

ICMJE DISCLOSURE FORM

Date: 1/5/2022

Your Name: Hong Hong

Manuscript Title: Noninfectious transfusion-associated adverse events

Manuscript Number (if known): AOB-21-83

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.

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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.

	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 <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Click the tab key to add additional rows.						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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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	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 1/4/2022

Your Name: Miriam Andrea Duque

Manuscript Title: Non Infectious Transfusion-Associated Adverse Events

Manuscript Number (if known): AOB-21-83

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 1/3/2022

Your Name: Abdulaziz Al Mana

Manuscript Title: Noninfectious transfusion-associated adverse events

Manuscript Number (if known): AOB-21-83

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

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Dr. Al Mana received honorarium for presenting at RCG 2021 from Versiti/NIH and received support for attending meetings from University of Miami/Jackson Memorial Hospital.

ICMJE DISCLOSURE FORM

Date: 1/6/2022

Your Name: Yanyun Wu

Manuscript Title: Noninfectious transfusion-associated adverse events

Manuscript Number (if known): AOB-21-83

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Dr. Wu reports receiving royalties from AABB and UptoDate, and receiving consulting fees from Verax medical and Terumo BCT. Dr. Wu reports honoraria support for attending meetings from Chinese Institute of Blood Transfusion, University of Virginia/Therapeutic Apheresis Academy, and ASFA, World stem cell summit, 1st International Workshop on Leadership, Management, Quality & Innovation in Organ Procurement. Dr. Wu reports pending patents from Bloodworks and University of Washington. Dr. Wu also serves as committee or board member of ASFA, AABB, ABC and APC.