

## ICMJE DISCLOSURE FORM

**Date:** 2/24/2023

**Your Name:** Nicola Curry

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 RCT

**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 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>       |  |  |   |   |  |  |  |   |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">The CRYOSTAT-2 trial was funded by the NIHR HTA Program - £1.8M</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | The CRYOSTAT-2 trial was funded by the NIHR HTA Program - £1.8M |  |  |  | Click the tab key to add additional rows. |  |
| The CRYOSTAT-2 trial was funded by the NIHR HTA Program - £1.8M |  |  |   |   |  |  |  |   |  |
|   |  |  |   |   |  |  |  |   |  |
| Click the tab key to add additional rows.                       |  |  |   |   |  |  |  |   |  |
| <b>Time frame: past 36 months</b>                               |  |  |   |   |  |  |  |   |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |   |  |  |  |   |  |
|   |  |  |   |   |  |  |  |   |  |
|   |  |  |   |   |  |  |  |   |  |
|   |  |  |   |   |  |  |  |   |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |   |  |  |  |   |  |
|   |  |  |   |   |  |  |  |   |  |
|   |  |  |   |   |  |  |  |   |  |
|   |  |  |   |   |  |  |  |   |  |

|   |  | 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) |               |  |  |  |  |  |  |  |
|---|--|--|---|---------------|--|--|--|--|--|--|--|
| 4   | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                         |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
| 6   | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
| 7   | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
| 8   | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Participation at an advisory board - Octapharma</td> <td>Payment to me</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Participation at an advisory board - Octapharma                                     | Payment to me |  |  |  |  |  |  |  |
| Participation at an advisory board - Octapharma | Payment to me  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>ISTH SSC subcommittee for Perioperative Care</td> <td>Unpaid</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>           | ISTH SSC subcommittee for Perioperative Care  | Unpaid        |  |  |  |  |  |  |  |
| ISTH SSC subcommittee for Perioperative Care    | Unpaid   |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |
|   |  |  |   |               |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/8/2023

**Your Name:** Ross Davenport

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |  |                |  |        |  |   |   |       |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Bart's Charity</td> <td style="width: 50%;">CRYOSTAT-2 parallel funding for US recruitment</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>  | Bart's Charity | CRYOSTAT-2 parallel funding for US recruitment   |        |  | Click the tab key to add additional rows. |   |       |   |
| Bart's Charity  | CRYOSTAT-2 parallel funding for US recruitment   |  |  |                |  |        |  |   |   |       |   |
|   |  |  |  |                |  |        |  |   |   |       |   |
| Click the tab key to add additional rows.                 |  |  |  |                |  |        |  |   |   |       |   |
| <b>Time frame: past 36 months</b>                         |  |  |  |                |  |        |  |   |   |       |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Hemosonics</td> <td style="width: 50%;">Centre for Trauma Sciences – staff costs, device and consumables for 2 year contracted study</td> </tr> <tr> <td>Werfen</td> <td>Centre for Trauma Sciences – consumable and device support</td> </tr> <tr> <td>Bart's Charity</td> <td>Funding for parallel observational study (ACIT) to run alongside SWIFT randomized controlled trial of prehospital whole blood</td> </tr> <tr> <td>NHSBT</td> <td>PhD salary costs for department to undertake platelet project and SWIFT observational study (above)</td> </tr> </table> | Hemosonics     | Centre for Trauma Sciences – staff costs, device and consumables for 2 year contracted study | Werfen | Centre for Trauma Sciences – consumable and device support | Bart's Charity                            | Funding for parallel observational study (ACIT) to run alongside SWIFT randomized controlled trial of prehospital whole blood | NHSBT | PhD salary costs for department to undertake platelet project and SWIFT observational study (above) |
| Hemosonics  | Centre for Trauma Sciences – staff costs, device and consumables for 2 year contracted study   |  |  |                |  |        |  |   |   |       |   |
| Werfen  | Centre for Trauma Sciences – consumable and device support   |  |  |                |  |        |  |   |   |       |   |
| Bart's Charity  | Funding for parallel observational study (ACIT) to run alongside SWIFT randomized controlled trial of prehospital whole blood  |  |  |                |  |        |  |   |   |       |   |
| NHSBT   | PhD salary costs for department to undertake platelet project and SWIFT observational study (above)  |  |  |                |  |        |  |   |   |       |   |

|                                  |  | 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  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
| 4                                | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
| 5                                | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
| 6                                | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
| 7                                | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
| 8                                | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
| 9                                | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Data Safety Monitoring Committee</td> <td style="width: 50%; padding: 5px;">Chair of DSMC for the RAPID-1 DFU trial in diabetic foot ulcer treatment</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | Data Safety Monitoring Committee  | Chair of DSMC for the RAPID-1 DFU trial in diabetic foot ulcer treatment |  |  |  |  |  |
| Data Safety Monitoring Committee | Chair of DSMC for the RAPID-1 DFU trial in diabetic foot ulcer treatment                                     |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
|                                  |  |  |   |  |  |  |  |  |  |
| 10                               | Leadership or fiduciary role in  | <input checked="" type="checkbox"/> <b>None</b>  |   |  |  |  |  |  |  |

|           |  | 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) |
|-----------|--|---|---|
|           | other board, society, committee or advocacy group, paid or unpaid                | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>    |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>    |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>    |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>    |

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:** 2/27/2023

**Your Name:** Helen Thomas

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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 |  |   |  |  |  |  |  |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
| Time frame: past 36 months                         |  |   |  |  |  |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |

|           |  | 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>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |



|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/6/2023

**Your Name:** Erin E. Fox, PhD

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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       |  |  |  |                          |                              |                                  |                     |  |                     |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">QMUL</td> <td>contract paid to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table> | QMUL                     | contract paid to institution |                                  |                     | <small>Click the tab key to add additional rows.</small> |                     |
| QMUL   | contract paid to institution   |  |  |                          |                              |                                  |                     |  |                     |
|  |  |  |  |                          |                              |                                  |                     |  |                     |
| <small>Click the tab key to add additional rows.</small> |  |  |  |                          |                              |                                  |                     |  |                     |
| Time frame: past 36 months                               |  |  |  |                          |                              |                                  |                     |  |                     |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">US Department of Defense</td> <td>Paid to institution</td> </tr> <tr> <td>US National Institutes of Health</td> <td>Paid to institution</td> </tr> <tr> <td>Grifols</td> <td>Paid to Institution</td> </tr> </table> | US Department of Defense | Paid to institution          | US National Institutes of Health | Paid to institution | Grifols  | Paid to Institution |
| US Department of Defense                                 | Paid to institution  |  |  |                          |                              |                                  |                     |  |                     |
| US National Institutes of Health                         | Paid to institution  |  |  |                          |                              |                                  |                     |  |                     |
| Grifols  | Paid to Institution  |  |  |                          |                              |                                  |                     |  |                     |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>   |                          |                              |                                  |                     |  |                     |
|  |  |  |  |                          |                              |                                  |                     |  |                     |
|  |  |  |  |                          |                              |                                  |                     |  |                     |
|  |  |  |  |                          |                              |                                  |                     |  |                     |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|    |  | 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) |
|----|--|--|---|
| 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:** 2/27/2023

**Your Name:** Joanne Lucas

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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 |  |   |  |  |  |  |  |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
| Time frame: past 36 months                         |  |   |  |  |  |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |

|           |  | 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>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 2/27/2023

**Your Name:** Amy Evans

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |



|           |  | 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>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/6/2023

**Your Name:** Efthalia Massou

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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       |  |  |   |  |  |  |  |  |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR HTA programme</td> <td style="width: 50%;">Payments were made to my institution to undertake the health economic analysis included in the manuscript as part of the CRYOSTAT-2 study grant.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table> | NIHR HTA programme  | Payments were made to my institution to undertake the health economic analysis included in the manuscript as part of the CRYOSTAT-2 study grant. |  |  | <small>Click the tab key to add additional rows.</small> |  |  |
| NIHR HTA programme                                       | Payments were made to my institution to undertake the health economic analysis included in the manuscript as part of the CRYOSTAT-2 study grant.                               |  |   |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
| <small>Click the tab key to add additional rows.</small> |  |  |   |  |  |  |  |  |  |
| Time frame: past 36 months                               |  |  |   |  |  |  |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |   |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |   |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/6/2023

**Your Name:** Rupa Sharma

**Manuscript Title:** Early high dose Cryoprecipitate to reduce death in people with traumatic haemorrhage: The CRYOSTAT-2 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 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> |  |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |

|           |  | 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>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 2/27/2023

**Your Name:** Shaminie Shanmugaranjan

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/3/2023

**Your Name:** Claire Rourke

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/3/2023

**Your Name:** Alice Newton

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |   |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="text-align: right; font-size: small; color: #ccc;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |



|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/6/2023

**Your Name:** Alison Deary

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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 |  |  |  |  |  |  |  |   |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
|  |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |   |
|  | Click the tab key to add additional rows.  |  |  |  |  |  |  |   |
| Time frame: past 36 months                         |  |  |  |  |  |  |  |   |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |   |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |   |

|           |  | 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>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/6/2023

**Your Name:** Nikki Dallas

**Manuscript Title:** Early high dose Cryoprecipitate to reduce death in people with traumatic haemorrhage: The CRYOSTAT-2 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 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> |  |  |   |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="text-align: right; font-size: small; color: #ccc;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |

|           |  | 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>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/7/2023

**Your Name:** Chloe Fitzpatrick-Creamer

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |   |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="text-align: right; font-size: small; color: #ccc;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |



|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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.

## QMULICMJE DISCLOSURE FORM

**Date:** 3/6/2023

**Your Name:** Jeanette Podbielski

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |   |                           |                              |                                   |                              |   |                              |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">QMUL</td> <td>Contract paid to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; color: #ccc; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>              | QMUL                      | Contract paid to institution |                                   |                              | Click the tab key to add additional rows. |                              |
| QMUL  | Contract paid to institution   |  |   |                           |                              |                                   |                              |   |                              |
|   |  |  |   |                           |                              |                                   |                              |   |                              |
| Click the tab key to add additional rows.                 |  |  |   |                           |                              |                                   |                              |   |                              |
| <b>Time frame: past 36 months</b>                         |  |  |   |                           |                              |                                   |                              |   |                              |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">U.S. Department of Health</td> <td>Contract paid to institution</td> </tr> <tr> <td>U.S. National Institute of Health</td> <td>Contract paid to institution</td> </tr> <tr> <td>Grifols</td> <td>Contract paid to institution</td> </tr> </table> | U.S. Department of Health | Contract paid to institution | U.S. National Institute of Health | Contract paid to institution | Grifols                                   | Contract paid to institution |
| U.S. Department of Health                                 | Contract paid to institution   |  |   |                           |                              |                                   |                              |   |                              |
| U.S. National Institute of Health                         | Contract paid to institution   |  |   |                           |                              |                                   |                              |   |                              |
| Grifols   | Contract paid to institution   |  |   |                           |                              |                                   |                              |   |                              |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>  |                           |                              |                                   |                              |   |                              |
|   |  |  |   |                           |                              |                                   |                              |   |                              |
|   |  |  |   |                           |                              |                                   |                              |   |                              |
|   |  |  |   |                           |                              |                                   |                              |   |                              |

|    |  | 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) |
|----|--|--|---|
| 4  | Consulting fees  | <input type="checkbox"/> None  |   |
|    |  | Arsenal Medical  | Paid to me as consultant outside of UT employment/hours/post retirement             |
|    |  | Avania Clinical  | Paid to me as consultant outside of UT employment/hours/post retirement             |
|    |  | JSL Innovations  | Paid to me as consultant outside of UT employment (post retirement)                 |
|    |  | CCJ Medical  | Paid to me as consultant outside of UT employment (post retirement)                 |
| 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   |   |
|    |  |  |   |
|    |  |  |   |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 6/29/2023

**Your Name:** Charles Wade

**Manuscript Title:** traumatic haemorrhage: the CRYOSTAT-2 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 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 |  |   |                |        |          |  |         |   |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table> |                |        |          |  |         | Click the tab key to add additional rows. |
|  |  |   |                |        |          |  |         |   |
|  |  |   |                |        |          |  |         |   |
|  | Click the tab key to add additional rows.  |   |                |        |          |  |         |   |
| Time frame: past 36 months                         |  |   |                |        |          |  |         |   |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;">Barts Charity</td><td style="width: 40%;">US DoD</td></tr> <tr><td style="height: 20px;">Athersys</td><td></td></tr> <tr><td style="height: 20px;">Grifols</td><td></td></tr> </table>  | Barts Charity  | US DoD | Athersys |  | Grifols |   |
| Barts Charity                                      | US DoD   |   |                |        |          |  |         |   |
| Athersys   |  |   |                |        |          |  |         |   |
| Grifols  |  |   |                |        |          |  |         |   |
| <b>3</b>   | Royalties or licenses  | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;">Decisio Health</td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>  | Decisio Health |        |          |  |         |   |
| Decisio Health                                     |  |   |                |        |          |  |         |   |
|  |  |   |                |        |          |  |         |   |
|  |  |   |                |        |          |  |         |   |

|    |  | 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) |
|----|--|--|---|
| 4  | Consulting fees  | <input type="checkbox"/> None  |   |
|    |  | CellPhire  |   |
|    |  |  |   |
|    |  |  |   |
| 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   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/7/2023

**Your Name:** Antoinette Edwards

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |   |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="text-align: right; font-size: small; color: #ccc;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/4/2023

**Your Name:** Professor Jonathan Benger

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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>  |  |  |   |  |  |  |  |  |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">This research, and my contribution, was funded by the National Institute for Health Research, Health Technology Assessment Programme (reference: 15/57/02)</td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="text-align: right; padding: 5px;"><small>Click the tab key to add additional rows.</small></td> <td></td> </tr> </table> | This research, and my contribution, was funded by the National Institute for Health Research, Health Technology Assessment Programme (reference: 15/57/02) |  |  |  | <small>Click the tab key to add additional rows.</small> |  |
| This research, and my contribution, was funded by the National Institute for Health Research, Health Technology Assessment Programme (reference: 15/57/02) |  |  |   |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
| <small>Click the tab key to add additional rows.</small>   |  |  |   |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>  |  |  |   |  |  |  |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">See above.</td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>  | See above.   |  |  |  |  |  |
| See above.   |  |  |   |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>  |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/6/2023

**Your Name:** Prof. Stephen Morris

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |                    |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR HTA programme</td> <td style="width: 50%;">Payments were made to my institution to undertake the health economic analysis included in the manuscript as part of the CRYOSTAT-2 study grant.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table> | NIHR HTA programme | Payments were made to my institution to undertake the health economic analysis included in the manuscript as part of the CRYOSTAT-2 study grant. |  |  | <small>Click the tab key to add additional rows.</small> |  |
| NIHR HTA programme  | Payments were made to my institution to undertake the health economic analysis included in the manuscript as part of the CRYOSTAT-2 study grant.                               |  |                    |  |  |  |  |  |
|   |  |  |                    |  |  |  |  |  |
| <small>Click the tab key to add additional rows.</small>  |  |  |                    |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |                    |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |                    |  |  |  |  |  |
|   |  |  |                    |  |  |  |  |  |
|   |  |  |                    |  |  |  |  |  |
|   |  |  |                    |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |                    |  |  |  |  |  |
|   |  |  |                    |  |  |  |  |  |
|   |  |  |                    |  |  |  |  |  |
|   |  |  |                    |  |  |  |  |  |

|   |  | 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)   |  |  |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|--|--|
| 4   | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
| 6   | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
| 7   | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
| 8   | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• HS&amp;DR Commissioned - Board Members - From 16/06/2014 to 01/03/2016;</li> <li>• HS&amp;DR Evidence Synthesis Sub Board - From 01/05/2016 to 30/10/2016;</li> <li>• PHR - Research Funding Board - From 22/06/2011 to 26/06/2017;</li> </ul> </td> <td style="width: 50%;"></td> </tr> </table> | <ul style="list-style-type: none"> <li>• HS&amp;DR Commissioned - Board Members - From 16/06/2014 to 01/03/2016;</li> <li>• HS&amp;DR Evidence Synthesis Sub Board - From 01/05/2016 to 30/10/2016;</li> <li>• PHR - Research Funding Board - From 22/06/2011 to 26/06/2017;</li> </ul> |  |  |  |  |  |  |  |  |
| <ul style="list-style-type: none"> <li>• HS&amp;DR Commissioned - Board Members - From 16/06/2014 to 01/03/2016;</li> <li>• HS&amp;DR Evidence Synthesis Sub Board - From 01/05/2016 to 30/10/2016;</li> <li>• PHR - Research Funding Board - From 22/06/2011 to 26/06/2017;</li> </ul> |  |  |   |  |  |  |  |  |  |  |  |



|           |  | 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) |
|-----------|--|---|---|
|           |  | <ul style="list-style-type: none"> <li>• HS&amp;DR Funding Committee Members - From 16/06/2014 to 30/06/2019;</li> <li>• HS&amp;DR Sub-Committee Unmet Need Nov 19</li> </ul> |   |
|           |  |   |   |
|           |  |   |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>   |   |
|           |  |   |   |
|           |  |   |   |
|           |  |   |   |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>   |   |
|           |  |   |   |
|           |  |   |   |
|           |  |   |   |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>   |   |
|           |  |   |   |
|           |  |   |   |
|           |  |   |   |

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:** 12/6/2023

**Your Name:** Bryan A. Cotton

**Manuscript Title:** CRYOSTAT-2: AN INTERNATIONAL OPEN-LABEL, RANDOMISED CONTROLLED TRIAL OF EARLY EMPIRIC HIGH-DOSE CRYOPRECIPITATE FOR MAJOR TRAUMA HEMORRHAGE

**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) |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;">Queens Mary University London]</td><td>Trial funding to the University of Texas Houston</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Queens Mary University London]  | Trial funding to the University of Texas Houston |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
| Queens Mary University London]                            | Trial funding to the University of Texas Houston   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |

|    |  | 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) |
|----|--|--|---|
| 4  | Consulting fees  | <input type="checkbox"/> None  |   |
|    |  | Cerus Corporation, Concord, CA]  | Scientific Advisory Board, consulting fees to me                                    |
|    |  |  |   |
|    |  |  |   |
| 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   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
|           |  |  |   |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
|           |  |  |   |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
|           |  |  |   |

**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:** 3/3/2023

**Your Name:** James Piercy

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |

|    |  | 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) |
|----|--|--|---|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b>   |   |
|    |  | Cambridge biological research centre   | Payment for talk on PPI   |
|    |  | Brain injury medtech coop  | Casual worker status supporting PPI in research                                     |
|    |  |  |   |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b>   |   |
|    |  | Unpaid trustee ship United Kingdom Brain Injury Forum  |   |
|    |  |  |   |
|    |  |  |   |

|    |  | 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) |
|----|--|--|---|
| 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:** 3/3/2023

**Your Name:** Laura Green

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |   |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="text-align: right; font-size: small; color: #ccc;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |



|    |  | 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) |
|----|--|---|---|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b>   |   |
|    |  |   |   |
|    |  |   |   |
|    |  |   |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b>  |   |
|    |  | I have received honorarium from University of Oslo for examining a PhD student  |   |
|    |  |   |   |
|    |  |   |   |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b>   |   |
|    |  |   |   |
|    |  |   |   |
|    |  |   |   |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <b>None</b>  |   |
|    |  | I received travel support from Australiana and New Zealand Haematology Society as an invited lecturer to their annual meeting in 2022 |   |
|    |  |   |   |
|    |  |   |   |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b>   |   |
|    |  |   |   |
|    |  |   |   |
|    |  |   |   |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b>   |   |
|    |  |   |   |
|    |  |   |   |
|    |  |   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b>   |   |
|    |  |   |   |
|    |  |   |   |
|    |  |   |   |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/6/2023

**Your Name:** KARIM BROHI

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |   |  |               |  |   |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR Health Technology Assessment programme</td> <td></td> </tr> <tr> <td>Barts Charity</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;"><a href="#">Click the tab key to add additional rows.</a></td> </tr> </table> | NIHR Health Technology Assessment programme   |  | Barts Charity |  | <a href="#">Click the tab key to add additional rows.</a> |  |  |
| NIHR Health Technology Assessment programme               |  |  |   |  |               |  |   |  |  |
| Barts Charity   |  |  |   |  |               |  |   |  |  |
| <a href="#">Click the tab key to add additional rows.</a> |  |  |   |  |               |  |   |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |               |  |   |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |               |  |   |  |  |
|   |  |  |   |  |               |  |   |  |  |
|   |  |  |   |  |               |  |   |  |  |
|   |  |  |   |  |               |  |   |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |               |  |   |  |  |
|   |  |  |   |  |               |  |   |  |  |
|   |  |  |   |  |               |  |   |  |  |
|   |  |  |   |  |               |  |   |  |  |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 3/3/2023

**Your Name:** Simon Stanworth

**Manuscript Title:** Early high dose cryoprecipitate to reduce death in people with traumatic haemorrhage: the CRYOSTAT-2 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 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> |  |  |   |                                   |             |  |  |   |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Chief Investigator NIHR HTA award</td> <td style="width: 50%;">Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | Chief Investigator NIHR HTA award | Institution |  |  | Click the tab key to add additional rows. |  |
| Chief Investigator NIHR HTA award                         | Institution  |  |   |                                   |             |  |  |   |  |
|   |  |  |   |                                   |             |  |  |   |  |
| Click the tab key to add additional rows.                 |  |  |   |                                   |             |  |  |   |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |                                   |             |  |  |   |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |                                   |             |  |  |   |  |
|   |  |  |   |                                   |             |  |  |   |  |
|   |  |  |   |                                   |             |  |  |   |  |
|   |  |  |   |                                   |             |  |  |   |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |                                   |             |  |  |   |  |
|   |  |  |   |                                   |             |  |  |   |  |
|   |  |  |   |                                   |             |  |  |   |  |
|   |  |  |   |                                   |             |  |  |   |  |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|   |  | 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>11</b>   | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>                                       |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>12</b>   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>                                       |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>13</b>   | Other financial or non-financial interests                                       | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">Employer of NHSBT who manufacture cryoprecipitate</td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | Employer of NHSBT who manufacture cryoprecipitate                                   |  |  |  |  |  |  |
| Employer of NHSBT who manufacture cryoprecipitate |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |

**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.