

ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Kiryu K. Yap

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Date: 10/30/2023

Your Name: Jan Schröder

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

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Date: 10/30/2023

Your Name: Yi-Wen Gerrand

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

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Date: 10/30/2023

Your Name: Aleksandar Dobric

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

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

ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Anne M. Kong

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Adrian M. Fox

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Brett Knowles

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Simon W. Banting

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Andrew G. Elefanty

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Eduoard G. Stanley

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: George C. Yeoh

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Glen P. Lockwood

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

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

ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Victoria C. Cogger

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Wayne A. Morrison

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Jose M. Polo

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Geraldine M. Mitchell

Manuscript Title: Liver-specification of human iPSC-derived endothelial cells transplanted into mouse liver

Manuscript Number (if known): JHEPR-D-23-00304

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

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