

ICMJE DISCLOSURE FORM

Date: 11/30/2021

Your Name: So-Yong Kwon

Manuscript Title: Impact of the COVID-19 pandemic on blood services operations: Korean experience

Manuscript Number (if known): AOB-2021-BTC-02 (AOB-21-54)

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 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.

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ICMJE DISCLOSURE FORM

Date: 12/2/2021

Your Name: Nam-Sun Cho

Manuscript Title: Impact of the COVID-19 pandemic on blood services operations: Korean experience

Manuscript Number (if known): AOB-2021-BTC-02 (AOB-21-54)

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ICMJE DISCLOSURE FORM

Date: 12/2/2021

Your Name: Jin Sung Jang

Manuscript Title: Impact of the COVID-19 pandemic on blood services operations: Korean experience

Manuscript Number (if known): AOB-2021-BTC-02 (AOB-21-54)

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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.

ICMJE DISCLOSURE FORM

Date: 12/1/2021

Your Name: Guk-Jong Kim

Manuscript Title: Impact of the COVID-19 pandemic on blood services operations: Korean experience

Manuscript Number (if known): AOB-2021-BTC-02 (AOB-21-54)

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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ICMJE DISCLOSURE FORM

Date: 12/1/2021

Your Name: Kyu-Jung Kim

Manuscript Title: Impact of the COVID-19 pandemic on blood services operations: Korean experience

Manuscript Number (if known): AOB-2021-BTC-02 (AOB-21-54)

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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ICMJE DISCLOSURE FORM

Date: 12/2/2021

Your Name: Dae Seong Kim

Manuscript Title: Impact of the COVID-19 pandemic on blood services operations: Korean experience

Manuscript Number (if known): AOB-2021-BTC-02 (AOB-21-54)

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