Date: <u>26/7/2021</u>	
Your Name: <u>Eloisa Urrechaga</u>	
Manuscript Title:	Specific leukocyte differential and morphological alarms a clue for the
detection of SARS- CoV-2 infection	
Manuscript number (if known): JLPM-21-	-26

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.

		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	

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5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
	-			
7	Support for attending	None		
	meetings and/or travel			
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		
	occon or occon op none			
12	Receipt of equipment,	None		
12	materials, drugs, medical	None		
	writing, gifts or other services			
12	Other financial or non-	None		
13	financial interests	None		
	illianciai interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	NONE			

Date: <u>20/7/2021</u>		
our Name: <u>Oiha</u>	ne Bóveda	
Manuscript Title:	Specific leukocyte differential and morphological alarms a clue for the detection of SARS-	CoV-2
nfection		
Manuscript number (f known): JLPM-21-26	

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	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
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5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
	-			
7	Support for attending	None		
	meetings and/or travel			
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		
	occon or occon op none			
12	Receipt of equipment,	None		
12	materials, drugs, medical	None		
	writing, gifts or other services			
12	Other financial or non-	None		
13	financial interests	None		
	illianciai interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	NONE			

Date: 28/7/2022	
Your Name:	M Milagros Hernández
Manuscript Title	:Specific leukocyte differential and morphological alarms a clue for the detection of SARS-
CoV-2 infection	
Manuscript num	ber (if known): JLPM-21-26

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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	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 S	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
10	services				
13	Other financial or non-	None			
	financial interests				
-					
Plea	ase summarize the above co	ntlict of interest in the foll	owing box:		
N	None				

Date: 3/8/2021	
Your Name: <u>Blar</u>	ca García San Vicente
Manuscript Title:	Specific leukocyte differential and morphological alarms a clue for the detection of SARS-
CoV-2 infection	
Manuscript number	(if known):JLPM-21-26

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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			
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7	Support for attending	None		
	meetings and/or travel			
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		
	Stock of Stock options			
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	one			

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

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

form.

Date: 2/8/2021	
Your Name: <u>Mó</u>	ica Fernández
Manuscript Title:	Specific leukocyte differential and morphological alarms a clue for the detection of SARS- CoV-2
infection	
Manuscript number	if known): JLPM-21-26

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
	0 - 1 - 1		

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the fo	ollowing box:

NONE

Date	e: <u>29/7/2021</u>		
You	ur Name: Helena Redín Sarasola		
Mar	nuscript Title: Specific leuko	cyte differential and mor	phological alarms a clue for the detection of SARS- CoV-2
infe	ction		
Mar	ction nuscript number (if known):	JLPM-21-26_	
rela part to to rela	ted to the content of your name	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of list a so.
<u>mar</u>	nuscript only.		
to the med	he epidemiology of hyperter dication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items,
		Name all entities with	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	l 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 foo-	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	
	one	nflict of interest in the fo	lowing box:

Date: 3/8/2021			_
Your Name: <u>Irene Pérez</u>			_
Manuscript Title: Specific leukocyte d	lifferential and morphologica	al alarms a clue for the detection of SARS- C	CoV-2
infection			
Manuscript number (if known):	JLPM-21-26		

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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	Support for attending	None	
	meetings and/or travel		
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,	None	
	materials, drugs, medical		
	writing, gifts or other		
42	services	N.	
13	Other financial or non- financial interests	None	
	financiai interests		
Dlas	se summarize the above co	nflict of interest in the fall	owing hove
FIE	ise sullillalize tile above CO	וווווכנ טו ווונפופאנ ווו נוופ וטווי	owing box.
N	one		
'`			

Date: <u>30/7/2021</u>	
Your Name: <u>Cri</u>	stian Morales- Indiano
Manuscript Title:	Specific leukocyte differential and morphological alarms a clue for the detection of SARS-
CoV-2 infection	
Manuscript number	r (if known): JLPM-21-26

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		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	Al	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
	meetings and/or traver		
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		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
		en	
Plea	ise summarize the above co	ntlict of interest in the follo	owing box:

rease summarize the above connector interest in the following box.

None

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

Date: <u>15/7/2021</u>	
Your Name: <u>María</u>	osé Alcaide
Manuscript Title:	Specific leukocyte differential and morphological alarms a clue for the detection of SARS- CoV-2
infection	
Manuscript number (i	known): JLPM-21-26

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4		I	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
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		Time from a nect	26 months
2	Country on anythrough from	Time frame: past	36 MONUNS
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	,	None	
3	Royalties or licenses	None	
	0 11: 6		
4	Consulting fees	None	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending	None	
	meetings and/or travel		
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	
	occon or occon op none		
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other services		
12	Other financial or non-	None	
13	financial interests	None	
	illianciai interests		
Plea	Please summarize the above conflict of interest in the following box:		
N	NONE		

Date: <u>13/7/2021</u>	
Your Name: Luís García de Guadiana Ro	mualdo
Manuscript Title: Specific leukocyte dif	ferential and morphological alarms a clue for the detection of SARS- CoV-
infection	
Manuscript number (if known):	JLPM-21-26

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4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
-		None	
6	Payment for expert testimony	None	
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7	Support for attending	None	
	meetings and/or travel		
0	Detents planned issued as	None	
8	Patents planned, issued or	None	
	pending		
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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,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
Ples	Please summarize the above conflict of interest in the following box:		
1 166	rease summanize the above connect of interest in the following box.		
N	None.		