

ICMJE DISCLOSURE FORM

Date: _____ Mar. 4th, 2022 _____

Your Name: _____ Qi Yang _____

Manuscript Title: _____ Effects of the hemolytic index on the test results of a dry chemistry analyzer and a verification of the hemolytic interference threshold _____

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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

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: _____ Mar. 4th, 2022 _____

Your Name: _____ Shujing Huang _____

Manuscript Title: _____ Effects of the hemolytic index on the test results of a dry chemistry analyzer and a verification of the hemolytic interference threshold _____

Manuscript number (if known): _____

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Date: _____ Mar. 4th, 2022 _____

Your Name: _____ Ran Han _____

Manuscript Title: _____ Effects of the hemolytic index on the test results of a dry chemistry analyzer and a verification of the hemolytic interference threshold _____

Manuscript number (if known): _____

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Date: _____ Mar. 4th, 2022 _____

Your Name: _____ Bo Lin _____

Manuscript Title: _____ Effects of the hemolytic index on the test results of a dry chemistry analyzer and a verification of the hemolytic interference threshold _____

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ICMJE DISCLOSURE FORM

Date: _____ Mar. 4th, 2022 _____

Your Name: _____ Qinglin Liu _____

Manuscript Title: _____ Effects of the hemolytic index on the test results of a dry chemistry analyzer and a verification of the hemolytic interference threshold _____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ Mar. 4th, 2022 _____

Your Name: _____ Xueguang Duan _____

Manuscript Title: _____ Effects of the hemolytic index on the test results of a dry chemistry analyzer and a verification of the hemolytic interference threshold _____

Manuscript number (if known): _____

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Date: _____ Mar. 4th, 2022 _____

Your Name: _____ Zikun Ma _____

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ICMJE DISCLOSURE FORM

Date: _____ Mar. 4th, 2022 _____

Your Name: _____ Huiyun Zhang _____

Manuscript Title: _____ Effects of the hemolytic index on the test results of a dry chemistry analyzer and a verification of the hemolytic interference threshold _____

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Date: _____ Mar. 4th, 2022 _____

Your Name: _____ Haochang Shou _____

Manuscript Title: _____ Effects of the hemolytic index on the test results of a dry chemistry analyzer and a verification of the hemolytic interference threshold _____

Manuscript number (if known): _____

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Your Name: _____ Shengwei Zhang _____

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