

ICMJE DISCLOSURE FORM

Date: June 24, 2021

Your Name: Tao Lv

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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 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.	Sichuan Province Key Research and Development Project (Grant number: 2020YFS0134)	
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, 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	

Please summarize the above conflict of interest in the following box:

Dr. Lv received grants from Sichuan Province Key Research and Development Project (Grant number: 2020YFS0134).

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

X 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: June 24, 2021

Your Name: Xi Xu

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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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	

Please summarize the above conflict of interest in the following box:

Dr. Xu has no conflicts of interest to declare.

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

X 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: June 24, 2021

Your Name: Jiulin Song

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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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	

Please summarize the above conflict of interest in the following box:

Dr. Song has no conflicts of interest to declare.

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

X 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: June 24, 2021

Your Name: Yifei Tan

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Dr. Tan has no conflicts of interest to declare.

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

X 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: June 24, 2021

Your Name: Li Jiang

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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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	

Please summarize the above conflict of interest in the following box:

Dr. Jiang has no conflicts of interest to declare.

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

X 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: June 24, 2021

Your Name: Jian Yang

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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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	

Please summarize the above conflict of interest in the following box:

Dr. Yang has no conflicts of interest to declare.

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

X 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: June 24, 2021

Your Name: Diao He

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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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	

Please summarize the above conflict of interest in the following box:

Dr. He has no conflicts of interest to declare.

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

X 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: June 24, 2021

Your Name: Lingxiang Kong

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

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ICMJE DISCLOSURE FORM

Date: June 24, 2021

Your Name: Weiyi Zhang

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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Dr. Zhang has no conflicts of interest to declare.

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ICMJE DISCLOSURE FORM

Date: June 24, 2021

Your Name: Panyu Chen

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Dr. Chen has no conflicts of interest to declare.

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

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ICMJE DISCLOSURE FORM

Date: June 24, 2021

Your Name: Qiwen Xiang

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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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	

Please summarize the above conflict of interest in the following box:

Dr. Xiang has no conflicts of interest to declare.

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

X 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: June 24, 2021

Your Name: Tao Zhu

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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Date: June 24, 2021

Your Name: Hong Wu

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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3	Royalties or licenses	None	
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	

Please summarize the above conflict of interest in the following box:

<p>Dr. Wu has no conflicts of interest to declare.</p>
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Please place an "X" next to the following statement to indicate your agreement:

X 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: June 24, 2021

Your Name: Tianfu Wen

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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<p>Dr. Wen has no conflicts of interest to declare.</p>

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ICMJE DISCLOSURE FORM

Date: June 24, 2021

Your Name: Jiayin Yang

Manuscript Title: Use of donor-specific red blood cell transfusions for patients undergoing liver transplantation during the COVID-19 pandemic

Manuscript number (if known): HBSN-21-190

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		National Clinical Research Center for Geriatrics, West China Hospital, Sichuan University (Grant number: Z2018B23)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated)	None	

	in item #1 above).		
3	Royalties or licenses	None	
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Please summarize the above conflict of interest in the following box:

Dr. Yang received grants from the New Clinical Technology Project, West China Hospital, Sichuan University (Grant number: 20HXJS012) and National Clinical Research Center for Geriatrics, West China Hospital, Sichuan University (Grant number: Z2018B23).

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