



POTENTIAL CONFLICT OF INTEREST AND FINANCIAL DISCLOSURE FORM – MEDICAL WRITER

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Manuscript Title: SCTM-18-0008 - Allogeneic Umbilical Cord Blood Infusion for Adults with Ischemic Stroke (CoBIS): Clinical

Name of Discloser: Jessica Pritchard, Ph.D.

Manuscript Contributions (check all that apply):

ICMJE Criteria for Authorship	Contributions for the Acknowledgment Section
<input type="checkbox"/> Substantial contribution to concept and design, acquisition of data, or analyses and interpretations	<input checked="" type="checkbox"/> Copyediting/proofreading, e.g. grammatical assistance, stylistic suggestions to outline or draft
<input type="checkbox"/> Drafting the article or revising it critically for important intellectual content	<input checked="" type="checkbox"/> Editorial assistance, e.g. preparing references, fact-checking, labeling illustrations or tables
<input type="checkbox"/> Final approval of version to be published	<input checked="" type="checkbox"/> Production assistance, e.g. assembling tables, graphs, figures, photos or other illustrations
<input type="checkbox"/> Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.	

Do you have any financial relationships to report?
 Yes No

If yes, please provide relevant information in table below.

Types of financial relationships and the companies with whom we (I and/or my spouse/life partner) have relationships are as follows:

Check boxes	Type of financial relationship WITHIN THE PAST 12 MONTHS ONLY	Indicate applicable commercial interest(s) WITHIN THE PAST 12 MONTHS ONLY	Compensated ✓	Uncompensated ✓
<input type="checkbox"/>	Employment/leadership position		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Intellectual property rights/Inventor or patent holder		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Consultant/Advisory role		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Honoraria received directly from commercial interest or their agents (e.g., speakers' bureaus)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Research funding/Contracted research (including funds paid to your institution)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ownership interest (stocks, stock options, or other ownership interest excluding diversified mutual funds)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Expert testimony		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (including any reimbursed or sponsored travel)		<input type="checkbox"/>	<input type="checkbox"/>

If you reported relationships in the chart above, will you nonetheless be able to provide an unbiased article? Yes No

By signing below, I represent that the foregoing information is complete and truthful. I will notify the editorial office if there are any changes in my financial relationships prior to the publication of this article.

Signature of Reporting Individual

11 Jan 2018
 Date of Submission