

ICMJE DISCLOSURE FORM

Date: 22 June 2021

Your Name: Yan Liu

Manuscript Title: The application of COVID-19 convalescent plasma in clinical treatment

Manuscript number (if known): AOB-2020-CP-04 (AOB-21-18)

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for	<input checked="" type="checkbox"/> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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:

Y. Liu has nothing to disclose

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: 22 June 2021

Your Name: Aiping Liu

Manuscript Title: The application of COVID-19 convalescent plasma in clinical treatment

Manuscript number (if known): AOB-2020-CP-04 (AOB-21-18)

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ICMJE DISCLOSURE FORM

Date: 22 June 2021

Your Name: Rong Wang

Manuscript Title: The application of COVID-19 convalescent plasma in clinical treatment

Manuscript number (if known): AOB-2020-CP-04 (AOB-21-18)

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

Dr R. Wang has nothing to disclose

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

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ICMJE DISCLOSURE FORM

Date: 22 June 2021

Your Name: Changfeng Shao

Manuscript Title: The application of COVID-19 convalescent plasma in clinical treatment

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr C. Shao has nothing to disclose

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

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ICMJE DISCLOSURE FORM

Date: 22 June 2021

Your Name: Ping Li

Manuscript Title: The application of COVID-19 convalescent plasma in clinical treatment

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P Li has nothing to disclose

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ICMJE DISCLOSURE FORM

Date: 22 June 2021

Your Name: Qiang Ju

Manuscript Title: The application of COVID-19 convalescent plasma in clinical treatment

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

Dr. Q. Ju has nothing to disclose

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Date: 22 June 2021

Your Name: Shumin Chen

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Dr. S. Chen has nothing to disclose

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

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ICMJE DISCLOSURE FORM

Date: 22 June 2021

Your Name: Peng Zong

Manuscript Title: The application of COVID-19 convalescent plasma in clinical treatment

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Date: 22 June 2021

Your Name: Licun Wang

Manuscript Title: The application of COVID-19 convalescent plasma in clinical treatment

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Date: 22 June 2021

Your Name: Haiyan Wang

Manuscript Title: The application of COVID-19 convalescent plasma in clinical treatment

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		The National Natural Science Foundation of China (Grant No. 81802888)	
		The Key Research and Development Project of Shandong Province (Grant No. 2018GSF118088)	
Time frame: past 36 months			
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