

ICMJE DISCLOSURE FORM

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.

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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 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: 2/1/2023

Your Name: Katya Dayot

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

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

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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: 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

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.

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Time frame: past 36 months			
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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: Deborah Tolich

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

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

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