ICMJE DISCLOSURE FORM

Date:_________2021.9.22___________________________________________________________
Your Name:___Danni Yao____________________________________________________________________________
Manuscript Title:__Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial____________________________________________
Manuscript number (if known):_____ATM-21-5028____________________________________________________

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 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 |
|   | 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:

I have no conflicts of interest including the above 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:_________2021.9.22___________________________________________________________
Your Name:___Shuyan Ye____________________________________________________________________________
Manuscript Title:__Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial____________________________________________
Manuscript number (if known):_____ATM-21-5028____________________________________________________

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ICMJE DISCLOSURE FORM

Date:_________ 2021.9.22
Your Name:__Ziyang He_______________________________________________________________
Manuscript Title:__Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial______________________________
Manuscript number (if known):_____ATM-21-5028____________________________________________________

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| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
| **Time frame: past 36 months** | | |

None
|   | Description                                                                 |   |   |
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| 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 |
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| 11| Stock or stock options                                                        | X None |
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ICMJE DISCLOSURE FORM

Date:_________ 2021.9.22

Your Name:___ Yu Huang

Manuscript Title:__Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial

Manuscript number (if known):_____ATM-21-5028

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| **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 |
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| 11| Stock or stock options                                                       | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
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ICMJE DISCLOSURE FORM

Date:_________2021.9.22___________________________________________________________
Your Name:___Jingwen Deng_____________________________________________________
Manuscript Title:__Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial_____________________________________________________
Manuscript number (if known):______ATM-21-5028_____________________________________

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| 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**
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| 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 |
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| 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 |

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Date:_________2021.9.22
Your Name:___Zehuai Wen___________________________________________________________
Manuscript Title:__Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial____________________________________________
Manuscript number (if known):____ATM-21-5028____________________________________________________

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| 3 | Royalties or licenses                                                                             | X None                                                                               |
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Date: __________ 2021.9.22
Your Name: ___ Xinsheng Chen ________________________________
Manuscript Title: __ Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial _________________
Manuscript number (if known): ____ ATM-21-5028 _________________________________

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| 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 |
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Date:_________ 2021.9.22
Your Name:____Hongyi Li_______________________________
Manuscript Title:__Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial_______________________________
Manuscript number (if known):____ATM-21-5028_______________________________

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees | X None |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 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   |
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|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   |

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ICMJE DISCLOSURE FORM

Date: 2021.9.22

Your Name: Qin Han

Manuscript Title: Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial

Manuscript number (if known): ATM-21-5028

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| 6 | Payment for expert testimony                                                 | X  | None |
| 7 | Support for attending meetings and/or travel                                 | X  | None |
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| 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 |
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Date:_________2021.9.22__________________________________________
Your Name:___Hao Deng__________________________________________
Manuscript Title:__Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial_________________________________________________________
Manuscript number (if known):______ATM-21-5028__________________

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| 3 | Royalties or licenses                                                                       | X None |
| 4 | Consulting fees                                                                            | X None |
|   | Description                                                                 | X  |
|---|-----------------------------------------------------------------------------|----|
| 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 |
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ICMJE DISCLOSURE FORM

Date:_________2021.9.22
Your Name:___Robert Chunhua Zhao__________________________________________________________
Manuscript Title:__Adipose-derived mesenchymal stem cells (AD-MSCs) in the treatment for psoriasis: results of a single-arm pilot trial_________________________________________________________
Manuscript number (if known):______ATM-21-5028________________________________________________

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