Date:April.23 , 2024	
Your Name: Vincenzo Roccaforte	_
Manuscript Title: Use of iron deficiency flag of the hematology analyzer Sysmex XN-3000 for erythropoiesis diagnosis	arly iron-deficient
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>.

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	XNone	
2	Grants or contracts from	Time frame: past XNone	36 months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X _None	

5	Payment or honoraria for	X None	
	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	X_None	
	pending		
_			
9	Participation on a Data	X_None	
	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	
11	Stock of Stock options	X_NOTIE	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	ease summarize the above o	onflict of interest in t	he following box:
	X None		

X 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:April.23 , 2024 Your Name: Fortunata Lombardi	
Manuscript Title: Use of iron deficiency flag of the hematology analyzer Sysmex XN-3000 for ear erythropoiesis diagnosis  Manuscript number (if known):	y iron-deficient
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed be	

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	I	I	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.	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	XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
O	testimony		
	testimony		
7	Support for attending	X_None	
,	meetings and/or travel	<u></u>	
	o ,		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	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,	_X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_None	
	financial interests		
	ease summarize the above c	onflict of interest in the	following box:
- 1	A INCHIE		

X None			

Date: April.23, 2024	
Your Name: Rossella Panella Manuscript Title: Use of iron deficiency flag of the hematology analyzer Sysmex XN-3000 for early iron-defici	ient
erythropoiesis diagnosis	•
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	

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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 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.	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	XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for	X None	
	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	X_None	
	pending		
_			
9	Participation on a Data	X_None	
	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	
11	Stock of Stock options	X_NOTIE	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	ease summarize the above o	onflict of interest in t	he following box:
	X None		

X 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.

Da	te:April.23 , 2024			
Ma ery	ur Name:Annunziata ( nuscript Title: Use of iron o thropoiesis diagnosis nuscript number (if known)	leficiency flag of the hema	atology analyzer Sysmex XN-3000 for early iron-deficier	ηt
rela pai to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to i	the epidemiology of hyperte dication, even if that medic	ension, you should declare ation is not mentioned in t	•	
	item #1 below, report all super time frame for disclosure is	•	d in this manuscript without time limit. For all other item	s,
		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	
	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

X \_\_None

X \_\_None

X \_None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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any entity (if not indicated

5 Payment or honoraria for	X None	
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	X_None	
pending		
9 Participation on a Data	X_None	
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,	_X_None	
materials, drugs, medical		
writing, gifts or other		
services  Other financial or non-	V None	
13 Other financial or non- financial interests	_X_None	
illialiciai liiterests		
Please summarize the above of	conflict of interest in the fo	llowing box:

X None			

Date:April.23, 2	2024
	Massimo Daves  Use of iron deficiency flag of the hematology analyzer Sysmex XN-3000 for early iron-deficient agnosis
•	er (if known):
	ransparency, 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 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.	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	XNone	
4	Consulting fees	X _None	

5 Payment or honoraria for	X None	
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	X_None	
pending		
9 Participation on a Data	X_None	
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,	_X_None	
materials, drugs, medical		
writing, gifts or other		
services  Other financial or non-	V None	
13 Other financial or non- financial interests	_X_None	
illialiciai liiterests		
Please summarize the above of	conflict of interest in the fo	llowing box:

X None			

Date:April.23, 2024				
Your Name:Antonella De Martino				
Manuscript Title: Use of iron deficiency flag of the hematology analyzer Sysmex XN-3000 for early iron-				
erythropoiesis diagnosis				
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				

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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 initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: nect	26 months
		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	X None	
5	lectures, presentations,	x None	
	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	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	_X_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical	_X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	_X_None	
	financial interests		
	ease summarize the above o	onflict of interest in the fo	llowing box:
1			

X None			

Da	te:April.23 , 2024			
Ma ery	ur Name: Marta Spr anuscript Title: Use of iron o thropoiesis diagnosis anuscript number (if known)	deficiency flag of the hem	natology analyzer Sysmex XN-3000 for early iron-defic	cient
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertage all relationships with manufacturers of antihypertensighthe manuscript.  End in this manuscript without time limit. For all other it	ve
CIIC	time name for disclosure i	s the past 30 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)	
		Time frame: Since the initia	al planning of the work	
L	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: pas	t 36 months	

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

3

4

any entity (if not indicated

X \_\_None

X \_\_None

X \_None

		·	
5	Payment or honoraria for	X None	
	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	X_None	
	pending		
9	Participation on a Data Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_X_None	
	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 services		
13	Other financial or non-	_X_None	
	financial interests		

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

X None			

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

Date:April.23 , 2024	
Your Name:Andrea Piccin	
Manuscript Title: Use of iron defici <mark>ency flag of the hematology analyzer Sysmex XN-</mark> 3000 for early iron-de erythropoiesis diagnosis	ficient
Manuscript number (if known):	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that a	

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		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	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	X None	
	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	X_None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society,	_X_None	
	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		
	services		
13	Other financial or non-	_X_None	
	financial interests		

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

X 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:April.23 , 2024	
Your Name:Stefano Pastori	
Manuscript Title: Use of iron deficiency flag of the hematology analyzer Sysmex XN-3000 for early interpretery in the system of the control o	ron-deficient
Manuscript number (if known):	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profiparties whose interests may be affected by the content of the manuscript. Disclosure represents a content of the manuscript. Disclosure represents a content of the manuscript 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.	fit third

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1	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	2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
(3)	3	Royalties or licenses	XNone	
4	4	Consulting fees	X None	

		T	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	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,	_X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	X_NOTIC	
	arrow meer edge		
Pla	ease summarize the above o	onflict of interest in the	following box:

X None		

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