

ICMJE DISCLOSURE FORM

Date: 12/30/2021

Your Name: Elizabeth Staley

Manuscript Title: Extracorporeal Corporeal Membrane Oxygenation: Narrative Review of Indications, Technical Considerations, and Future Trends

Manuscript Number (if known): AOB-2021-TTPP-18

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								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <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> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <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>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <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>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									

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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: 12/27/2021

Your Name: Geoffrey D Wool

Manuscript Title: Extracorporeal Corporeal Membrane Oxygenation: Narrative Review of Indications, Technical Considerations, and Future Trends

Manuscript Number (if known): AOB-21-85

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Diagnostica Stago	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AACC	Payments to me
		CAP	Payments to me
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 type="checkbox"/> None	
		Associate editor, AJCP	No financial support
		Editorial board, Blood Coagulation & Fibrinolysis	No financial support

		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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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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.

Dr. Wool reports honoraria from Diagnostica Stago and travel reimbursements from AACC and CAP. Dr. Wool serves in an unpaid capacity as Associate Editor for AJCP and as an Editorial Board Member of Blood Coagulation & Fibrinolysis.

ICMJE DISCLOSURE FORM

Date: 1/3/2022

Your Name: Huy P. Pham

Manuscript Title: Extracorporeal Corporeal Membrane Oxygenation: Narrative Review of Indications, Technical Considerations, and Future Trends

Manuscript Number (if known): AOB-2021-TTPP-18

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.

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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; height: 20px;">Elsevier</td> <td style="width: 40%;">Self</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Elsevier	Self				
Elsevier	Self							

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Sanofi</td> <td>Self</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Sanofi	Self							
Sanofi	Self										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Alexion</td> <td>Self</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Alexion	Self							
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>FACT, Board of Director</td> <td>Self</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	FACT, Board of Director	Self							
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Dr. Pham reports royalties from Elsevier, consulting fees from Sanofi and payment from Alexion. Dr. Pham also serves in an unpaid capacity as Director of Board of FACT.

ICMJJE DISCLOSURE FORM

Date: 1/3/2022

Your Name: Heidi J. Dalton

Manuscript Title: Extracorporeal Corporeal Membrane Oxygenation: Narrative Review of Indications, Technical Considerations, and Future Trends

Manuscript Number (if known): AOB-2021-TTPP-18

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Dept of Defense	Institution (pending)							
Entegriion	Institution (INOVA)							
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Sccm</td> <td style="width: 50%;">Self</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>	Sccm	Self				
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4	Consulting fees	<input type="checkbox"/> None	
		Entegriion (advisor)	Self
		Medtronic (strategic advisory group)	self
		Hemocue (advisor)	self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		UT Southwestern	Self
		St Christopher Hosp for Children	self
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 type="checkbox"/> None	

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Dr. Dalton received funding from Entegriion and royalties from Sccm. Dr. Dalton reports consulting fees from Entegriion, Medtronic and Hemocue as advisor. Dr. Dalton receives payment from UT Southwestern and St Christopher Hosp for Children.

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Date: 12/27/2021

Your Name: Edward C.C. Wong

Manuscript Title: Extracorporeal Corporeal Membrane Oxygenation: Narrative Review of Indications, Technical Considerations, and Future Trends

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		AACC	Book royalties for Pediatric Reference Interval, 7 th edition
		Elsevier	Book royalties for Pediatric Reference Interval, 8 th edition, and Biochemical and Molecular Basis of Pediatric Disease, 5 th edition
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input 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	
		US 9,541,482 B2 "Device and method for bilirubin photoisomerization to reduce laboratory test interference" January 10, 2017.	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		AACC adhoc committee for pediatric reference intervals, as part of the government affairs committee	No payments
		ASFA Research committee member	No payments
		ASFA Applications committee member	No payments
		AACC, member, publications committee	No payments
		AACC Capital Section, Awards Committee member	No payments
		AACC, Hematology Division, Executive committee member	No payments
		AACC Liaison for the IFFC Task force on Reference Interval Database	No payments
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		Quest Diagnostics	
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.

Dr. Wong reports that he is employee and holds stock of Quest Diagnostics.
 Dr. Wong also reports payments for coagulation testing to Quest Diagnostics by NIH/NCI grant for NCCAPS study, payments for VWF activity study to Quest Diagnostics by Siemens Heathineer, payments for coagulation testing of freeze dried plasma to Quest Diagnostics by Terumo BCT and Payments for coagulation testing to Quest Diagnostics by Alexion, but no direct payments to Dr. Wong for all items above.
 Dr. Wong also reports book royalties for Pediatric Reference Interval, 7th edition by AACC and book royalties for Pediatric Reference Interval, 8th edition, and Biochemical and Molecular Basis of Pediatric Disease, 5th edition by Elsevier.
 Dr. Wong reports patent US 9,541,482 B2 "Device and method for bilirubin photoisomerization to reduce laboratory test interference" January 10, 2017.
 Dr. Wong also serves in an unpaid capacity as member of the following committees: AACC adhoc committee for pediatric reference intervals (as part of the government affairs committee), ASFA Research committee, ASFA Applications committee, AACC member of publications committee, Awards Committee of AACC Capital Section, Executive committee of Hematology Division of AAC, and AACC Liaison for the IFFC Task force on Reference Interval Database.