

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Aaron	2. Surname (Last Name) Tobian	3. Date 15-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kaufman
5. Manuscript Title Platelet Transfusion: A Clinical Practice Guideline from AABB		
6. Manuscript Identifying Number (if you know it) M14-1589		

Section 2. The Work Under Consideration for Publication

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Dr. Tobian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kathryn	2. Surname (Last Name) Webert	3. Date 15-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Kaufman
5. Manuscript Title Platelet Transfusion: A Clinical Practice Guideline from AABB		
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Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Weinstein

3. Date
15-October-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Richard Kaufman MD

5. Manuscript Title
Platelet Transfusion: A Clinical Practice Guideline from AABB

6. Manuscript Identifying Number (if you know it)
M14-1589

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Dr. Weinstein has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Richard

2. Surname (Last Name)
Kaufman

3. Date
15-October-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
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15-October-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Richard Kaufman

5. Manuscript Title
Platelet Transfusion: A Clinical Practice Guideline from AABB

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wong has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Deborah	2. Surname (Last Name) Sesok-Pizzini	3. Date 15-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Kaufman
5. Manuscript Title "Platelet Transfusion: A Clinical Practice Guideline from AABB"		
6. Manuscript Identifying Number (if you know it) M14-1589		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sesok-Pizzini has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Claudia

2. Surname (Last Name)
Cohn

3. Date
15-October-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Richard Max Kaufman

5. Manuscript Title
Platelet Transfusion: A Clinical Practice Guideline from AABB

6. Manuscript Identifying Number (if you know it)
M14-1589

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fenwal, A Fresenius-Kabi Company	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Octapharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Terumo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cohn reports grants and personal fees from Fenwal, A Fresenius-Kabi Company, grants from Octapharma, grants from Terumo, outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Aryeh

2. Surname (Last Name)
Shander

3. Date
16-October-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Manuel Munuz

5. Manuscript Title
Fit to Fly

6. Manuscript Identifying Number (if you know it)
BJA-2014-01028

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Vifor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel compensation

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

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Dr. Shander reports other from Vifor, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Mintz	3. Date 16-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Kaufman
5. Manuscript Title Platelet Transfusion: A Clinical Practice Guideline from AABB		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Steven	2. Surname (Last Name) Kleinman	3. Date 16-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Rick Kaufman
5. Manuscript Title Platelet Transfusion: A Clinical Practice Guideline from AABB		
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Are there any relevant conflicts of interest? Yes No

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kelley	2. Surname (Last Name) Capocelli	3. Date 17-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Kaufman
5. Manuscript Title Platelet Transfusion: A Clinical Practice Guideline from AABB		
6. Manuscript Identifying Number (if you know it) M14-1589		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Gary

2. Surname (Last Name)

Stack

3. Date

17-October-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Richard Kaufman, MD

5. Manuscript Title

Platelet Transfusion: A Clinical Practice Guideline from AABB

6. Manuscript Identifying Number (if you know it)

M14-1589

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Stack has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Fung	3. Date 17-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Kaufman
5. Manuscript Title Platelet Transfusion: A Clinical Practice Guideline from AABB		
6. Manuscript Identifying Number (if you know it) M14-1589		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Fung has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Cipolle

3. Date
21-October-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Platelet Transfusion: A Clinical Practice Guideline from the AABB

6. Manuscript Identifying Number (if you know it)
M14-1589

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CSL Behring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	advisory board
National Trauma Institute/DOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	project completed

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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I have no current conflict of interest related to this topic.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Babu	2. Surname (Last Name) Welch	3. Date 23-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Kaufman
5. Manuscript Title Platelet Transfusion: A Clinical Practice Guideline from AABB		
6. Manuscript Identifying Number (if you know it) M14-1589		

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Terry

2. Surname (Last Name)
Gernsheimer

3. Date
27-October-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
Platelet Transfusion: A Clinical Practice Guideline from AABB

6. Manuscript Identifying Number (if you know it)
M14-1589

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen Corporation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gernsheimer reports personal fees from Amgen Corporation, outside the submitted work; .

Evaluation and Feedback

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alan	2. Surname (Last Name) Tinmouth	3. Effective Date (07-August-2008) 15-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Kaufman
5. Manuscript Title "Platelet Transfusion: A Clinical Practice Guideline from AABB"		
6. Manuscript Identifying Number (if you know it) M14-1589		

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
						ADD

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Canadian Blood Services	Medical consultant to Canadian Blood Services	X
2. Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Amgen	Consultancy for Romiplostim.	X
2. Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Novartis	Consultancy for Exjade.	X
2. Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	GlaxoSmithKline	Consultancy for Eltrombopeg	X
						ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
						ADD
13. Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Novartis	Unrestricted Educational Grant.	<input checked="" type="checkbox"/>
						ADD

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Benjamin

2. Surname (Last Name) Djulbegovic

3. Date 15-October-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Platelet Transfusion: A Clinical Practice Guideline from AABB

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AABB supported performing systematic review re to this guideline

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Djulbegovic reports personal fees from AABB, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Glenn	2. Surname (Last Name) Whitman	3. Date 17-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard M. Kaufman, M.D.
5. Manuscript Title "Platelet Transfusion: A Clinical Practice Guideline from AABB"		
6. Manuscript Identifying Number (if you know it) M14-1589		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Barbara	2. Surname (Last Name) O'Malley	3. Date 24-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Kaufman, MD
5. Manuscript Title "Platelet Transfusion: A Clinical Practice Guideline from AABB"		
6. Manuscript Identifying Number (if you know it) M14-1589		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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