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Da	te: 7 April 2022					
Yo	ur Name: Sir	rilak Suksompong	-			
Ma	Manuscript Title: H1 and H2 Antihistamines Pretreatment for Attenuation of Protamine Reactions after Cardiopulmonary Bypass: A Randomized-Controlled study					
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do				
	e following questions apply muscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items Specifications/Comments			
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)			
		Time frame: Since the initia	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.	XNone				
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	X_None				

Consulting fees

_X__None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	•		
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None.		

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this



Date:	7 April 2022		
Your Nam	ne: Pa	ttrapun Wongsripuemtet	
Manuscri	pt Title: H1 a	nd H2 Antihistamines Pre	treatment for Attenuation of Protamine Reactions after
Cardiopul	lmonary Bypass: A Ra	ndomized-Controlled stu	dy
Manuscri	pt number (if known)	:	
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to the epi	idemiology of hyperto		e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript.
	•	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
	•	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)
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Consulting fees

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5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
-			
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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		icivise Dioci				
Da	te: 7 April 2022					
Yo	ur Name: Yu	ittana Srinoulprasert				
Ma	Manuscript Title: H1 and H2 Antihistamines Pretreatment for Attenuation of Protamine Reactions after Cardiopulmonary Bypass: A Randomized-Controlled study					
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do				
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in to poor the work reporte s the past 36 months.	d in this manuscript without time limit. For all other ite	/e		
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		needed) Time frame: Since the initia	Inlanning of the work			
1	All support for the present	X None	r planning of the work			
1	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article					
	processing charges, etc.) No time limit for this item.					
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated	XNone				
	in item #1 above).					
3	Royalties or licenses	XNone				

Consulting fees

_X__None

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Participation on a Data Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:
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	None.		

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Da	te: 7 April 2022					
Yo	ur Name: Ch	aowanan Khamtuikrua				
Ma	Manuscript Title: H1 and H2 Antihistamines Pretreatment for Attenuation of Protamine Reactions after Cardiopulmonary Bypass: A Randomized-Controlled study					
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In i		pport for the work reporte	d in this manuscript without time limit. For all other ite	ms,		
		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)			
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone				
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
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7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
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12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
13	financial interests	XNone	
Ple	ease summarize the above c	onflict of interest in the f	following box:

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Dat	e:06 April 2022		
Ma	nuscript Title: H1 a	nd H2 Antihistamines Pre	etreatment for Attenuation of Protamine Reactions after
			dy
Ma	nuscript number (if known)):	
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	following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to t med In it	he epidemiology of hypert dication, even if that medic	ension, you should declar cation is not mentioned in port for the work report	e defined broadly. For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive at the manuscript. The manuscript without time limit. For all other items Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed) Time frame: Since the initi	al planning of the work
	All support for the present	X None	al plaining of the work
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
	Royalties or licenses	XNone	

Consulting fees

_X__None

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
Ple	nase summarize the above controls.	onflict of interest in the fo	ellowing box:

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