

ICMJE DISCLOSURE FORM

Date: 7.7.2021
 Your Name: Mary Elizabeth Maldarelli
 Manuscript Title: An Oxygen Balancing Act: A Review of Red Blood Cell Transfusion in Extracorporeal Membrane Oxygenation
 Manuscript number (if known): AOB-21-29

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 current manuscript only.

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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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X__None	
6	Payment for expert testimony	_X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	_X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X__None	
13	Other financial or non-financial interests	_X__None	

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

No conflicts of interest.

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.

ICMJE DISCLOSURE FORM

Date: 6/7/2021

Your Name: Janet Elise Bonin

Manuscript Title: An Oxygen Balancing Act: Red Blood Cell Transfusion in Extracorporeal Membrane Oxygenation

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/8/2021
 Your Name: Aakash Shah
 Manuscript Title: An Oxygen Balancing Act: Red Blood Cell Transfusion in ECMO
 Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 6/7/2021

Your Name: Dr. Sagar Dave, DO

Manuscript Title: An Oxygen Balancing Act: Red Blood Cell Transfusion in Extracorporeal Membrane Oxygenation

Manuscript number (if known): AOB-21-29

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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	

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ICMJE DISCLOSURE FORM

Date: 6/7/21
 Your Name: Michael Mazzeffi
 Manuscript Title: _____
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	Society of Cardiovascular Anesthesiologists grant
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	Hemosonics Corporation \$1,000
			x

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	Grand Rounds GW Univ.
6	Payment for expert testimony	<input type="checkbox"/> None	Approximately \$3,000 for various cases
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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:

I have previously been a consultant for the Hemosonics corporation. Specifically, they reimbursed me for providing expertise about viscoelastic coagulation testing in ECMO and how it might be most useful. This one a one time consultancy for which I was paid \$1,000.

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: June 16, 2021
 Your Name: Kimberly Boswell
 Manuscript Title: An Oxygen Balancing Act: A Review of Red Blood Cell Transfusion in Extracorporeal Membrane Oxygenation
 Manuscript number (if known): AOB-2021-ECMO-01(AOB-21-29)

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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KAB 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: 7/7/2021
 Your Name: Ronson Madathil
 Manuscript Title: An Oxygen Balancing Act: A Review of Red Blood Cell Transfusion in Extracorporeal Membrane Oxygenation
 Manuscript number (if known): AOB 21-29

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ICMJE DISCLOSURE FORM

Date: 7/8/2021

Your Name: Ali Tabatabai

Manuscript Title: An Oxygen Balancing Act: A Review of Red Blood Cell Transfusion in Extracorporeal Membrane Oxygenation

Manuscript number (if known): AOB-21-29

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ICMJE DISCLOSURE FORM

Date: 7/8/2021

Your Name: Mira Ghneim

Manuscript Title: An Oxygen Balancing Act: A Review of Red Blood Cell Transfusion in Extracorporeal Membrane Oxygenation

Manuscript number (if known): AOB-21-29

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