Date: 3   01   2022		
Your Name: Kade C Flowers		
Manuscript Title: Special Series: Investigative	Algorithms in Laboratory	Medicine
Manuscript number (if known):		
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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 initi	al 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: pas	t 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	<u>√</u> None	
	meetings and/or travel		
8	Patents planned, issued or	No. 2	
°	pending	None	
	penunig		
	The state to the state of the s		
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	<u>√</u> None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
l	writing, gifts or other		
	services	/	
13	Other financial or non-	√ None	
	financial interests		
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Ple	ase summarize the above c	onflict of interest in the foll	owing hov
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	None to dea	dare ·	Section 2015
'		<del></del>	

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

Date: 26 01	22						
Your Name:	George	Aller					
Manuscript Tit	le: Special	Series:	Investigation	Alorithms in	aboratory	Medicine	
Manuscript nu				0			

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past  None	36 months
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	Stock or stock options	None	
4.0		<b>/</b>	
12	Receipt of equipment,	NoneNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Nothing to	declare.

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.

Date: $24/01/22$ .	
Your Name: Chloe Darragh-Hickey.	
Manuscript Title: Investigative algorithms for disorde	rs affecting plasma
Manuscript number (if known):	chloride.

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	129	Time frame: Since the initi	al 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	
2	Grants or contracts from	Time frame: pas	t 36 months
	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 in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12			
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other	·	:
	services		
13	Other financial or non-	None	
	financial interests		
Section			

Please summarize the above conflict of interest in the follo	OWINGHOV	foll/	the fo	act in the	ot intere	conflict	the ahove	sıımmarize t	Pleace
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 27/01/2022
Your Name: Sukhbir Kaur
Manuscript Title: Special Series: Investigative algorithms in laboratory medicine
Manuscript number (if known):

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		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	xNone	
	processing charges, etc.)  No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

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	
	<b>3</b>		
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	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
Ple	None	onflict of interest in the fo	llowing box:

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

Date:25/01/2022	
Your Name:Alexa R Sl	nipman
Manuscript Title:	Special Series – Diagnostic Algorithms for Acidosis, Alkalosis, Magnesium,
Chloride and Introductory Artic	le
Manuscript number (if known):	

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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	
4	Consulting fees	x_None	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role		Editor in Chief of Clinical and Experimental Dermatology
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	x None	
12	materials, drugs, medical	x_None	
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in t	he following box:
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1			

I have a paid role, via the British Association of Dermatologists, as Editor in Chief of the journal Clinical and Experimental Dermatology						

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

Date: 25/01/2022				
Your Name:Kate E Shipman				
Manuscript Title: Special Series: Investigative algorithms in laboratory medicine				
Manuscript number (if known):				

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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: past xNone xNone	36 months
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations,	xNone			
	speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	xNone			
7	Support for attending meetings and/or travel	xNone			
8	Patents planned, issued or	x None			
0	pending				
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			
	manetal interests				
Г	Please summarize the above conflict of interest in the following box:  None				

None			

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