Date	e:07/10/2021				
You	r Name:She	en Dong			
Man	Vanuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients				
Man	Wanuscript number (if known): 147474-INS-CMED-RV-3				
relate to trelate The man	ted to the content of ies whose interests ansparency and doctionship/activity/in- following questions uscript only. author's relationshipe epidemiology of	of your manuscript. "Related" me may be affected by the content of es not necessarily indicate a bias terest, it is preferable that you do apply to the author's relationsh ips/activities/interests should be hypertension, you should declare	ips/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive		
med	ication, even if that	t medication is not mentioned in	the manuscript.		
		t all support for the work reporte osure is the past 36 months.	ed in this manuscript without time limit. For all other items,		
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
		needed)			
		Time frame: Since the init	ial planning of the work		
1	All support for the promanuscript (e.g., fun provision of study m	ding,			
	medical writing, artic	ile			
	processing charges, e	-			
	No time limit for this	item.			
2		Time frame: pa	st 36 months		
2	Grants or contracts f				
	any entity (if not ind in item #1 above).	cateu			
	in item #1 above).				
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 testimony	None	
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7	Support for attending meetings and/or travel	None	
	G ,		
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date	e:07/10/2021		
You	r Name: Kamir J.	Hiam-Galvez	
Mar	nuscript Title: The effec	t of low-dose IL-2 and T	reg adoptive cell therapy in Type 1 diabetes patients
Mar	nuscript number (if known):	147474-INS-CME	D-RV-3
rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	Il planning of the work
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.		
	No time limit for this item.	Time frame: pas	t 36 months
2		Time frame: pasi	t 36 months
2	No time limit for this item. Grants or contracts from any entity (if not indicated		t 36 months

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
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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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date	e: 0//10/2021		
You	r Name: Cody T. I	Mowery	
Mar	nuscript Title: The effec	t of low-dose IL-2 and Tr	reg adoptive cell therapy in Type 1 diabetes patients
Mar	nuscript number (if known):	147474-INS-CMED	D-RV-3
rela part to ti	ted to the content of your nices whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
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	em #1 below, report all sup time frame for disclosure is	-	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article		
	processing charges, etc.)		
	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	None	
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
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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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date	e:07/10/2021		
You	r Name:I	Kevan C. Herold, MD	
Mar	nuscript Title: The effec	t of low-dose IL-2 and T	reg adoptive cell therapy in Type 1 diabetes patients
	nuscript number (if known):		
rela part to to rela The mar The to to med	ted to the content of your name ies whose interests may be ransparency and does not not ionship/activity/interest, it following questions apply the content only. author's relationships/activity endemiology of hyperteristication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. It is preferable that you do to the author's relationship vities/interests should be g nsion, you should declare ation is not mentioned in t	os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed) Time frame: Since the initia	al planning of the work
4	All Coll		a 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	
2	Crants or contracts from	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
			l l

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	

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

100

Date	e:07/10/2021		
You	r Name:Ste	phen Gitelman	
Mar	nuscript Title: The effec	t of low-dose IL-2 and Tr	reg adoptive cell therapy in Type 1 diabetes patients
Mar	nuscript number (if known):	147474-INS-CME	D-RV-3
rela part to ti	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to tl	• •	nsion, you should declare a	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.
	em #1 below, report all sup time frame for disclosure is	•	l in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	I 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).	Caladrius Biosciences	Made to my institution to support a clinical trial that I led with autologous ex vivo expanded regulatory T cells in type 1 diabetes
3	Royalties or licenses	x_ None	

4	Consulting fees	None Avotres, Inc.	
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	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	x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	_x None	

9 WIN 07/12/21

Date:__07/10/2021_____

You	r Name:Jonathan H. Es	ensten	
	nuscript Title: The effec nuscript number (if known):		eg adoptive cell therapy in Type 1 diabetes patients 0-RV-3
rela part to tr rela	ted to the content of your n ies whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do s	
	tollowing questions apply t	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th med In it	he epidemiology of hypertendication, even if that medication	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items,
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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.) 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	
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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
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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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Jonathan H. Esensten MD, PhD 7/12/2021

Date	e:07/10/2021_					
You	r Name:	Weihong	Liu			
Man	Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients					
	uscript number					
relat part to tr relat	ted to the conter ies whose intere ansparency and tionship/activity	nt of your mests may be does not no /interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.		
	uscript only.	ons apply to	o the author's relationship	os/activities/interests as they relate to the <u>current</u>		
to the med	ne epidemiology lication, even if t em #1 below, re	of hyperter that medica port all supp	nsion, you should declare tion is not mentioned in t	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. I in this manuscript without time limit. For all other items,		
			Name all entities with	Specifications/Comments		
			whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
			Time frame: Since the initia	al planning of the work		
1	All support for th manuscript (e.g., provision of stud- medical writing, a processing charge No time limit for	funding, y materials, article es, etc.)	None			
			Time frame: past	t 36 months		
2	Grants or contraction any entity (if not in item #1 above)	indicated	None			
3	Royalties or licen	ses	None			

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date	e:07/10/2021					
You	r Name: Angela	Lares				
Man	Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients					
	Manuscript number (if known): 147474-INS-CMED-RV-3					
relat part to tr relat	ted to the content of your ies whose interests may be ansparency and does not tionship/activity/interest,	manuscript. "Related" mean re affected by the content of necessarily indicate a bias. it is preferable that you do				
		to the author's relationship	s/activities/interests as they relate to the <u>current</u>			
<u>man</u>	uscript only.					
to the med	ne epidemiology of hypert lication, even if that medi	ension, you should declare a cation is not mentioned in the pport for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items,			
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as	,			
		needed)				
		Time frame: Since the initia	I 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 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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date	e:07/10/2021_					
You	r Name:	Ashley Le	einbach			
Man	Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients					
Man	uscript number	(if known): ₋	147474-INS-CMEI	D-RV-3		
relat part to tr relat	ted to the conter ies whose intere ansparency and tionship/activity	nt of your m sts may be does not no /interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do			
	tollowing question in the street of the street on the stre	ons apply to	o the author's relationship	s/activities/interests as they relate to the <u>current</u>		
to the med	ne epidemiology ication, even if t em #1 below, rep	of hyperter hat medica port all supp	nsion, you should declare a tion is not mentioned in th	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items,		
			Name all entities with	Specifications/Comments		
			whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
			Time frame: Since the initia	l planning of the work		
1	All support for the manuscript (e.g., provision of study medical writing, a processing charge No time limit for	funding, y materials, article es, etc.)	None			
			Timo framo: past	36 months		
2	Grants or contract any entity (if not in item #1 above)	indicated	Time frame: past None	Somonus		
3	Royalties or licens	ses	None			

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
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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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date	e:07/10/2021_					
You	r Name:	Michael L	.ee			
Man	Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients					
Man	uscript number (if known):_	147474-INS-CMED	D-RV-3		
relat part to tr relat	ted to the contenties whose interestansparency and conship/activity/	t of your m sts may be does not no interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.		
	uscript only.	ons apply to	o the dutilor of elationship	sydetivities, interests as they relate to the <u>earrent</u>		
to the med	ne epidemiology of ication, even if the em #1 below, rep	of hyperter hat medica ort all supp	nsion, you should declare a tion is not mentioned in th	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items,		
			Name all entities with	Specifications/Comments		
			whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
			Time frame: Since the initia	l planning of the work		
1	All support for the manuscript (e.g., f provision of study medical writing, a processing charge No time limit for t	funding, materials, rticle s, etc.)	None			
2	Grants or contract	ts from	Time frame: past None	36 months		
۷	any entity (if not i in item #1 above).	ndicated	None			
3	Royalties or licens	es	None			

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date	e:07/10/2021					
You	r Name: \	Vinh Ngu	yen			
Man	Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients					
Man	uscript number (i	if known): ₋	147474-INS-CMEI	D-RV-3		
relat part to tr relat	ted to the contenties whose interestansparency and citionship/activity/	t of your m ts may be does not no interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.		
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to the med	ne epidemiology of ication, even if the em #1 below, rep	of hyperter nat medica ort all supp	nsion, you should declare a tion is not mentioned in th	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items,		
			Name all entities with	Specifications/Comments		
			whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
			Time frame: Since the initia	l planning of the work		
1	All support for the manuscript (e.g., f provision of study medical writing, ar processing charges No time limit for t	unding, materials, rticle s, etc.)	None			
2	Grants or contract	s from	Time frame: past None	36 months		
۷	any entity (if not in item #1 above).		NOTE			
3	Royalties or license	es	None			

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date	e:07/10/2021					
You	r Name: Stanley J	I. Tamaki				
Mar	Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients					
Mar	Manuscript number (if known): 147474-INS-CMED-RV-3					
rela part to tr rela	ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do				
		o the author's relationship	s/activities/interests as they relate to the <u>current</u>			
mar	uscript only.					
to the	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. in this manuscript without time limit. For all other items,			
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as	,			
		needed)				
		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.)	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,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
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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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date	e:07/10/2021			
You	r Name: W	/hitney ⁻	Гатакі	
Mar	nuscript Title: T	he effect	of low-dose IL-2 and Tr	eg adoptive cell therapy in Type 1 diabetes patients
Mar	nuscript number (if	known):_	147474-INS-CMED	D-RV-3
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	following question nuscript only.	s apply to	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
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	•		port for the work reported the past 36 months.	in this manuscript without time limit. For all other items,
			Name all entities with	Specifications/Comments
			whom you have this	(e.g., if payments were made to you or to your
			relationship or indicate	institution)
			none (add rows as	
			needed) Time frame: Since the initial	Inlanning of the work
1	All support for the p	recent	None	planning of the work
1	manuscript (e.g., fur		None	
	provision of study m	_		
	medical writing, arti			
	processing charges,	etc.)		
	No time limit for thi	is item.		
			Time frame, past	26 months
2	Grants or contracts	from	Time frame: past None	30 HIORITIS
_	any entity (if not ind		140110	
	in item #1 above).			
	<u> </u>			
3	Royalties or licenses	5	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Dat	e:07/10/2021		
	r Name: Courtney	[,] Tamaki	
Maı	nuscript Title: The effec	t of low-dose IL-2 and Tr	eg adoptive cell therapy in Type 1 diabetes patients
Maı	nuscript number (if known):	147474-INS-CMED	D-RV-3
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
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	em #1 below, report all sup time frame for disclosure is	-	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.)		
	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).		
			l l
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 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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Dat	e:07/10/2021		
	r Name: Morvarid		
Maı	nuscript Title: The effec	t of low-dose IL-2 and Tr	eg adoptive cell therapy in Type 1 diabetes patients
	nuscript number (if known):		
rela part to t	ted to the content of your n ies whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to t		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	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).		
	m tem na abovej.		
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 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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date	:07/10/2021			
You	· Name:	Amy Putr	nam	
Man	uscript Title:	The effect	t of low-dose IL-2 and Tr	reg adoptive cell therapy in Type 1 diabetes patients
Man	uscript number	(if known):	147474-INS-CMED	D-RV-3
relat part to tr relat	ed to the conte ies whose intere ansparency and ionship/activity	nt of your mests may be does not no //interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.
	uscript only.		·	· · · · · · · · · · · · · · · · · · ·
to the med	e epidemiology ication, even if t em #1 below, re	of hyperter that medica port all supp	nsion, you should declare a tion is not mentioned in th	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items,
			Name all entities with	Specifications/Comments
			whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
			Time frame: Since the initia	l planning of the work
1	All support for the manuscript (e.g., provision of stud medical writing, processing charg No time limit for	funding, y materials, article es, etc.)	None	
			Time - frame	2C manths
2	Grants or contract any entity (if not in item #1 above	indicated	Time frame: past None	36 months
3	Royalties or licen	ses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Dau	5: 0//10/2021		
	r Name:Matthew H. Spitz	er, PhD	
Mar	nuscript Title: The effec	t of low-dose IL-2 and Tr	reg adoptive cell therapy in Type 1 diabetes patients
Mar	nuscript number (if known):	147474-INS-CME	D-RV-3
rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t	o the author's relationship	s/activities/interests as they relate to the current
to tl	• •	nsion, you should declare a	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		T	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed) Time frame: Since the initia	Inlanning of the work
1	All support for the present	X None	I plaining of the work
1	manuscript (e.g., funding,	x None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	Roche/Genentech,	
	any entity (if not indicated	Bristol Myers Squibb,	
	in item #1 above).	Valitor	

__X__ None

Royalties or licenses

			-
4	Consulting fees	Astellas, Five Prime, Earli	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None	
	manuscript writing or educational events		
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	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None Teiko.bio	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	Teiko.bio	
12	Descipt of a minus out	V. Nava	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other services		
13	Other financial or non-	_X None	
13	financial interests		

Date	e:07/10/2021		
	r Name: Chun J. \	Ye	
Mar	nuscript Title: The effec	t of low-dose IL-2 and Ti	reg adoptive cell therapy in Type 1 diabetes patients
	nuscript number (if known):		
In th	ne interest of transparency,	we ask you to disclose all	relationships/activities/interests listed below that are
			ns any relation with for-profit or not-for-profit third
part	ies whose interests may be	affected by the content of	the manuscript. Disclosure represents a commitment
to ti	ransparency and does not no	ecessarily indicate a bias.	If you are in doubt about whether to list a
rela	tionship/activity/interest, it	is preferable that you do	so.
Tho	following questions apply t	o the author's relationshin	os/activities/interests as they relate to the <u>current</u>
	nuscript only.	o the author's relationship	is factivities filterests as they relate to the <u>current</u>
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The	author's relationships/activ	vities/interests should be d	lefined broadly. For example, if your manuscript pertains
		·	all relationships with manufacturers of antihypertensive
	lication, even if that medica	· •	· · · · · · · · · · · · · · · · · · ·
	•		·
In it	em #1 below, report all sup	port for the work reported	I in this manuscript without time limit. For all other items,
the	time frame for disclosure is	the past 36 months.	·
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		Name all analytes with	Consideration of Community
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution)
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	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).		
		i	
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 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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date	e:07/10/2021		
You	r Name: Qizhi Tang		
Mar	nuscript Title: The effec	t of low-dose IL-2 and Tr	eg adoptive cell therapy in Type 1 diabetes patients
Mar	nuscript number (if known):	147474-INS-CME	D-RV-3
relared to the man	ted to the content of your name ies whose interests may be cansparency and does not not itionship/activity/interest, it following questions apply the content only. author's relationships/activity ended in the content only it in the content on the content	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. it is preferable that you do so to the author's relationship wities/interests should be dension, you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>lefined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	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	None	

4 Consulting fees		Sonoma Biotherapeutics	I received payments as personal income as a co-founder and scientific advisor of Sonoma Biotherapeutics.				
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	Yes	I am a co-inventor of several issued or pending patents related to regulatory T cell therapy, although none of the technologies in those patents were used in work described in this manuscript.				
9	Participation on a Data	None					
9	Participation on a Data Safety Monitoring Board or	None					
	Advisory Board						
10	Leadership or fiduciary role in other board, society, committee or advocacy	UCSF Living Therapeutics Initiative	I am a member of the steering committee.				
	group, paid or unpaid						
11	Stock or stock options	Sonoma Biotherapeutics	I received stock as a co-founder and scientific advisor of Sonoma Biotherapeutics.				
42	D	N					
12	Receipt of equipment, materials, drugs, medical	None					
	writing, gifts or other services						
13	Other financial or non-	None					
13	financial interests	None					

form.

Date	e: 07/10/2021		
You	r Name:Jeffrey Blueston	e	
Mar	nuscript Title: The effect	t of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabe	tes patients
		147474-INS-CMED-RV-3	·
relate part to to relate	ted to the content of your name interests may be ransparency and does not not interest, it	we ask you to disclose all relationships/activities/interests listed belonanuscript. "Related" means any relation with for-profit or not-for-profit affected by the content of the manuscript. Disclosure represents a confecessarily indicate a bias. If you are in doubt about whether to list a is preferable that you do so.	ofit third mmitment
	nuscript only.	o the author's relationships/activities/interests as they relate to the <u>c</u>	<u>urrent</u>
to th	ne epidemiology of hyperter	rities/interests should be <u>defined broadly</u> . For example, if your manus nsion, you should declare all relationships with manufacturers of antil tion is not mentioned in the manuscript.	
	em #1 below, report all sup time frame for disclosure is	port for the work reported in this manuscript without time limit. For a the past 36 months.	all other items,
		Name all entities with whom you have this relationship or indicate none	Specific
		(add rows as needed)	ations/
			Comme
			nts
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			ts were
			made
			to you
			or to
			your instituti
			on)
		Time frame: Since the initial planning of the work	OII)
1	All support for the present	None	
1	manuscript (e.g., funding,	Sean N. Parker Autoimmunity Center	
	provision of study materials,	Jean W. Farker Autominiumity Center	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		

Time frame: past 36 months

None

	Grants or contracts from		
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
	Noyunies of neerises		
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	LabX IGO, Nantes, France; Rachmiel Levine-Arthur Riggs Diabetes Research Symposium, Irvine, CA; La Jolla Institute for Allergy & Immunology; Barbara Davis Diabetes Center, University of Colorado, Denver, CO; ETH Zürich Institute of Molecular Health Sciences, Zurich, SW; McNair Symposium, Baylor College of Medicine, Houston, TX; University of Colorado Diabetes Speaker Series, Denver, CO; Stanford University Immunology Seminar Series, Palo Alto, Ca; New York University, New York City, NY; Immunology Seminar Series, Memorial Sloan Kettering Cancer Center, New York City, NY; Stanford Drug Discovery Symposium, Palo Alto, CA; BioLegend Symposium, La Jolla, CA; Don Summers Memorial Lecture, University of Utah Biosciences Symposium, Salt Lake City, UT	
6	Payment for expert testimony	X None	
7	Support for attending	None	
,	meetings and/or travel	None	
	G ,	LabX IGO, Nantes, France; Rachmiel Levine-Arthur Riggs Diabetes Research Symposium, Irvine, CA; La Jolla Institute for Allergy & Immunology; Barbara Davis Diabetes Center, University of Colorado, Denver, CO; ETH Zürich Institute of Molecular Health Sciences, Zurich, SW; McNair Symposium, Baylor College of Medicine, Houston, TX; University of Colorado Diabetes Speaker Series, Denver, CO; Stanford University Immunology Seminar Series, Palo Alto, Ca; New York University, New York City, NY; Immunology Seminar Series, Memorial Sloan Kettering Cancer Center, New York City, NY; Stanford Drug Discovery Symposium, Palo Alto, CA; BioLegend Symposium, La Jolla, CA; Don Summers Memorial Lecture, University of Utah Biosciences Symposium, Salt Lake City, UT	
8	Patents planned, issued or pending	X None	
0	Participation on a Data	V. None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	_X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		Name	
	Stock or stock options	None	

		Sonoma Biotechnology			
materials, drugs	Receipt of equipment, materials, drugs, medical	X None			
	writing, gifts or other services				
13	Other financial or non- financial interests	None			
		Sonoma Biotechnology			

Please	place an	"X"	next to	the	following	statement	to	indicate v	your a	greemen	ıt:
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