

## ICMJE DISCLOSURE FORM

Date: Nov 9 2021  
 Your Name: Alexandre Menard  
 Manuscript Title: The Use of Blood Components Prior to Bedside Procedures  
 Manuscript number (if known): A0B-21-69

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.

The author's relationships/activities/interests should be defined broadly. 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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:

None

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.  X

## ICMJE DISCLOSURE FORM

Date: November 11, 2021  
 Your Name: Amol Mujoomdar  
 Manuscript Title: The Use of Blood Components Prior to Bedside Procedures  
 Manuscript number (if known): AOB-21-69

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
			I have received speaker honouraria from Esai, Boston Scientific, Terumo, Teleflex, Medtronic
6	Payment for expert testimony	___ None	
			I have worked as an expert witness for CMPA
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	<u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
			I have participated in a medical advisory board for Boston Scientific
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
			I am the immediate past-president of the Canadian Association for Interventional Radiology (CAIR)
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non-financial interests	<u>X</u> None	

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

I have received speaker honouraria from Esai Medical, Boston Scientific, Terumo Medical, Teleflex, and Medtronic. I have also participated in a medical advisory board for Boston Scientific. I have worked as an expert witness for CMPA. I am the immediate past-president of the Canadian Association for Interventional Radiology (CAIR).

**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: 2021-11-09  
 Your Name: Laura Tapley  
 Manuscript Title: The Use of Blood Components Prior to Bedside Procedures  
 Manuscript number (if known): \_AOB-21-69

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	Canadian Blood Services	Currently completing Transfusion Medicine Fellowship with funding provided by Canadian blood services for a post graduate resident year 6 salary in line with provincial remuneration.

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

Funding support from Canadian Blood Services' Elianna Saidenberg Transfusion Medicine Traineeship Award was funded by the federal government (Health Canada) and provincial and territorial ministries of health.

**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: Nov 09 2021

Your Name: Nicole Relke

Manuscript Title: The Use of Blood Components Prior to Bedside Procedures

Manuscript number (if known): AOB-21-69

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The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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

	Payment or honoraria for 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 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:**

None

**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:** November 9<sup>th</sup>, 2021

**Your Name:** Joey Zheng

**Manuscript Title:** The Use of Blood Components Prior to Bedside Procedures

**Manuscript number (if known):** AOB-21-69

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

None
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**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: November 9, 2021

Your Name: Andrew W. Shih

Manuscript Title: The Use of Blood Components Prior to Bedside Procedures

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	Canadian Blood Services (research support)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	Octapharma Canada (educational website consultancy)

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	CSL Behring (advisory board and speaker honorarium)
6	Payment for expert testimony	<u>__X__</u> None	
7	Support for attending meetings and/or travel	<u>__X__</u> None	
8	Patents planned, issued or pending	<u>__X__</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>__X__</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	National Advisory Committee for Blood and Blood Products (Canada)
11	Stock or stock options	<u>__X__</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	Werfen/Instrumentation Laboratory (research support)
13	Other financial or non-financial interests	<u>__X__</u> None	

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

Canadian Blood Services – Research Support  
 CSL Behring – Advisory Board and Speaker Honorarium  
 Octapharma Canada – Consultancy  
 National Advisory Committee for Blood and Blood Products (Canada) – Vice-Chair  
 Werfen (formerly Instrumentation Laboratory) – Research Support

**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: 2021/Nov/9  
 Your Name: Jeanne Callum  
 Manuscript Title: The use of Blood Components prior to Bedside Procedures  
 Manuscript number (if known): A08-21-09

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>None</u>	<u>Canadian Blood Services program support grant - funds for article search</u>
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	<u>Canadian Blood Services Octapharma</u>
3	Royalties or licenses	<input checked="" type="checkbox"/> <u>None</u>	
4	Consulting fees	<input checked="" type="checkbox"/> <u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
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*James Callum*  
CALLUM