Date:	4/13/2023
Your Name:	Mark T. Friedman
Manuscript Title:	Development and certification of a patient blood management program
Manuscript Number (if known):	AOB-22-38

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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			Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None Non		

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6	Payment for expert testimony	□ □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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		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)
11	Stock or stock options	Image: square of the property o	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

Dat	e:		2/1/2023		
Your Name:		Katya Dayot			
Manuscript Title:		Development and certification of a patient blood management program			
Mai	nuscript Number (if k	nown):	AOB-22-38		
con affe indi The epic that	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. 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.		ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
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1 12/13/2021 ICMJE Disclosure Form

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date: 14 April 2023

Your Name: Ram Mohan Jaiswal

Manuscript Title: Development and certification of a patient blood management program

Manuscript number (if known): AOB-22-38

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

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		Time frame: past	36 months
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,	⊠None
	manuscript writing or educational events	
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,	⊠None
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	⊠None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	⊠None
	services	
13	Other financial or non- financial interests	⊠None

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

 \boxtimes I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2/1/2023	
Your Name:	Divjot Singh Lamba	
Manuscript Title:	Development and certification of a patient blood management program	
Manuscript Number (if known):	AOB-22-38	
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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	
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Plea	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.		

Date:	4/14/2023			
Your Name:	Deborah Tolich			
Manuscript Title:	Development and certification of a patient blood management program			
Manuscript Number (if known):	lanuscript Number (if known): AOB-22-38			
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