Date:3/4/21
Your Name:_Donald Brambilla
Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte
osmotic fragility, oxidative or spontaneous hemolysis following blood storage
Manuscript number (if known): 146077-JCI-CMED-RV-2

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>.

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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)
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	pranning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
5	lectures, presentations,	x_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
0	testimony	xNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel	None	
	Intectings and/or traver		
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		
	group, paid or unpaid		
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		

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

B.3/10

Date: <u>2/26/2021</u>
Your Name:Michael P. Busch, MD, PhD
Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyt
osmotic fragility, oxidative or spontaneous hemolysis following blood storage
Manuscript number (if known): 146077-JCI-CMED-RV-2

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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)
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.	NHLBI REDS-III contracts	Salary support
		Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).	NHLBI-REDS-IV-P contracts	Salary support
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony	None	
7	Support for attending meetings and/or travel	None	
	G ,		
8	Patents planned, issued or	None	
	pending		
	D .:	N.	
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		

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

Date:	2/26/21					
Your Na	ame:	RITCHARD	GC	ABLE		
Manus	cript Title: Mult	i-ancestry genome-w	vide associa	ation study identifies 27 loci associated with erythrocyte		
osmotic fragility, oxidative or spontaneous hemolysis following blood storage						
Manus	Manuscript number (if known): 146077-JCI-CMED-RV-2					

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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) Time frame: Since the initia	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 NHLBI (NIH)	REDSTE CONTRACT
		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	None	
	lectures, presentations,		
	speakers bureaus,		
ll	manuscript writing or		
	educational events	^	
6	Payment for expert	None	
١٠١		None	
	testimony		
\vdash			
7	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		1	
10	Leadership or fiduciary role	<u>✓</u> None	
	in other board, society,		`
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	, e de la company de la seconda de la company de la comp
	1		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests		
	inanciai interests	Security Matthews and American	

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

The company of the questions on this form.

Date: <u>02/25/2021</u>
Your Name: Stacy Endres-Dighe
Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte
osmotic fragility, oxidative or spontaneous hemolysis following blood storage
Manuscript number (if known): 146077-JCI-CMED-RV-2

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)	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	XNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
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		X None	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
0	Participation on a Data	V None	
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,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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

Date:2/25/2021
Your Name:Fang Fang
Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte
osmotic fragility, oxidative or spontaneous hemolysis following blood storage
Manuscript number (if known): 146077-JCI-CMED-RV-2

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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.	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,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
	5 ,		
8	Patents planned, issued or	None	
	pending		
_			
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		

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

Date:	_2-26-21
Your Name:_	Mark Gladwin
Manuscript Ti	itle: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte
osmotic fragil	lity, oxidative or spontaneous hemolysis following blood storage
Manuscript n	umber (if known): 146077-JCI-CMED-RV-2

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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	None	NHLBI REDS III contract
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	PI, NHLBI R01 HL098032 – not related to manuscript, but broadly related to hemolysis and blood storage
	in item #1 above).		
3	Royalties or licenses	_xNone	

4	Consulting fees	None	Unrelated to manuscript, but broadly relevant to sickle cell disease or other vascular or pulmonary disease, and in interest of full disclosure: Dr. Gladwin is actively serving as a scientific consultant for Actelion, Pfizer, Bayer Healthcare, Fulcrum, and Novartis. He previously served as a consultant for Acceleron Pharma, Inc., Sujana Biotech, Epizyme, Inc., Catalyst Biosciences, Inc. Complexa, United Therapeutics, and Modus Therapeutics.
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	None	Bayer HealthCare LLC's Heart and Vascular Disease Research Advisory Board (not related to manuscript) Board of Directors, Hemophilia Center of Western Pennsylvania (not related to manuscript)
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	x_None	

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

form.

Date:February 27, 2021
Your Name:Victor R. Gordeuk
Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte
osmotic fragility, oxidative or spontaneous hemolysis following blood storage
Manuscript number (if known): 146077-JCI-CMED-RV-2

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		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			
		Time frame: past	36 months
2	Grants or contracts from	CSL Behring, Novartis	Institution
	any entity (if not indicated	Global Blood Therapeutics	Institution
	in item #1 above).	Imara, Ironwood	Institution
3	Royalties or licenses	None	
4	Consulting fees		

5	Payment or honoraria for	None	
	lectures, presentations,		
	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		
9	Participation on a Data	CSL Behring, Novrtis	self
	Safety Monitoring Board or	Global Blood Therapeutics	Self
	Advisory Board	Forma	Self
10	Leadership or fiduciary role		
	Leadership of fluddiary role	None	
	in other board, society,	None	
	in other board, society, committee or advocacy	None	
11	in other board, society,	None	
11	in other board, society, committee or advocacy group, paid or unpaid		
11	in other board, society, committee or advocacy group, paid or unpaid		
11	in other board, society, committee or advocacy group, paid or unpaid		
	in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None	
	in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	None	
	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	None	
12	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	None	

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

Date: 3/2	/2021		
Your Name:	YUELONG	CVO	•
Manuscript Title:	Multi-ancestry ge	ome-wide association study identifies 27 loci associated with erythrocyt	e
		eous hemolysis following blood storage	
Manuscript numb	er (if known): 146	777-JCI-CMED-RV-2	

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		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)
	Box I comment to the second	Time frame: Since the initia	l 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	
		Time frame: pasi	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	X_None	

		T T	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	None	
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	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	✓ None	

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

Date:_2/26/2021				
Your Name: Tamir Kanias				
Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte				
osmotic fragility, oxidative or spontaneous hemolysis following blood storage				
Manuscript number (if known): 146077-JCI-CMED-RV-2				

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		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	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None 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, speakers bureaus, manuscript writing or educational events	None	
В	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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	

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

Tamir kanivo

Date:	February 25, 2021
Your Name:	Joseph E. Kiss, MD
Manuscript Title	Multi-process gapome wide association study identifies 27 losi associated with engthrough our

Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte osmotic fragility, oxidative or spontaneous hemolysis following blood storage

Manuscript number (if known): 146077-JCI-CMED-RV-2

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		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)
	District Control of the last	Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	NHLBI.	Funding for study and
	medical writing, article processing charges, etc.) No time limit for this item.		Funding for study and Salary support
		Time frame: pas	st 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	

ent or honoraria for es, presentations, ers bureaus, ecript writing or tional events ent for expert ony ert for attending engs and/or travel es planned, issued or	None None None None None	Study	meetings (epponses).
ent for expert ony rt for attending ngs and/or travel es planned, issued or	None NH43I	Study	meetings (eppenses).
rt for attending ngs and/or travel es planned, issued or	None NH43I	Study	meetings (eppenses).
ngs and/or travel	NHAI	Study	meetings (expanses).
		Study	meetings (eppenses).
	None		
	None		
O .			
Periamo	-		
pation on a Data Monitoring Board or	None		
Advisory Board			
rship or fiduciary role er board, society, ittee or advocacy paid or unpaid	None		
Stock or stock options	None		
	/		
t of equipment,	None		
materials, drugs, medical			And the latest and th
g, gifts or other es			
	ls, drugs, medical gifts or other	gifts or other nancial or non-None	als, drugs, medical gifts or other

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

Date: February 15, 2021
Your Name:_Steven Kleinman
Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte
osmotic fragility, oxidative or spontaneous hemolysis following blood storage
Manuscript number (if known): 146077-JCI-CMED-RV-2

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		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.	Funded for time spent on project through an NHLBI contract, as specified in the manuscript's funding paragraph	Payments made to me
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None (see above)	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
O	testimony	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
	Ç ,		
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	
	τ,		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:	_03/03/2021
Your Name:	_Marion C. Lanteri
Manuscript Title	e: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte
osmotic fragility	, oxidative or spontaneous hemolysis following blood storage
Manuscript nun	nber (if known): 146077-JCI-CMED-RV-2

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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		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	planning of the work
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	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	Nana	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
-	meetings and/or travel		
	•		
8	Patents planned, issued or	None	
8	pending	None	
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 services		
13	Other financial or non-	None	
	financial interests		

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

Date:February 25, 2021
Your Name:Alan Mast
Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte
osmotic fragility, oxidative or spontaneous hemolysis following blood storage
Manuscript number (if known): 146077-JCI-CMED-RV-2

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		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)
	I	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time innit 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	None	
	lectures, presentations,		
	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		
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 services		
13	Other financial or non-	None	
	financial interests		

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

Date:2/25/2021
Your Name: Mehdi Nouraie
Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte
osmotic fragility, oxidative or spontaneous hemolysis following blood storage
Manuscript number (if known): 146077-JCI-CMED-RV-2
• • • • • • • • • • • • • • • • • • • •

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		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.	*_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,	*_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	*_None	
	testimony		
7	Company for attackling	* None	
7	Support for attending meetings and/or travel	*None	
	G ,		
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,		
	committee or advocacy		
	group, paid or unpaid	4	
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		

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

Date:2/25/2021	
Your Name:Grier P Page	
Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte	
osmotic fragility, oxidative or spontaneous hemolysis following blood storage	
Manuscript number (if known): 146077-JCI-CMED-RV-2	

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		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	None	
	manuscript (e.g., funding,	US/NIH	NIH/NHLBI grant and contract funding
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	NIH/CSR	Honorarium for study section
	lectures, presentations,	Arbor Research	Honorarium for DSMB service
	speakers bureaus,	U Michigan	Honorarium for DSMB service
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Company for attackling	V. None	
/	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
	8	V N	
8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	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,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	NNOTIC	
	manda mereses		

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

Date: <u>2/25/2021</u>
Your Name:Bryan R. Spencer
Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte
osmotic fragility, oxidative or spontaneous hemolysis following blood storage
Manuscript number (if known): 146077-JCI-CMED-RV-2

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

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Date:2/25/2021
Your Name:Zhang, Xu
Manuscript Title: Multi-ancestry genome-wide association study identifies 27 loci associated with erythrocyte
osmotic fragility, oxidative or spontaneous hemolysis following blood storage
Manuscript number (if known): 146077-JCI-CMED-RV-2

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		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.)	None				
	No time limit for this item.					
Time frame: past 36 months			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		
	Payment for expert testimony	None	
7	Support for attending	None	
,	meetings and/or travel	None	
	0 ,		
8	Patents planned, issued or	None	
	pending		
_			
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, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	

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