ICMJE DISCLOSURE FORM

Date: 11/11/202	21									
Your Name:	Xiuzhang)	Xu								
Manuscript Title	: Fetal and neona	tal immu	ine thro	mboc	ytopenia c	aused by m	naternal allo	antibodies a	nd isoantibo	odies i
Caucasian and A	sian populations									
Manuscript num	ber (if known):		1							

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.

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.

		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,	None	
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	X None	30 11011113
-	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
		<u></u>	
4	Consulting fees	None	

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- 1	Payment or honoraria for	<u>√</u> None
	lectures, presentations,	
	speakers bureaus, manuscript writing or educational events	
	Payment for expert testimony	None
	Support for attending meetings and/or travel	None
3	Patents planned, issued or pending	None
	Participation on a Data	X None
	Safety Monitoring Board or	
	Advisory Board	V N
0	Leadership or fiduciary role in other board, society, committee or advocacy	None
	group, paid or unpaid	
1	Stock or stock options	<u>X</u> None
2	Receipt of equipment,	X None
.:	materials, drugs, medical	
	writing, gifts or other services	
3	Other financial or non-	None
	financial interests	
		# . 'Berne Bernelle : B

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.

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ICMJE DISCLOSURE FORM

Date: 11/1 Your Name	: l	longsl	ivi Fu							
Manuscript	: Title: Fetal	and neon	atal immu	ne throm	bocytoper	nia caused l	by materna	l alloantibo	dies and is	soantibodies ir
Caucasian a	and Asian p	opulations								
Manuscript	number (if	known):_								

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3	Royalties or licenses	None	
4	Consulting fees	None	

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	lectures, presentations,		. T				
	speakers bureaus, manuscript writing or educational events						
6	Payment for expert	None				 	
	testimony						
7	Support for attending meetings and/or travel	None					
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8	Patents planned, issued or pending	None					
9	Participation on a Data	✓ None					
	Safety Monitoring Board or Advisory Board	1 1 1 1		1.11			
10	Leadership or fiduciary role	✓None					
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_	committee or advocacy group, paid or unpaid						
11	Stock or stock options	<u></u> <u></u> None					
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11			i juha				
12	Receipt of equipment,	None			- :		:
	materials, drugs, medical writing, gifts or other services						
13	Other financial or non-	✓ None					
	financial interests	<u> </u>					

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

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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. y = y + y = y + y = 0

	ICMJE DISCLOSURE FORM
Nove	mber 10,2021 Volker Kiefel
Your Name:	Volker Kiefel
Manuscript Title: Fetal	nd neonatal immune thrombocytopenia caused by maternal alloantibodies and isoantibodies i
Caucasian and Asian po	
Manuscript number (if	nown):
related to the content of parties whose interests to transparency and do	arency, we ask you to disclose all relationships/activities/interests listed below that are your manuscript. "Related" means any relation with for-profit or not-for-profit third may be affected by the content of the manuscript. Disclosure represents a commitment is not necessarily indicate a bias. If you are in doubt about whether to list a erest, it is preferable that you do so.
The following questions manuscript only.	apply to the author's relationships/activities/interests as they relate to the <u>current</u>
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3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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5	Payment or honoraria for	<u></u> None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	N. M.
6	Payment for expert	X_None
	testimony	
-	Compart for attending	X None
7	Support for attending meetings and/or travel	None
	meetings and or traver	
8	Patents planned, issued or	_X_None
	pending	Altono
	p	
9	Participation on a Data	<u></u> ✓ None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	<u></u> 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
12	materials, drugs, medical	() NOTE
	writing, gifts or other	
	services	
13	Other financial or non-	<u></u> ✓ None
	financial interests	

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

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.

DOCKET **JUEGE****

ICMJE DISCLOSURE FORM

Date:	9	/11	/2021
Date.	7	/ 11/	2021

Your Name: Sentot Santoso

Manuscript Title: Fetal and neonatal immune thrombocytopenia caused by maternal alloantibodies and isoantibodies i

Caucasian and Asian populations
Manuscript number (if known):___

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	《 图》(1985年),《 1985年)	Time frame: pas	st 36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
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	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	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
	-		

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

I have NO conflict of interest.	

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

X	I certif	y that I	have answered every	question and h	ave not altered	the wording	of any of the q	uestions on	this
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			July -						