

## ICMJE DISCLOSURE FORM

Date: 22nd, June, 2021

Your Name: Gyeong-Jo Byeon

Manuscript Title: The influence of circulating fibrinogen level on postoperative blood loss and blood transfusion in pediatric cardiac surgery: A retrospective observational study

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.

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3	Royalties or licenses	__ X __ None	
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## ICMJE DISCLOSURE FORM

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## ICMJE DISCLOSURE FORM

Date: 22nd, June, 2021

Your Name: Hye-Jin Kim

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Date: 22nd, June, 2021

Your Name: Eun-Ji Choi

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## ICMJE DISCLOSURE FORM

Date: 22nd, June, 2021

Your Name: Seyeon Park

Manuscript Title: The influence of circulating fibrinogen level on postoperative blood loss and blood transfusion in pediatric cardiac surgery: A retrospective observational study

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Your Name: Soon Ji Park

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Date: 22nd, June, 2021

Your Name: Wonjae Heo

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