

## ICMJE DISCLOSURE FORM

Date: 14<sup>th</sup> June 2021

Your Name: Cristina Avendaño-Solá

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19): A multicenter, randomized, open-label clinical trial

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 current manuscript only.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X None	
<b>Time frame: past 36 months</b>			
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	

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	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X 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	X None	

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: 14<sup>th</sup> June 2021

Your Name: Antonio Ramos-Martinez

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19): A multicenter, randomized, open-label clinical trial

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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	X None	

4	Consulting fees	X None	
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6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	X 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	X None	

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  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: June 15th 2021

Your Name: Elena Muñoz Rubio

Manuscript Title: **Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19): A multicenter, randomized, open-label clinical trial**

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	___ None	

4	Consulting fees	<input type="checkbox"/> None	
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6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: Belén Ruiz Antorán

Manuscript Title: **Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):**

A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
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8	Patents planned, issued or pending	___ None	
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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 place an "X" next to the following statement to indicate your agreement:

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

Firmado por RUIZ ANTORAN MARIA BELEN -  
29104445S el día 16/06/2021 con un  
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## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: \_\_\_\_\_ Rosa Malo de Molina Ruiz

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	__x__ None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	

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## ICMJE DISCLOSURE FORM

**Date:** June 15th 2021

**Your Name:** Ferran Torres

**Manuscript Title:** Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):  
A multicenter, randomized, open-label clinical trial

**Manuscript number (if known):** \_\_\_\_\_

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6	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	

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## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: Ana Fernández-Cruz

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19): A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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	

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## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: Jorge Calderón Parra

Manuscript Title: **Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):**

A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: Concepcion Payares-Herrera \_\_\_\_\_

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):  
A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
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	___ 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	
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13	Other financial or non-financial interests	___ None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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*[Signature]*  
 J. F. Alan de Saudy  
 16 June 2021

### ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: Alberto Diaz de Santiago

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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	

## ICMJE DISCLOSURE FORM

Date: June 16th 2021

Your Name: Irene Romera Martínez

Manuscript Title: **Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):**

A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Instituto de Salud Carlos III	Payments were made to me
3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

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	___ 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	
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13	Other financial or non-financial interests	___ None	

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

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: June 15th 2021

Your Name: \_\_\_\_\_ Ilduara Pintos  
Pascual \_\_\_\_\_

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

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

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.

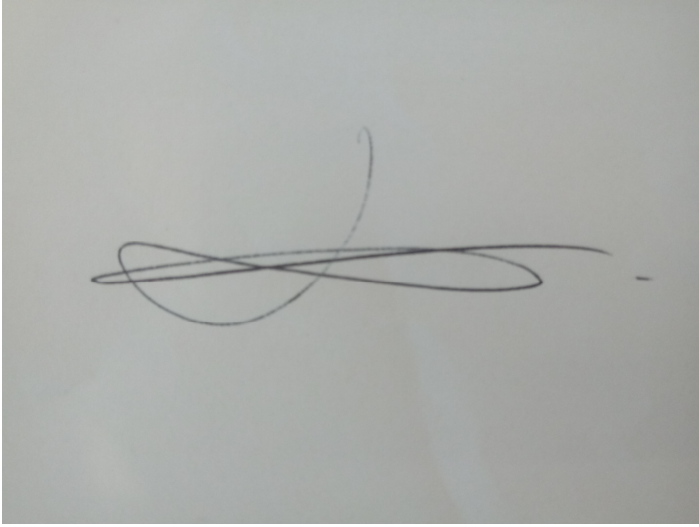
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__X__ None	
<b>Time frame: past 36 months</b>			
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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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 place an "X" next to the following statement to indicate your agreement:

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: June 15th 2021

Your Name: Jaime Lora-Tamayo

Manuscript Title: **Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19): A multicenter, randomized, open-label clinical trial**

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	_____ None	

4	Consulting fees	X None	
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	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X 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	X None	

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: June 15th 2021

Your Name: Mikel Mancheno-Losa

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	_X_ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Research contract "Rio Hortega"	Government of Spain, Ministry of Science and Innovation, Instituto de Salud Carlos III, number CM19/00226
3	Royalties or licenses	_X_ None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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	

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## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: Mari Liz Paciello \_\_\_\_\_

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_ None	
3	Royalties or licenses	_X_ None	

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

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: June 15th

Name: Angel Luis Martinez Gonzalez

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

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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<b>Time frame: past 36 months</b>			
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, manuscript writing or educational events	___ None	
6	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	

**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: June 15th 2021

Your Name: JULIA VIDÁN ESTÉVEZ

Manuscript Title: **Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19): A multicenter, randomized, open-label clinical trial**

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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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None COMPLAJO ASISTENCIAL UNIVERSITARIO LEON	INSTITUTION
<b>Time frame: past 36 months</b>			
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, manuscript writing or educational events	___ None	
6	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	

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: June 15th 2021

Your Name: María José Núñez Orantos

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):  
A multicenter, randomized, open-label clinical trial

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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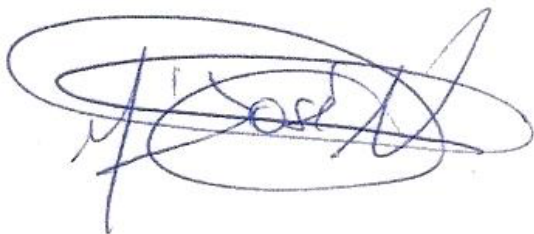
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X 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	X None	

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.**



María José Núñez  
June 15<sup>th</sup>, 2021

## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: Maria Isabel Saez Serrano \_\_\_\_\_

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):  
A multicenter, randomized, open-label clinical trial

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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<b>Time frame: past 36 months</b>			
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	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
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## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: MARIA LOURDES PORRAS LEAL

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input 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	
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## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: MARIA DEL CASTILLO JARILLA FERNANDEZ

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: Paula Villares Fernandez

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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 place an "X" next to the following statement to indicate your agreement:

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

*Pamela J. Lillio*

## ICMJJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: Jaime Perez de Oteyza

Manuscript Title: **Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19): A multicenter, randomized, open-label clinical trial**

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 current manuscript only.

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<b>Time frame: past 36 months</b>			
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, manuscript writing or educational events	___ None	
6	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	

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: June 15th 2021

Your Name: **ASCENSIÓN RAMOS GARRIDO** \_\_\_\_\_

Manuscript Title: **Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19): A multicenter, randomized, open-label clinical trial**

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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<b>Time frame: past 36 months</b>			
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, manuscript writing or educational events	___ None	
6	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	

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.

**RAMOS GARRIDO**  
**ASCENSION |**  
**24335030H**

Firmado digitalmente por RAMOS GARRIDO  
ASCENSION | 24335030H  
Nombre de reconocimiento (DN): c=ES, o=MINISTERIO DE DEFENSA, ou=PERSONAS, ou=CERTIFICADO ELECTRONICO DE EMPLEADO PUBLICO, serialNumber=IDCES-24335030H, sn=RAMOS GARRIDO | 24335030H, givenName=ASCENSION, cn=RAMOS GARRIDO ASCENSION | 24335030H  
Fecha: 2021.06.15 13:04:22 +02'00'

## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: Lydia Blanco

Manuscript Title: **Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):**

A multicenter, randomized, open-label clinical trial

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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13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

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: June 15th 2021

Your Name: MARIA ELENA MADRIGAL SANCHEZ

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X___ None	
3	Royalties or licenses	_X___ None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: June 15th 2021

Your Name: MARTIN RUBIO BATLLES

Manuscript Title: **Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):**

**A multicenter, randomized, open-label clinical trial**

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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: June 15th 2021

Your Name: Ana Velasco-Iglesias, MSc, PhD

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):  
A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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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	
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	X None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	X 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	X None	

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

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06/15/2021

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 por José Ramón Paño  
 Pardo  
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Date: June 15th 2021

Your Name: José Ramón Paño-Pardo

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

Manuscript number (if known):

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4	Consulting fees	<input type="checkbox"/> <u>X</u> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> None	

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: June 15th 2021

Your Name: José A. Moreno Chulilla \_\_\_\_\_

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):  
A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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**ICMJE DISCLOSURE FORM**

Date: June 15th 2021

Your Name: \_\_\_\_\_

Eduardo MUÑIZ DIAZ

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

*Edoardo Muniz*



## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: INMACULADA CASAS

Manuscript Title: **Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):**

**A multicenter, randomized, open-label clinical trial**

Manuscript number (if known): \_\_\_\_\_

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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	___ None	
8	Patents planned, issued or pending	___ None	
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**X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

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INMACULADA -  
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## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: Mayte Pérez-Olmeda

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

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 current manuscript only.

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

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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 place an "X" next to the following statement to indicate your agreement:

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: June 15th 2021

Your Name: Javier García-Pérez

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):  
A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	_X_ None	

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## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: José Alcamí

Manuscript Title: **Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19): A multicenter, randomized, open-label clinical trial**

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	___ None	

4	Consulting fees	___ None	
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	___ 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	

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## ICMJE DISCLOSURE FORM

Date: June 15th 2021

Your Name: JOSE LUIS BUENO CABRERA

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19):

A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	Turkey Health Ministry	Fees for consulting on a National PBM program
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Grifols	Lectures
		Terumo BCT	Lectures
		Macopharma	Lectures
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	EP 3 272 373 B1. Transfusion Safety Device	Dr Bueno is the inventor of this patent. It has been licensed by 14/08/2019 in ten european countries
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 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.

Firmado por BUENO CABRERA JOSE LUIS - 43274395X el día 15/06/2021 con un certificado emitido por AC FNMT Usuarios

## ICMJE DISCLOSURE FORM

Date: June 14<sup>th</sup>, 2021

Your Name: Rafael F. Duarte, MD, PhD, FRCP (Lon)

Manuscript Title: Convalescent Plasma versus Standard Care in Patients Hospitalized with COVID-19 (CONPLAS-19): A multicenter, randomized, open-label clinical trial

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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	
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	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
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