Date: 14.05.2023

Your Name: Saikat Mandal

Manuscript Title: Perioperative Anemia Management

Manuscript number (if known): AOB-22-42

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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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
_	C	V Nove			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
	2 2	V N			
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10	Leadership or fiduciary role	X None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X None			
12	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
Г	None				

Date:May 8 th , 2023			
Your Name:Debra Lorita Smith			
Manuscript Title:Perioperative	Anemia Management		
Manuscript number (if known):	AOB-22-42 (AOB-2022-PBME-04)		

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_xNone
6	Payment for expert testimony	xNone
7	Support for attending meetings and/or travel	xNone
8	Patents planned, issued or pending	_xNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone
11	Stock or stock options	_xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone
13	Other financial or non- financial interests	_xNone
Pl	ease summarize the above c	onflict of interest in the following box:
- 1		

Date: 5 Mat 2023

Your Name: Joseph Peter R Pelletier

Manuscript Title: Perioperative Anemia Management

Manuscript number (if known): AOB-22-42

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

ures, presentations, akers bureaus, nuscript writing or cational events			
ment for expertimony	None		
port for attendingetings and/or travel	None		
ents planned, issued ording	None		
ety Monitoring Board or isory Board	None		
ther board, society, mittee or advocacy up, paid or unpaid	None		
ck or stock options	None		
eipt of equipment, erials, drugs, medical ing, gifts or other vices	None		
er financial or non- ncial interests	None		
summarize the above con	flict of interest in the fo	lowing box:	
place an "X" next to the fo	ollowing statement to in	dicate your agreement:	

5

Payment or honoraria for

None

Date:12 May 2023	
Your Name:Vernon J Louw	
Manuscript Title: Perioperativ	e Anemia Management_
Manuscript number (if known):	AOB-22-42(AOB-2022-PBME-04)

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Pharmacosmos	Payments made to my institution
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Acino, Vifor, Pharmacosmos, Austell, Aspen	Mainly honoraria for speaker fees
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Acino, Vifor, Pharmacosmos, Aspen NATA	Support for travel and accommodation to meetings and conferences Support for travel and accommodation to NATA meeting. NATA is a not-for profit and I am a Board member.
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	NATA	Unpaid board membership (non-profit)
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:

Dr. Louw reports payments from Pharmacosmos which made to his institution. Dr. Louw also reports honoraria for speaker fees from Acino, Vifor, Pharmacosmos, Austell, and Aspen. He also received support for travel and accommodation to meetings and conferences from Acino, Vifor, Pharmacosmos, Aspen, and NATA. Dr. Louw serves as unpaid board member of NATA.

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

Date:May 13 th , 2023
Your Name:Dr.Suhasini Sil
Manuscript Title: Perioperative Anemia Management
Manuscript number (if known): AOB-22-42 (AOB-2022-PBME-04)

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_xNone		
6	Payment for expert testimony	_xNone		
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or pending	_xNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone		
11	Stock or stock options	_xNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone		
13	Other financial or non- financial interests	_xNone		
	Please summarize the above conflict of interest in the following box: None.			

Date:9 th May 2023				
Your Name:Ismaila Nda Ibrahim				
Manuscript Title: Perioperative Anaemia Management				
Manuscript number (if known): AOB-22-42 (AOB-2022-PBME-04)				

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	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None		
3	Royalties or licenses	_xNone		
4	Consulting fees	xNone		

5	Payment or honoraria for	xNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	xNone		
	testimony			
	_			
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or	xNone		
	pending			
	5	NI.		
9	Participation on a Data Safety Monitoring Board or	xNone		
	Advisory Board			
10	Leadership or fiduciary role	x None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	xNone		
12	Receipt of equipment, materials, drugs, medical	xNone		
	writing, gifts or other			
	services			
13	Other financial or non-	xNone		
	financial interests			
Please summarize the above conflict of interest in the following box:				
	None			

Date: 14/05/2023

Your Name: Manideepa Maji

Manuscript Title: Perioperative Anemia Management

Manuscript number (if known): AOB-22-42

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	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	_
	financial interests		
	se summarize the above co	nflict of interest in the fo	llowing box:

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

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

Date: May 8th, 2023 Name: Shoily Nath

Manuscript Title: Perioperative Anemia Management

Manuscript number (if known): AOB-22-42 (AOB-2022-PBME-04)

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _xNone	36 months
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_xNone	
6	Payment for expert testimony	_xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	_xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone	
13	Other financial or non- financial interests	_xNone	
Ple	Please summarize the above conflict of interest in the following box:		
	None		