ICMJE DISCLOSURE FORM

Date:_9 th January 2023					
Your Name:_ Arwa Z. Al-Riyami					
Manuscript Title: Special Series on Blood Transfusion During the COVID-19 Pandemic					
Manuscrint number (if known): AOR-2023-01(AOR-2021-RTC-05)					

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>.

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5	Payment or honoraria for	None			
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9	Participation on a Data	None			
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10	in other board, society,	None			
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