ICMJE DISCLOSURE FORM

Date: October 10, 2022
Your Name: Shaona Wang
Manuscript Title: Analysis of anti-M antibody status and blood transfusion strategy in Hunan, China
Manuscript number (if known):

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.**	None	
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:

There was no conflict of interest to be declared.

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ICMJE DISCLOSURE FORM

Date: October 10, 2022
Your Name: Jiaohua Wang
Manuscript Title: Analysis of anti-M antibody status and blood transfusion strategy in Hunan, China
Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: October 10, 2022
Your Name: Xiaomei Mo
Manuscript Title: Analysis of anti-M antibody status and blood transfusion strategy in Hunan, China
Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: October 10, 2022
Your Name: Zhen Wang
Manuscript Title: Analysis of anti-M antibody status and blood transfusion strategy in Hunan, China
Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: October 10, 2022
Your Name:_____ Yubin Wu
Manuscript Title: Analysis of anti-M antibody status and blood transfusion strategy in Hunan, China_
Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: October 10, 2022
Your Name: Fengxia Liu
Manuscript Title: Analysis of anti-M antibody status and blood transfusion strategy in Hunan, China
Manuscript number (if known):

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Your Name: Lin Qu
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