ICMJE DISCLOSURE FORM

Date:____25 October 2021_____
Your Name:___Geoff Daniels_____
Manuscript Title:__ An overview of blood group genotyping_____
Manuscript number (if known):__ AOB-21-37_____

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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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 processing charges, etc.) **No time limit for this item.**	____None	
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3	Royalties or licenses	____None	
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	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	____None	
7	Support for attending meetings and/or travel	Annual Meeting of the German Society for Transfusion Medicine and Immune Haematology, Mannheim, Germany.	Travel expenses paid to me personally
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	
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13	Other financial or non-financial interests	____None	

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

I have no conflicts of interest.

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

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