

Change of Authorship Form

(Must be completed and signed by ALL authors)

Please check all that apply

New author(s) have been added (in addition to this form, all new authors must complete the copyright transfer agreement and conflict of interest disclosure.

Change in order of authorship.

An author wishes to remove his/her name. An author's name may only be removed his/her own request and a letter signed by the author should accompany this form

Manuscript Number STROKE/2017/020353R1

Manuscript Title Human neural stem cell extracellular vesicles improve recovery in a porcine model of ischemic stroke

Former Authorship

Please list ALL AUTHORS in the same order as the original submission. For more than 12, use an extra sheet.

Print Name

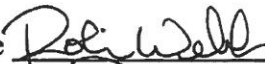

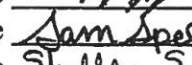
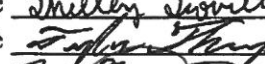

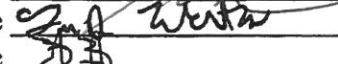
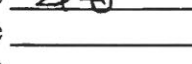



Name (1) Robin L. Webb
 Name (2) Erin E. Kaiser
 Name (3) Brian J. Jurgielewicz
 Name (4) Samantha Spellicy
 Name (5) Shelley L. Scoville
 Name (6) Tyler A. Thompson

Print Name

Name (7) David C. Hess
 Name (8) Franklin D. West
 Name (9) Steven L. Stice
 Name (10) _____
 Name (11) _____
 Name (12) _____

New Authorship

All authors must sign below agreeing to the changes in authorship. The authorship order must reflect the authorship order of the manuscript.

Name (1) <u>Robin L. Webb</u>	Signature <u></u>	Date <u>02/12/2018</u>
Name (2) <u>Erin E. Kaiser</u>	Signature <u></u>	Date <u>02/12/2018</u>
Name (3) <u>Brian J. Jurgielewicz</u>	Signature <u></u>	Date <u>02/12/2018</u>
Name (4) <u>Samantha Spellicy</u>	Signature <u></u>	Date <u>02/12/2018</u>
Name (5) <u>Shelley L. Scoville</u>	Signature <u></u>	Date <u>02/12/2018</u>
Name (6) <u>Tyler A. Thompson</u>	Signature <u></u>	Date <u>02/12/2018</u>
Name (7) <u>Raymond L. Swetenburg</u>	Signature <u></u>	Date <u>02/12/2018</u>
Name (8) <u>David C. Hess</u>	Signature <u></u>	Date <u>02/12/2018</u>
Name (9) <u>Franklin D. West</u>	Signature <u></u>	Date <u>02/12/2018</u>
Name (10) <u>Steven L. Stice</u>	Signature <u></u>	Date <u>2/12/2018</u>
Name (11) _____	Signature _____	Date _____
Name (12) _____	Signature _____	Date _____

Please scan and email to stroke@strokeahajournal.org.