Dat	e:	2/22/2022
Υοι	ır Name:	Aisling Crombie
Manuscript Title:		Resuscitation with Pre-Hospital Blood Products: the RePHILL RCT
Ma	nuscript Number (if kı	nown): Click or tap here to enter text.
con affe ind The epic tha	ected by the content or ected by the content or icate a bias. If you are author's relationships demiology of hypertent t medication is not me	rency, we ask you to disclose all relationships/activities/interests listed below that are related to the pot. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  Se/activities/interests should be defined broadly. For example, if your manuscript pertains to the asion, you should declare all relationships with manufacturers of antihypertensive medication, even if intioned in the manuscript.  All support for the work reported in this manuscript without time limit. For all other items, the time is past 36 months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Employed by University Hospitals Birmingham during the early (non-recruiting) phase of the trial as Senior Research Sister (one of a portfolio of trials at the time)  Click the tab key to add additional rows.
		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item	None None

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None None	

		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)	
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None		
13	Other financial or non-financial interests	None None		
Plea	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.			

Dat	e:		2/23/2022			
Your Name: Manuscript Title:			Amisha Desai			
			Resuscitation with Pre-Hospital Blood			
			Products: the RePl	HILL RCT		
Ма	nuscript Number (if k	nown):	Click or tap here to enter text.			
con affe	tent of your manuscriected by the content o	pt. "Re of the m	we ask you to disclose all relationships/activities elated" means any relation with for-profit or not anuscript. Disclosure represents a commitment bt about whether to list a relationship/activity/i	-for-profit third parties whose interests may be to transparency and does not necessarily		
epi	·	nsion, y	ties/interests should be defined broadly. For ex ou should declare all relationships with manufac d in the manuscript.			
	tem #1 below, report a		ort for the work reported in this manuscript wit 6 months.	hout time limit. For all other items, the time		
			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			<del>-</del>	made to you or to your institution)		
1	All support for the	relatio	nship or indicate none (add rows as needed)	made to you or to your institution)		
1	present manuscript (e.g.,	relatio	rime frame: Since the initial planning	made to you or to your institution)		
1	present manuscript (e.g., funding, provision of study materials,	relatio	Time frame: Since the initial planning  None	made to you or to your institution)		
1	present manuscript (e.g., funding, provision	relatio	Time frame: Since the initial planning  None	made to you or to your institution) of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relatio	Time frame: Since the initial planning  None	made to you or to your institution)  of the work  Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relatio	Time frame: Since the initial planning  None	made to you or to your institution)  of the work  Click the tab key to add additional rows.		

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	Image: square of the square o	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None	

		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)
	society, committee or advocacy group, paid or unpaid		
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	
Plea	se place an "X" next	to the following statement to indicate your agreemer	nt:
$\boxtimes$	I certify that I have	answered every question and have not altered the wor	ding of any of the questions on this form.

**ICMJE DISCLOSURE FORI** Date: Click or tap to enter a date. Click or tap here to enter text. Your Name: **Manuscript Title:** Resuscitation with Pre-Hospital Blood Products: the RePHILL RCT EME 14/152/14 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 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 Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) All support for the None present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or

contracts from any entity (if not indicated in item #1 above).

		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relationship or indicate none (add rows as needed)	made to you or to your institution)
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 testimony	None	
7	Support for attending	None	
	meetings and/or travel		
	laver		
8	Patents planned,	None	
0	issued or	None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring		
	Board or Advisory Board		
10	Leadership or fiduciary role in	None	
	other board,		

		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)
	society, committee or advocacy group, paid or unpaid		
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	
Plea	•	to the following statement to indicate your agreemer	

Date: Your Name: Manuscript Title:		2/21/2022	Z/21/2022   Caroline Leech   Resuscitation with Pre-Hospital Blood		
		Caroline Leech			
		Resuscitation with			
		Products: the ReP	HILL RCT		
Mai	nuscript Number (if k	known): Click or tap here to enter text.			
con affe	tent of your manuscri ected by the content o	arency, we ask you to disclose all relationships/activition in the series of the manuscript. Disclosure represents a commitme of the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily		
epic	demiology of hyperter	os/activities/interests should be defined broadly. For ension, you should declare all relationships with manufuentioned in the manuscript.			
	em #1 below, report and for disclosure is the	all support for the work reported in this manuscript we past 36 months.	ithout time limit. For all other items, the time		
	•		Specifications/Comments (e.g., if payments were made to you or to your institution)		
	•	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	ne for disclosure is the	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)		
fran	All support for the present manuscript (e.g.,	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial planning	Specifications/Comments (e.g., if payments were made to you or to your institution)		
fran	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial plannin	Specifications/Comments (e.g., if payments were made to you or to your institution)		
fran	All support for the present manuscript (e.g., funding, provision	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial plannin	Specifications/Comments (e.g., if payments were made to you or to your institution)  g of the work		
fran	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial plannin	Specifications/Comments (e.g., if payments were made to you or to your institution)  g of the work  Click the tab key to add additional rows.		

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	Image: square of the square o	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None	

		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)
	society, committee or advocacy group, paid or unpaid		
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	
Plea	se place an "X" next	to the following statement to indicate your agreemer	nt:
$\boxtimes$	I certify that I have	answered every question and have not altered the wor	ding of any of the questions on this form.

2/21/2022

David N Naumann

Date:

Your Name:

**Manuscript Title:** 

Manuscript Title:			Resuscitation with Pre-Hospital Blood		
			Products: the ReP	HILL RCT	
Mai	nuscript Number (if I	known):	Click or tap here to enter text.		
con affe	tent of your manuscreted by the content	ript. "Rela of the ma			
epic	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.				
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	e
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g.,	[⊠] No	one		7
	funding, provision of study materials,			Click the tab key to add additional rows.	]
medical writing, article processing charges, etc.) No time limit for this item.					_
	No time limit for				
	No time limit for		Time frame: past 36 month	s	

		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)
3	Royalties or licenses	None	
4	Consulting fees	None 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,	⊠ None	

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

11/17/2022

Emily Dixon

Date:

Your Name:

Manuscript Title:		Resuscitation wit	Resuscitation with Pre-Hospital Blood		
	Products: the RePHILL RCT				
Ma	nuscript Number (if k	(Click or tap here to enter text.		_	
con affe	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.				
epi	demiology of hyperte	os/activities/interests should be defined broadly. Fo nsion, you should declare all relationships with man entioned 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)		
		Time frame: Since the initial planning	g of the work		
1	All support for the present	None			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		Click the tab key to add additional rows.		
	funding, provision of study materials, medical writing, article processing		Click the tab key to add additional rows.		
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: past 36 mon			

		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)
3	Royalties or licenses	None	
4	Consulting fees	None 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,	⊠ None	

		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)
	society, committee or advocacy group, paid or unpaid		
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	
Plea	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.		

Date:	11/21/2022	
Your Name:	Gavin Perkins	
Manuscript Title:	Resuscitation with Pre-Hospital Blood Products: the RePHILL RCT	
Manuscript Number (if known):	Click or tap here to enter text.	
Manuscript Number (if known): Click or tap here to enter text.  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 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)
		Time frame: Since the initial planning	g of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study materials,	National Institute for Health Research EME Programme	Salary support paid to my institution
	medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	National Institute for Health Research (NIHR) Applied Research Collaboration (ARC) West Midlands.	Salary support paid to my institution
		National Institution for Health Research Senior Investigator	Grant paid to my institution

		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)
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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,	NIHR HTA Board member	Travel expenses reimbursed

		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)
society, committ advocac paid or u	tee or cy group,	NIHR Advanced Fellowships Deputy chair NIHR CTU SAC member NIHR EME Associate Board Member UKRI COVID Rapid Response Board NIHR COVID-19 Board NIHR Emergency Preparedness Board European Resuscitation Council Resuscitation Council UK International Liaison Committee on Resuscitation	Travel expenses reimbursed  X  X  X  X  X  X  Travel expenses reimbursed  Travel expenses reimbursed  Travel expenses reimbursed
Stock or options		None	
	ent, Ils, drugs, I writing, other	[⊠] None	
Other fin non-fina interests		None   Honorary consultant West Midlands Ambulance   NHS Foundation Trust	

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

2/22/2022

Gemma Slinn

Date:

Your Name:

**Manuscript Title:** 

Manuscript Title:		Resuscitation wit	Resuscitation with Pre-Hospital Blood		
	Products: the RePHILL RCT				
Ma	Manuscript Number (if known): Click or tap here to enter text.				
con affe	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.				
epi	demiology of hypertens	activities/interests should be defined broadly. Foon, you should declare all relationships with man tioned in the manuscript.	r example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if		
	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.				
		ame all entities with whom you have this lationship 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	g of the work		
1	All support for the	⊠ None			
	manuscript (e.g., funding, provision			l	
	manuscript (e.g.,		Click the tab key to add additional rows.		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	Time frame: past 36 mor			

		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)
3	Royalties or licenses	None	
4	Consulting fees	None 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,	⊠ None	

		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)
	society, committee or advocacy group, paid or unpaid		
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	
Plea	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.		

2/21/2022

Date:

indicated in item #1 above).

Your Name:		Heidi A Doughty	Heidi A Doughty	
Manuscript Title:		Resuscitation with	Resuscitation with Pre-Hospital Blood	
		Products: the ReP	HILL RCT	
Ma	nuscript Number (if k	cnown): Click or tap here to enter text.		_
con affe indi The epid tha	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 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.			
	tem #1 below, report me for disclosure is th	all support for the work reported in this manuscript w e past 36 months.	ithout time limit. For all other items, the time	
		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,	NHS Blood and Transplant Defence Medical Services NIHR SRMRC	Employee Civilian Employee and then honorary adviser Honorary research fellow.	
	funding, provision			
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Defence Medical Services	Civilian Employee and then honorary adviser Honorary research fellow.	

		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)
3	Royalties or licenses	None None □	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Cambridge Future Trauma meeting 2021  Blood 2021 (Australia and New Zealand meeting – remote)  British Blood Transfusion Society 2021, speaker, moderator, president.  SHOT meeting	Speaker honorarium (gift voucher). Free attendance Speaker gift. Free attendance Free attendance Speaker – free attendance
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Blood 2021 (Australia and New Zealand meeting – remote) British Blood Transfusion Society 2021, speaker, moderator, president.	Free attendance Free attendance
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	

		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)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	British Blood Transfusion Society Vice president, president 2018 - 2022 Steering Group Serious Hazards of Transfusion (SHOT) Chair and then member of the Emergency planning working group, national Blood transfusion Committee	None other than free attendance to ASM  Annual dinner  None	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Blood 2021 (Australia and New Zealand meeting – remote)	Gift - artwork	
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
[oxtimes]	☑ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		2/22/2022			
Your Name:		Hazel Smith			
Manuscript Title:		Resuscitation with	Resuscitation with Pre-Hospital Blood		
		Products: the ReP	HILL RCT		
Mar	nuscript Number (if kr	nown): Click or tap here to enter text.			
cont affe	tent of your manuscrip	rency, we ask you to disclose all relationships/activitie pt. "Related" means any relation with for-profit or no f the manuscript. Disclosure represents a commitmen in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be not to transparency and does not necessarily		
epid	lemiology of hyperten	s/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactioned 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)		
			made to you or to your institution)		
		relationship or indicate none (add rows as needed)	made to you or to your institution)		
	All support for the present manuscript (e.g.,	relationship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relationship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution) g of the work  Click the tab key to add additional rows.		

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	Image: square of the square o	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None	

		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)	
	society, committee or advocacy group, paid or unpaid			
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		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/10/2022	8/10/2022		
Your Name:	lain Smith	lain Smith		
Manuscript Title:	Resuscitation with Pre-Hospital Blood			
	Products: the ReP	HILL RCT		
Manuscript Number (if knowr	Click or tap here to enter text.			
content of your manuscript. " affected by the content of the indicate a bias. If you are in do The author's relationships/act epidemiology of hypertension that medication is not mention	oport for the work reported in this manuscript w	et-for-profit third parties whose interests may be not to transparency and does not necessarily //interest, it is preferable that you do so.  Example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
Nam	e all entities with whom you have this	Specifications/Comments (e.g., if payments were		

		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.,	NIHR EME Grant 14/152/14 supported the trial	Payments to University of Birmingham
	funding, provision of study materials, medical writing, article processing		Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.		
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	

		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)
3	Royalties or licenses	None	
4	Consulting fees	None 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,	⊠ None	

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □	
13	Other financial or non-financial interests	Employed by NHS Greater Glasgow & Clyde as Specialty Registrar in General Surgery, then by the Royal Cornwall Hospitals NHS Trust as Laparoscopic Fellow, then Consultant Surgeon from Mar 2019.  Employed by UK MoD as Reservist Medical Officer	
Plea [⊠]	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.		

8/31/2022

Date:

indicated in item #1 above).

Your Name:		Jonathan R B Bishop	Jonathan R B Bishop		
Manuscript Title:		Resuscitation with	Resuscitation with Pre-Hospital Blood		
	Products: the RePHILL RCT				
Mai	nuscript Number (if k	nown): Click or tap here to enter text.			
con affe	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.				
epic	demiology of hyperter	s/activities/interests should be defined broadly. For ension, you should declare all relationships with manufentioned 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)		
		Time frame: Since the initial planning	of the work		
1	All support for the present	□ None			
	manuscript (e.g., funding, provision	NIHR EME – funder of RePHILL	Institution		
	of study materials,		Click the tab key to add additional rows.		
medical writing, article processing					
	charges, etc.) No time limit for				
	this item.	<b>T</b>			
2	Grants or	Time frame: past 36 month			
~	contracts from	None			
1	any entity (if not				

		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)
3	Royalties or licenses	None	
4	Consulting fees	None 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,	⊠ None	

		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)
	society, committee or advocacy group, paid or unpaid		
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.			

2/21/2022

James Michael Hancox

Date:

Your Name:

Manuscript Title:		Resuscitation wit	Resuscitation with Pre-Hospital Blood		
	Products: the RePHILL RCT				
Ma	nuscript Number (if kı	nown): EME 14/152/14			
con affe	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.				
epi	demiology of hyperten	s/activities/interests should be defined broadly. For ision, you should declare all relationships with 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	Specifications/Comments (e.g., if payments were		
		relationship or indicate none (add rows as needed)			
			made to you or to your institution)		
1		relationship or indicate none (add rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials,	relationship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution) g 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	relationship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)  g of the work  Click the tab key to add additional rows.		

		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)
3	Royalties or licenses	None	
4	Consulting fees	None 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,	⊠ None	

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □	
13	Other financial or non-financial interests	None	
Plea	ise place an "X" nex	t to the following statement to indicate your agreeme	ent:
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			2/21/2022		
Your Name: Manuscript Title:			Karen Piper		
				Resuscitation with Pre-Hospital Blood Products: the RePHILL RCT	
			Troducts. the neri	TILL INCT	
Ма	nuscript Number (if kr	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo		pt. "Re f the m in dou s/activi	we ask you to disclose all relationships/activities, elated" means any relation with for-profit or not lanuscript. Disclosure represents a commitment bt about whether to list a relationship/activity/ities/interests should be defined broadly. For exou should declare all relationships with manufaction in the manuscript.	-for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so.	
			port for the work reported in this manuscript wit	hout time limit. For all other items, the time	
trar	ne for disclosure is the	e past s	36 months.		
trar		Name	all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
frar		Name	all entities with whom you have this	made to you or to your institution)	
1	All support for the present manuscript (e.g.,	Name relatio	all entities with whom you have this onship or indicate none (add rows as needed)	made to you or to your institution)	
	All support for the present manuscript (e.g., funding, provision of study materials,	Name relatio	all entities with whom you have this onship or indicate none (add rows as needed)  Time frame: Since the initial planning None	made to you or to your institution)	
	All support for the present manuscript (e.g., funding, provision	Name relatio	all entities with whom you have this onship or indicate none (add rows as needed)  Time frame: Since the initial planning None	made to you or to your institution) of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	Name relatio	all entities with whom you have this onship or indicate none (add rows as needed)  Time frame: Since the initial planning None	of the work  Click the tab key to add additional rows.	

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	Image: square of the square o	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None	

		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)	
	society, committee or advocacy group, paid or unpaid			
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		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 12/13/2021 ICMJE Disclosure Form

6<sup>th</sup> September 2022

Mike Herbert

Date:

Your Name:

Manuscript Title:		Resuscitation with Pre-Hospital Blood			
		Products: the RePHILL RCT			
Ma	nuscript Number (if k	wn): Click or tap here to enter text.			
con affe	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.				
epi	demiology of hyperter	activities/interests should be defined broadly. For example, if your manuscript pertains to the on, you should declare all relationships with manufacturers of antihypertensive medication, even if ioned 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.					
		Ime all entities with whom you have this Specifications/Comments (e.g., if payments were lationship or indicate none (add rows as needed) 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	None			
	of study materials, medical writing, article processing charges, etc.) No time limit for	Click the tab key to add additional rows.			
	this item.	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			

		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)
3	Royalties or licenses	None	
4	Consulting fees	None 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,	⊠ None	

		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)	
	society, committee or advocacy group, paid or unpaid			
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		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

22/0222

Mark Midwinter

Date:

Your Name:

Manuscript Title:		Resuscitation wit	Resuscitation with Pre-Hospital Blood		
		Products: the Re	PHILL RCT		
Ma	nuscript Number (if kn	Click or tap here to enter text.		_	
con affe	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.				
epi	demiology of hypertens	activities/interests should be defined broadly. Foon, you should declare all relationships with man tioned in the manuscript.	r example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if		
	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.				
		ame all entities with whom you have this lationship 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	g of the work		
1	All support for the	⊠ None			
	manuscript (e.g., funding, provision			l	
	manuscript (e.g.,		Click the tab key to add additional rows.		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	Time frame: past 36 mor			

		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)
3	Royalties or licenses	None	
4	Consulting fees	None 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,	⊠ None	

		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)	
	society, committee or advocacy group, paid or unpaid			
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		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

9/5/2022

Dr Mark Nash

Date:

Your Name:

Manuscript Title:			Resuscitation with Pre-Hospital Blood		
			Products: the ReP	HILL RCT	
Mai	Manuscript Number (if known): Click or tap here to enter text.				
con affe	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.				
epic	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.				
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	e
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g.,	[⊠] No	one		7
	funding, provision of study materials,			Click the tab key to add additional rows.	]
	medical writing, article processing charges, etc.)				_
	No time limit for this item.				
	No time limit for		Time frame: past 36 month	s	

		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)
3	Royalties or licenses	None	
4	Consulting fees	None 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,	⊠ None	

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Dat	te:	2/22/2022			
You	ur Name:	Nicholas Crombie			
Manuscript Title:			Resuscitation with Pre-Hospital Blood Products: the RePHILL RCT		
		Froducts, the her	IIILLINCI		
Ma	nuscript Number (if k	nown): Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt		rency, we ask you to disclose all relationships/activitie pt. "Related" means any relation with for-profit or no f the manuscript. Disclosure represents a commitmer in doubt about whether to list a relationship/activity/s/activities/interests should be defined broadly. For e	t-for-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so.		
		ision, you should declare all relationships with manufaintioned in the manuscript.	cturers of antihypertensive medication, even if		
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.			thout time limit. For all other items, the time		
		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)		
			made to you or to your institution)		
1	All support for the	relationship or indicate none (add rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials,	relationship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relationship or indicate none (add rows as needed)  Time frame: Since the initial planning  None  Trial funded by NIHR EME from which my time	made to you or to your institution)		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initial planning  None  Trial funded by NIHR EME from which my time was provided for the duration of the trial	made to you or to your institution)  of the work  Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	Time frame: Since the initial planning  None  Trial funded by NIHR EME from which my time was provided for the duration of the trial  Time frame: past 36 mont  None	made to you or to your institution)  of the work  Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initial planning  None  Trial funded by NIHR EME from which my time was provided for the duration of the trial  Time frame: past 36 mont	made to you or to your institution)  of the work  Click the tab key to add additional rows.		

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None None	

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None None	
Plea	Please place an "X" next to the following statement to indicate your agreement:   X I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	7/28/2022	
Your Name: Natalie Ives		
Manuscript Title:	Resuscitation with Pre-Hospital Blood	
	Products: the RePHILL RCT	
Manuscript Number (if known):	Click or tap here to enter text.	
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 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 helew, report all support for the work reported in this manuscript without time limit. For all other items, the time		

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision	NIHR EME – funder of RePHILL	Institution
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		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)
3	Royalties or licenses	None	
4	Consulting fees	None 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,	⊠ None	

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □     □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

2/22/2022

Rebekah Wale

Date:

Your Name:

Manuscript Title:	Resuscitation w	Resuscitation with Pre-Hospital Blood	
	Products: the R	ePHILL RCT	
Manuscript Number (if known): Click or tap here to enter text.			
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.			
epidemiology of hyperte	ps/activities/interests should be defined broadly. ension, you should declare all relationships with n nentioned in the manuscript.	For example, if your manuscript pertains to the anufacturers of antihypertensive medication, even if	
	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 need	Specifications/Comments (e.g., if payments were led) made to you or to your institution)	
	relationship of maleate none (add rows as need	ieuj made to you or to your mstitution,	
	Time frame: Since the initial plan		
All support for the present manuscript (e.g., funding, provision of study materials, medical writing.)	·		
present manuscript (e.g., funding, provision	Time frame: Since the initial plan     None	ning of the work  Click the tab key to add additional rows.	
present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initial plan  None  Time frame: past 36 n	ning of the work  Click the tab key to add additional rows.	
present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial plan     None	ning of the work  Click the tab key to add additional rows.	

		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)
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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,	None	

		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)
	society, committee or advocacy group, paid or unpaid		
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.			

Date:	2/23/2022	
Your Name:	Simon Lewis	
Manuscript Title:	Resuscitation with Pre-Hospital Blood	
	Products: the RePHILL RCT	
Manuscript Number (if known): Click or tap here to enter text.		
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 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		

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning of the work		
1	All support for the present		
	manuscript (e.g., funding, provision of study materials,	Magpas Air Ambulance	Paid as Medical Director, including PI work for this trial
	medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None 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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	⊠ None	

		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)
	society, committee or advocacy group, paid or unpaid		
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.			