ICMJE DISCLOSURE FORM

Date: 2021-09-13 Your Name: Jiayi Wang

Manuscript Title: Prevention of platelet transfusion refractoriness by platelet antigen gene matching: a systematic

review and meta-analysis

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
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		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Connect for attending	Nana	
/	Support for attending meetings and/or travel	None	
	•		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summariz	e the abo	ve conflict	of interest	in th	າe fol	lowing	box
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The authors has no conflicts of interest	

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: 2021-09-13

Your Name: Xueyou Zhang

Manuscript Title: Prevention of platelet transfusion refractoriness by platelet antigen gene matching: a systematic

review and meta-analysis

Manuscript number (if known):

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Date: 2021-09-13 Your Name: Yong Li

Manuscript Title: Prevention of platelet transfusion refractoriness by platelet antigen gene matching: a systematic

review and meta-analysis

Manuscript number (if known):

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