Date: 31 01 2022	
Your Name: Kade C Flowers	
Manuscript Title: Special Series: Investigative +	Haurithms in Laboratory Medicine
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</u> <u>manuscript only</u>.

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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)
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.	Time frame: Since the initial	planning of the work
2	Grants or contracts from	Time frame: past	36 months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events ✓ None 6 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	·····			
speakers bureaus, manuscript writing or educational events None 6 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- None	5	Payment or honoraria for	<u> </u>	
manuscript writing or educational events None 6 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, 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- None		speakers bureaus,		
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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- None	10	Leadership or fiduciary role	None	
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12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None				
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		writing, gifts or other	/	
financial Interests	13	1. State and the second s second second s second second s second second se	None	
		financial interests		

None to declare.	

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

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

Date: $24/01/22$.	i ne e e	
Your Name: Chloë Darragh-Hickey.		
Manuscript Title: Investigative algorithms	for disorders	affecting alachia
Manuscript number (if known):		chloride.

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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		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	
	ξ		
		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	

5	Payment or honoraria for	None 🔪	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
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	
出版			
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
가라가 기가가	financial interests		

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.

ate: 27/01/2022
our Name: Sukhbir Kaur
anuscript Title: Special Series: Investigative algorithms in laboratory medicine
lanuscript 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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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	_xNone	
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	x None	
7	consulting lees		

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	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	
	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		

None

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.

Date: 26 01 22					
Your Name: George All					
Manuscript Title: Special S	eries: Investigation	Algorithms in	aborton	Medicine	
Manuscript number (if known		0	J		

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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1	All support for the process	None	
1	All support for the present manuscript (e.g., funding,	<u> </u>	
	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	<u> </u>	
		1	
4	Consulting fees	None	

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

Nothing to declare.

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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:25/01/2022			
Your Name:	Alexa R Shipman		
Manuscript Title:		Special Series – Diagnostic Algorithms for Acidosis, Alkalosis, Magnesium	,
Chloride and Introductory Article			
Manuscript number (i	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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		Time frame: Since the initial	planning of the work
1	All support for the present	x_None	
	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	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
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	x_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	v None	
13	financial interests	x_None	

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

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Date:25/01/2022		
Your Name:Kate E Sh	ipman	
	eries: Investigative algorithms in laboratory medicine	
Manuscript number (if known):		

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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	x None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	xNonexNone
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

None

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