Date	e:07/10/2021		
You	r Name:Shen Dong		
Man	uscript Title: The effec	t of low-dose IL-2 and T	reg adoptive cell therapy in Type 1 diabetes patients
Man	uscript number (if known):	147474-INS-CME	D-RV-3
			relationships/activities/interests listed below that are
	•	•	ans any relation with for-profit or not-for-profit third for the manuscript. Disclosure represents a commitment
	ansparency and does not not tionship/activity/interest, it	•	If you are in doubt about whether to list a so.
	following questions apply touscript only.	o the author's relationshi	ps/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 the 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 none (add rows as	institution)
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	None	
_	manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
2	D. III	NI NI	
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	
	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	Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients				
Mar	nuscript number (if known):	147474-INS-CMED	D-RV-3		
rela part to ti rela	ted to the content of your n ies whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do			
		o the author's relationship	s/activities/interests as they relate to the <u>current</u>		
mar	nuscript only.				
to ti med In it	he epidemiology of hyperter dication, 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	26 months		
2	Grants or contracts from	None	30 months		
	any entity (if not indicated				
	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	
_			
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	

υaτ	e:0//10/2021		
	r Name: Cody T. I	Mowery	
			eg adoptive cell therapy in Type 1 diabetes patients
	nuscript number (if known):		
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 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.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th	• •	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 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 None	
	any entity (if not indicated		
	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	
_			
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		
	Manuscript number (if known): 147474-INS-CMED-RV-3				
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).		<del> </del>		

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	Nanuscript number (if known): 147474-INS-CMED-RV-3				
rela part to ti	ted to the content of your n ties 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 of 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.				
	The time initial for time term				
		Time frame: past	36 months		
2	Grants or contracts from	None	Made to my institution to support a clinical trial that I		
	any entity (if not indicated in item #1 above).	Caladrius Biosciences	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,
		T	I
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	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	

\_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					
Man	uscript number (	if known):	147474-INS-CME	D-RV-3		
relate part to trelate	ted to the contenties whose interest ansparency and contionship/activity/	t 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	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.		
<u>man</u>	uscript only.					
to the med	ne epidemiology ( ication, even if tl 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	planning of the work		
1	All support for the manuscript (e.g., f provision of study medical writing, a processing charge <b>No time limit for t</b>	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: Angela L	ares					
Mar	Manuscript Title: The effect of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabetes patients						
Mar	nuscript number (if known):	147474-INS-CMED	D-RV-3				
rela part to tr rela	ted to the content of your r ies whose interests may be ansparency and does not n tionship/activity/interest, i	manuscript. "Related" mean affected by the content of ecessarily indicate a bias. I t is preferable that you do					
	following questions apply t nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>				
to the	ne epidemiology of hyperte lication, even if that medica	nsion, you should declare a ation is not mentioned in the port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me 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)					
	All Colons	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.						
		<b>-</b> : .	26 1				
2	Grants or contracts from	Time frame: past None	36 Months				
_	any entity (if not indicated	None					
	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	
_			
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: Ash	ley Leinbach					
Mar	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						
rela part to ti rela	ted to the content of vices whose interests managed and does tionship/activity/inte	your manuscript. "Related" mean nay be affected by the content of not necessarily indicate a bias. I rest, it is preferable that you do					
		pply to the author's relationship	s/activities/interests as they relate to the <u>current</u>				
mar	nuscript only.						
to tl med In it	ne epidemiology of hy lication, even if that n em #1 below, report a	pertension, you should declare a nedication is not mentioned in the	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	l planning of the work				
1	All support for the pres manuscript (e.g., fundi provision of study mate medical writing, article processing charges, etc	ng, erials,					
	No time limit for this it	tem.					
		Time frame: past	36 months				
2	Grants or contracts fro	i	33 manus				
	any entity (if not indica	ated					
	in item #1 above).						
2	Dougling or lineras	Nors					
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	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): <sub>.</sub>	147474-INS-CME	D-RV-3		
relat part to tr relat	ed to the conter ies whose interes ansparency and ionship/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	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 the manuscript about whether to list a so.		
	uscript only.	ons apply to	o the author's relationship	spactivities/interests as they relate to the <u>current</u>		
to the med	e 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, materials, article es, etc.)	None			
			Time frame: past	36 months		
2	Grants or contraction any entity (if not in item #1 above)	indicated	None			
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	
_			
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	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 (	(if known): <sub>-</sub>	147474-INS-CMED	D-RV-3		
relat part to tr relat	ed to the conter ies whose interes ansparency and ionship/activity,	nt 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 author's relationship	syactivities/interests as they relate to the <u>current</u>		
to the med	e 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, materials, article es, etc.)	None			
			Time frame: past	36 months		
2	Grants or contrac any entity (if not i in item #1 above)	indicated	None			
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	
_			
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 ti rela	ted to the content of your n ies whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do					
		o the author's relationship	s/activities/interests as they relate to the <u>current</u>				
<u>mar</u>	nuscript only.						
to tl med In it	he epidemiology of hyperter dication, 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	None					
	any entity (if not indicated						
	in item #1 above).						
2	Davaltica aulica au	Nene					
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: Whitney	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					
relat part to tr relat	ted to the content of your n ies whose interests may be ansparency 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				
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>			
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	
_			
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	

	e:07/10/2021		
You	r Name: Courtney	<sup>,</sup> 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-CME	D-RV-3
rela part to t	ted to the content of your n ties 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 of 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 <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
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		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		whom you have this	(e.g., if payments were made to you or to your
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		whom you have this relationship or indicate none (add rows as	(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	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)  planning of the work
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia  None	(e.g., if payments were made to you or to your institution)  planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia  None  Time frame: past	(e.g., if payments were made to you or to your institution)  planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia  None  Time frame: past	(e.g., if payments were made to you or to your institution)  planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia  None  Time frame: past	(e.g., if payments were made to you or to your institution)  planning of the work

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:U//1U/2UZ1		
You	r Name: Morvarid	Mehdizadeh	
Mar	nuscript Title: The effec	t of low-dose IL-2 and Tr	reg adoptive cell therapy in Type 1 diabetes patients
	nuscript number (if known):		
rela part to to rela The <u>mar</u>	ted to the content of your name ies whose interests may be cansparency and does not not interest, it following questions apply to buscript only.	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. it is preferable that you do the author's relationship	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.  s/activities/interests as they relate to the current of the cur
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	em #1 below, report all sup time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as needed)	in this manuscript without time limit. For all other items,  Specifications/Comments (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 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 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	Name:	Amy Putr	nam	
Man	uscript Title:	_ The effect	t of low-dose IL-2 and Ti	reg adoptive cell therapy in Type 1 diabetes patients
Man	uscript number	(if known):	147474-INS-CMEI	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 not not not not not not not not	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 list a so.
	uscript only.		·	· · · · · · · · · · · · · · · · · · ·
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			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, ly materials, article es, etc.)	None	
			Time frame and	3C
2	Grants or contract any entity (if not in item #1 above	indicated	Time frame: past None	36 Months
3	Royalties or licen	ises	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	

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
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		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

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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 suin sect	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		
You	r <b>Name:</b> Chւ	un J. Ye	
Man	uscript Title: The	e effect of low-dose IL-2 and Tr	reg adoptive cell therapy in Type 1 diabetes patients
Man	uscript number (if kn	nown): 147474-INS-CME	D-RV-3
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		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 pre- manuscript (e.g., fundi provision of study mat medical writing, article processing charges, etc No time limit for this i	ing, erials, e c.)	
2	Grants or contracts fro	Time frame: past	36 months
2	any entity (if not indication 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	
_	-		
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
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	time frame for disclosure is	•	in this manuscript without time limit. For an 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.

Dat	e: 07/10/2021		
	r Name:Jeffrey Blueston		
		t of low-dose IL-2 and Treg adoptive cell therapy in Type 1 diabe	etes patients
Maı	nuscript number (if known):	147474-INS-CMED-RV-3	
rela pari to t	ted to the content of your name ties whose interests may be ransparency and does not no	we ask you to disclose all relationships/activities/interests listed belonanuscript. "Related" means any relation with for-profit or not-for-profited by the content of the manuscript. Disclosure represents a coecessarily indicate a bias. If you are in doubt about whether to list a is preferable that you do so.	ofit third
	following questions apply to nuscript only.	o the author's relationships/activities/interests as they relate to the <u>c</u>	urrent
to t	he epidemiology of hyperte	rities/interests should be <u>defined broadly</u> . For example, if your manus nsion, you should declare all relationships with manufacturers of anti 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 the past 36 months.	all other items
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specific ations/ Comme nts (e.g., if paymen ts were made to you or to your instituti on)
		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 Sean N. Parker Autoimmunity Center	

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	
	4	Canaultina food	V. Nana	
	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	
			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	
	9	Participation on a Data	X None	
		Safety Monitoring Board or		
		Advisory Board		
	10	Leadership or fiduciary role	_X None	
		in other board, society, committee or advocacy		
		group, paid or unpaid		
	11	Stock or stock options	None	
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		Sonoma Biotechnology		
	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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