

ICMJE DISCLOSURE FORM

Date: 30/04/2023

Your Name: Rachel Colbran

Manuscript Title: Making every question count: the impact of temporary donor deferral for suspected acute retroviral syndrome

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.

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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.

		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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:

None to disclose.

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.

ICMJE DISCLOSURE FORM

Date: 05/07/2023

Your Name: Melinda Dean

Manuscript Title: Making every question count: the impact of temporary donor deferral for suspected acute retroviral syndrome

Manuscript number (if known): AOB-23-16

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ICMJE DISCLOSURE FORM

Date: 26/06/2023

Your Name: Robert Harley

Manuscript Title: Making every question count: the impact of temporary donor deferral for suspected acute retroviral syndrome

Manuscript number (if known): AOB-23-16

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ICMJE DISCLOSURE FORM

Date: 06/07/2023

Your Name: Robert Flower

Manuscript Title: Making every question count: the impact of temporary donor deferral for suspected acute retroviral syndrome

Manuscript number (if known): AOB-23-16

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ICMJE DISCLOSURE FORM

Date: 6/7/2023

Your Name: Glen Shuttleworth

Manuscript Title: Making every question count: the impact of temporary donor deferral for suspected acute retroviral syndrome

Manuscript number (if known): AOB-23-16

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3	Royalties or licenses	__x__ None	

4	Consulting fees	<input type="checkbox"/> <u> x </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u> x </u> None	
6	Payment for expert testimony	<input type="checkbox"/> <u> x </u> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u> x </u> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u> x </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u> x </u> None	
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ICMJE DISCLOSURE FORM

Date: 26 June 2023

Your Name: Claire Styles

Manuscript Title: Making every question count: the impact of temporary donor deferral for suspected acute retroviral syndrome

Manuscript number (if known): AOB-23-16

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NHMRC	Associate Investigator on partnership grant between the Kirby Institute UNSW and Australian Red Cross Lifeblood. Title, “Protecting the blood supply against infectious disease by strengthening the evidence base that guides donor selection and screening policy”. This analysis/project/manuscript is not covered by the grant.

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

Associate Investigator on partnership grant between the Kirby Institute UNSW and Australian Red Cross Lifeblood. Title, "Protecting the blood supply against infectious disease by strengthening the evidence base that guides donor selection and screening policy". This analysis/project/manuscript is not covered by the grant.

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ICMJE DISCLOSURE FORM

Date: 26/06/2023

Your Name: Helen Faddy

Manuscript Title: Making every question count: the impact of temporary donor deferral for suspected acute retroviral syndrome

Manuscript number (if known): AOB-23-16

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