Date: 15 May 2023

Your Name: Colleen Gilstad

Manuscript Title: The Importance of Patient Blood Management for Patients, Providers and the Public

Manuscript number (if known):

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 manuscript only</u>.

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
		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	Compant for attackling	Nama	
,	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	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-	None	
	financial interests		
- וח		auflict of interest in the fe	Havring havr
PIE	ease summarize the above c	onflict of interest in the fo	iiowing box:

Nil

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

ate:May 15, 2023
our Name:Jessica Poisson
Nanuscript Title:The Importance of Patient Blood Management for Patients, Providers and the Public
/lanuscript number (if known): AOB-22-39

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2	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: pastCerus None	36 months  Research funding
4	Consulting fees	Secure Transfusion Services	One time consulting
		JCI VICES	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	College of American Pathologists	Committee meeting travel support
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	None	
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:

I am a subinvestigator on a blood product study that Cerus is funding. I am on a College of American Pathologists committee the plans meeting curriculum and they pay travel costs for meetings, and I consulted with Secure Transfusion Services one time on platelet utilization trends in 2021, prior to working on this manuscript. I have no conflicts of interest that relate to this manuscript.

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

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

Date: 15 May 2023

Your Name: Rounak Dubey

Manuscript Title: The Importance of Patient Blood Management for Patients, Providers and the Public

Manuscript number (if known): AOB-22-39

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		Time frame: past	36 months
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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	None		
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or pending	None		
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9	Participation on a Data Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

Nil

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

Date:5-	-14-23					
Your Name:	Sherry Shariatmadar I	MD				
Manuscript '	Title:The Importance o	f Patient Blood Ma	anagement for	Patients, Prov	iders and the P	'ublic
Manuscript	number (if known):	AOB-22-39				

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m None	36 months
None	
	relationship or indicate none (add rows as needed)  Time frame: Since the initia  SentNone  ng, erials, c.) tem.  Time frame: past mNone None None

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

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

Date:6/15/2023	3
Your Name:Mela	nie Jorgenson
	The Importance of Patient Blood Management for Patients, Providers, and the Public (if known): AOB-22-39 (AOB-2022-PBME-03)
In the interest of tra	nsparency, we ask you to disclose all relationships/activities/interests listed below that

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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,	XNone	

Payment for expert testimony Support for attending	XNone	
meetings and/or travel	XNone	
Patents planned, issued or pending	XNone	
Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
Stock or stock options	X None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
Other financial or non- financial interests	X None	
ase summarize the above co	onflict of interest in the fo	llowing box:
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	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests  Se summarize the above conflict of interest in the fo

form.

Date:	May 13, 2023			
Your Name:	Richard R. Gammon, MD			
Manuscript Title: The Importance of Patient Blood Management for Patients, Providers and the Public				
Manuscript number (if known): AOB-22-39				

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1	All support for the present	None	
	manuscript (e.g., funding,		
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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