ None |
| 13 | **Other financial or non-financial interests** | _X_ None |

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

There is no conflict of interest to declare.

**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: ___2021, 9th July______________________________

Your Name: ______ Melisa Soland______________________________

Manuscript Title: ______ Functional characterization of the immunomodulatory properties of human urine-derived stem cells________________________

Manuscript number (if known): ___TAU-21-506______________________________

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.) | __X__ None                                                                       |
|   | **No time limit for this item.**                                                             |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                    | __X__ None                                                                       |
| 3 | Royalties or licenses                                                                       | __X__ None                                                                       |
| 4 | Consulting fees                                                                            | __X__ None                                                                       |

|   | **Time frame: past 36 months**                                                             |                                                                                 |

|   |                                                                                           |                                                                                 |
|   |                                                                                           |                                                                                 |


|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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

There is no conflict of interest to declare.

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: ___2021, 10th July__________________________

Your Name: ______ Guihua Liu____________________

Manuscript Title: ______ Functional characterization of the immunomodulatory properties of human urine-derived stem cells____________________

Manuscript number (if known): ___TAU-21-506__________________________

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.** | ___X__ None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___X__ None |
| 3 | Royalties or licenses | ___X__ None |
| 4 | Consulting fees | ___X__ None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                | _X_ None |
| 7 | Support for attending meetings and/or travel                                 | _X_ None |
| 8 | Patents planned, issued or pending                                          | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                      | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                   | _X_ None |

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

There is no conflict of interest to declare.

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: ___2021, 10th July________________________________________________________

Your Name: ______Yingai Shi________________________________________________

Manuscript Title: ______ Functional characterization of the immunomodulatory properties of human urine-derived stem cells________________________________________

Manuscript number (if known): ___TAU-21-506________________________________________________

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.

| No. | Relationship/Activity/Interest | Time frame: Since the initial planning of the work | Specification/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. | __X__ None |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: past 36 months | __X__ None |
| 3   | Royalties or licenses | | __X__ None |
| 4   | Consulting fees | | __X__ None |
|   |   |
|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

There is no conflict of interest to declare.

**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: ___2021, 8th July___________________________________________________________
Your Name: ______ Chi Zhang ___________________________________________________
Manuscript Title: ______ Functional characterization of the immunomodulatory properties of human urine-derived stem cells _____________________________
Manuscript number (if known): ___TAU-21-506 ______________________________________

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. | X None |
| Time frame: past 36 months |   |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                 | _X_ None |
| 7 | Support for attending meetings and/or travel                                  | _X_ None |
| 8 | Patents planned, issued or pending                                           | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                       | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                    | _X_ None |

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

There is no conflict of interest to declare.

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: ___ 2021, 9th July  
Your Name: Yiming Tang

Manuscript Title: Functional characterization of the immunomodulatory properties of human urine-derived stem cells

Manuscript number (if known): TAU-21-506

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.) | ___X__ None                                                                            |
|    | **No time limit for this item.**                                                               |                                                                                    |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).                     | ___X__ None                                                                            |
| 3  | Royalties or licenses                                                                         | ___X__ None                                                                            |
| 4  | Consulting fees                                                                               | ___X__ None                                                                            |
|   | Description                                                                 | Agreement | Type |
|---|-----------------------------------------------------------------------------|-----------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None  |      |
| 6 | Payment for expert testimony                                                | _X_ None  |      |
| 7 | Support for attending meetings and/or travel                               | _X_ None  |      |
| 8 | Patents planned, issued or pending                                          | _X_ None  |      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_ None  |      |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None  |      |
|11 | Stock or stock options                                                      | _X_ None  |      |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None  |      |
|13 | Other financial or non-financial interests                                  | _X_ None  |      |

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

There is no conflict of interest to declare.

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: ___2021, 9th July__________________________
Your Name: _______ Graça Almeida-Porada __________________________
Manuscript Title: _______ Functional characterization of the immunomodulatory properties of human urine-derived stem cells __________________________
Manuscript number (if known): ___TAU-21-506________________________

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.) | __X__ 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).                      | __X__ None                                                                     |
| 3 | Royalties or licenses                                                                          | __X__ None                                                                     |
| 4 | Consulting fees                                                                               | __X__ None                                                                     |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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

There is no conflict of interest to declare.

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: ___2021, 10\textsuperscript{th} July__________________________
Your Name: ______ Yuanyuan Zhang________________________
Manuscript Title:______ Functional characterization of the immunomodulatory properties of human
urine-derived stem cells______________________________
Manuscript number (if known): ___TAU-21-506______________________________

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.

| Time frame: Since the initial planning of the work | Time frame: past 36 months |
|---------------------------------|-----------------------------|
| **1** All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **2** Grants or contracts from any entity (if not indicated in item #1 above). |
| **3** Royalties or licenses | **4** Consulting fees |
| No time limit for this item. | |
| Name all entities with whom you have this relationship or indicate none (add rows as needed) | 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) | Specifications/Comments (e.g., if payments were made to you or to your institution) |

___X___None

___X___None

___X___None

___X___None
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                 | X | None |
| 7 | Support for attending meetings and/or travel                                  | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                        | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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

There is no conflict of interest to declare.

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.