Date:		11/14/2021			
Your Name:		Allison Oliva			
Ma	nuscript Title:	Aging-related olfactory loss is associated with olfactory stem cell transcriptional alterations in humans			
Ma	nuscript Number (if k	wn): _Click or tap here to enter text.			
con affe ind	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.				
epi	demiology of hyperte	activities/interests should be defined broadly. For example, if your manuscript pertains to the on, you should declare all relationships with manufacturers of antihypertensive medication, even if tioned in the manuscript.			
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.					
		ame all entities with whom you have this lationship 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 Click the tab key to add additional rows.			
		Time frame: past 36 months			
2	Grants or	None Non			

contracts from any entity (if not indicated in item #1 above).

Royalties or

licenses

□ None

3

		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)
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None — — — — — — — — — — — — — — — — — — —
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None — — — — — — — — — — — — — — — — — — —
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None — — — — — — — — — — — — — — — — — — —

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

11/14/2021

Your Name:			Rupali Gupta		
Manuscript Title:			Aging-related olfactory loss is associated with olfactory stem cell transcriptional alterations in humans		
Manuscript Number (if known):			: Click or tap here to enter text.		
con affe indi	tent of your manuscreted by the content of cate a bias. If you are	ript. "R of the r e in do	we ask you to disclose all relationships/activities elated" means any relation with for-profit or no nanuscript. Disclosure represents a commitme ubt about whether to list a relationship/activity rities/interests should be defined broadly. For expenses	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.	
-			you should declare all relationships with manufed in the manuscript.	acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th	-	port for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time	
			all entities with whom you have this onship 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	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses		None		

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea 🖂	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.			

11/13/2021

Your Name:			Khalil Issa		
Manuscript Title:			Aging-related olfactory loss is associated with olfactory stem cell transcriptional alterations in humans		
Manuscript Number (if known):			Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, you that medication is not mentioned			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.	
fran	ne for disclosure is tl	he past 36	months.		
			l entities with whom you have this ship 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	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.	□ N	one	Click the tab key to add additional rows.	
			Time frame: past 36 months	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne		
3	Royalties or licenses	⊠ N	one		

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea 🖂	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.			

11/14/2021

Your Name:			Ralph Abi-Hachem		
Manuscript Title:			Aging-related olfactory loss is associated with olfactory stem cell transcriptional alterations in humans		
Manuscript Number (if known):			Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti			ated" means any relation with for-profit or no inuscript. Disclosure represents a commitment about whether to list a relationship/activity, des/interests should be defined broadly. For each of the should declare all relationships with manufactures.	/interest, it is preferable that you do so.	
	em #1 below, report ne for disclosure is tl			ithout time limit. For all other items, the time	
			Il entities with whom you have this ship 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.	□ N	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ N	one		

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea 🖂	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.			

11/14/2021

Your Name:			David Jang	
Mar	nuscript Title:		Aging-related olfactory loss is associated with olfactory stem cell transcriptional alterations in humans	
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.	
content of your manuscript. "Relaffected by the content of the ma				
		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if
In item #1 below, report all support frame for disclosure is the past 36			· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time
			l entities with whom you have this ship 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
	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.	□ No	one	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Amgen Medtro		Aimovig drug trial for facial pain Cadaveric sinus research/education funding
3	Royalties or licenses	⊠ No	one	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	

Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payn made to you or to your institution)		Specifications/Comments (e.g., if payments were made to you or to your institution)		
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	
Plea 🖂	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.			

Date:	11/13/2021
Your Name:	Sebastian A. Wellford
Manuscript Title:	Aging-related olfactory loss is associated with olfactory stem cell transcriptional alterations in humans
Manuscript Number (if known): 155506-JCI-RG-1	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the	

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 o	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 R01 − NS121067-01	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None — — — — — — — — — — — — — — — — — — —
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None — — — — — — — — — — — — — — — — — — —
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None — — — — — — — — — — — — — — — — — — —

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	11/12/2021
Your Name:	E. Ashley Moseman
Manuscript Title:	Aging-related olfactory loss is associated with olfactory stem cell transcriptional alterations in humans
Manuscript Number (if known):	155506-JCI-RG-1

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 o	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.		Startup funding Click the tab key to add additional rows.	
		Time frame: past 36 months	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH 1R01NS121067		
3	Royalties or licenses	None None		

		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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	□ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

			all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:		11/13/2021			
You	r Name:	Hiroaki Matsunami	Hiroaki Matsunami		
Manuscript Title:		Aging-related olfactory loss is associated windown	Aging-related olfactory loss is associated with olfactory stem cell transcriptional alterations in humans		
Maı	nuscript Number (if k	nown): Click or tap here to enter text.			
con affe indi The epic that	tent of your manuscricted by the content of cate a bias. If you are author's relationship lemiology of hyperter medication is not medication, report	rency, we ask you to disclose all relationships/activities ipt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity is/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactioned in the manuscript.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
tran	ne for disclosure is the	e past 36 months.			
		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 NIH DC016224	Click the tab key to add additional rows.		
		Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Givaudan	Sponsored research		
3					

		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)
4	Consulting fees	□ None Kao Consulting
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

			all entities with whom you have this nship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:			11/12/2021		
Your Name:			Bradley J. Goldstein		
Manuscript Title:			Aging-related olfactory loss is associated with olfactory stem cell transcriptional alterations in humans		
Manuscript Number (if known):			155506-JCI-RG-1		
con affe indi The epic that	tent of your manuscri ected by the content of cate a bias. If you are author's relationship demiology of hypertent t medication is not me	ipt. "Rela of the man e in doubt s/activition nsion, you entioned	nted" means any relation with for-profit or nor nuscript. Disclosure represents a commitmen about whether to list a relationship/activity/ es/interests should be defined broadly. For example, a should declare all relationships with manufation the manuscript.	interest, it is preferable that you do so.	
			entities with whom you have this hip 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 o	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.	National Office of Burroug	one al Institutes of Health grant DC018371 (BJG) of Physician-Scientist Development, ghs-Wellcome Fund Research Fellowship for l Students Award, Duke University School of the (AO)	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	National Office of Burrous Medica	al Institutes of Health grant DC018371 (BJG) of Physician-Scientist Development, ghs-Wellcome Fund Research Fellowship for I Students Award, Duke University School of		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa Office of Burroug Medica Medicin	al Institutes of Health grant DC018371 (BJG) of Physician-Scientist Development, ghs-Wellcome Fund Research Fellowship for I Students Award, Duke University School of the (AO) Time frame: past 36 months		

		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)
4	Consulting fees	□ None Frequency Therapeutics (BJG)	Unrelated to olfactory loss.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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 None	

			pecifications/Comments (e.g., if payments were nade to you or to your institution)	
11	Stock or stock options	None None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	✓ None Unpaid consultant, OxStem (BJG).		
Plea	Please place an "X" next to the following statement to indicate your agreement:			