

#### **Instructions**

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## Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

# 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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# 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Laurent	rst Name)	2. Surname (Last Name) BAUD		3. Effective Date (07-August-2008) 07-January-2012
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na ZAFRANI	me
5. Manuscript Title Calpastatin cont		osis by limiting procoagula	nt microparticle release	
6. Manuscript Ide	ntifying Number (if you B6OC.R1	know it)		

# Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							ADD

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Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	<b>✓</b>					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	ancy on this line.	ADD
Section 4. Other relationsh	nips					
Are there other relationships or activi potentially influencing, what you wro				to have influenced, or th	at give the appearance of	F

✓ No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):

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**Hide All Table Rows Checked 'No'** 

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Section 1. Identify	ing Information	
1. Given Name (First Name)	2. Surname (Last Name) Byrnes	3. Effective Date (07-August-2008)
4. Are you the corresponding	author? Yes No	
5. Manuscript Title Calpastation controls	polymicrobial sepsis by limiting procoagulant	micropaticle release
6. Manuscript Identifying Nur Blue - 201109 - 14 8400	nber (if you know it)	

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>V</b>	ple				×
2. Consulting fee or honorarium						ADE X
3. Support for travel to meetings for the study or other purposes	Ø					ADE ×
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	Ø					ADE ×
5. Payment for writing or reviewing the manuscript	Ø					ADD ×
5. Provision of writing assistance, medicines, equipment, or administrative support	$\triangleleft$					ADE ×



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						ADD		
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	Ø					
2. Consultancy	Ø					A
3. Employment	1					A
Expert testimony	d					A
. Grants/grants pending	Ø					A
. Payment for lectures including service on speakers bureaus	$\square$					A
'. Payment for manuscript preparation	$\square$					A

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
			3 10 2			A
. Patents (planned, pending or issued)	V					
		125				A
Royalties						
. Payment for development of	_	- <u> </u>	-			A
educational presentations						
	-		and a second			A
. Stock/stock options	V	Ш				A
. Travel/accommodations/ meeting expenses unrelated to activities listed**	d					^
						A
. Other (err on the side of full disclosure)	V					
						A
This means money that your institution For example, if you report a consultan				I related to that consul	Itancy on this line.	
• • • • • • • • • • • • • • • • • • • •						

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1. Given Name (Fi Ismail	rst Name)	2. Surname (Last Name) ELALAMY		3. Effective Date (07-August-2008) 06-January-2012
4. Are you the cor	responding author?	☐ Yes 🗸 No	Corresponding Author's Nar ZAFRANI	me
5. Manuscript Title	e			
Calpastatin cont	rols polymicrobial sep	osis by limiting procoagula	nt microparticule release	
6. Manuscript Ide Blue-201109-16	ntifying Number (if you 86OC.R1	know it)		

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The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	$\checkmark$					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×
<ul> <li>the study or other purposes</li> <li>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> <li>5. Payment for writing or reviewing the manuscript</li> <li>6. Provision of writing assistance, medicines, equipment, or</li> </ul>	✓ ✓					



The Work Under Consideration for Publication									
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							ADD		
7. Other		<b>✓</b>					×		
							ADD		

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1. Board membership	<b>✓</b>					×		
						ADD		
2. Consultancy	<b>✓</b>					X		
						ADD		
3. Employment	<b>✓</b>					X		
						ADD		
4. Expert testimony	<b>✓</b>					X		
						ADD		
5. Grants/grants pending	<b>✓</b>					X		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×		

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						ADD			
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×			
						ADD			
9. Royalties	✓					X			
						ADD			
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×			
						ADD			
11. Stock/stock options	✓					×			
						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×			
						ADD			
13. Other (err on the side of full disclosure)	<b>✓</b>					×			
						ADD			
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	cancy on this line.				
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?									
✓ No other relationships/conditions	s/circum	stances th	nat present a po	otential conflict of intere	st				
Yes, the following relationships/c									

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Section 1.	Identifying Infor	mation			
1. Given Name (First Name) 2. Surname (Last Name) Grigoris GEROTZIAFAS		2. Surname (Last Name) GEROTZIAFAS		3. Effective Date (07-August-2008) 06-January-2012	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Na ZAFRANI	Author's Name	
5. Manuscript Titl Calpastatin cont		osis by limiting procoagula	nt microparticule release		
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The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	<b>✓</b>					×			
						ADD			
2. Consulting fee or honorarium	<b>✓</b>					×			
						ADD			
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×			
						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×			



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		<b>✓</b>					×		
							ADD		

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	<b>✓</b>					×		
						ADD		
2. Consultancy	<b>✓</b>					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	<b>✓</b>					×		
						ADD		
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						ADD		
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						ADD		
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						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
0.0 14						ADD	
9. Royalties	✓	Ш				×	
						ADD	
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×	
·						ADD	
11. Stock/stock options	<b>✓</b>					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×	
						ADD	
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×	
						ADD	
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# 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Infor	mation		
Given Name (First Name) jean-philippe		2. Surname (Last Name) HAYMANN	3. Effective Date (07-August-2008) 03-January-2012	
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Na ZAFRANI	me
5. Manuscript Title Calpastatin cont		osis by limiting procoagula	nt microparticule release	
6. Manuscript Ide	ntifying Number (if you 36OC.R1	know it)	_	

# **Section 2.** The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication									
No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
<b>✓</b>					×				
					ADD				
<b>✓</b>					×				
					ADD				
<b>✓</b>					×				
					ADD				
<b>✓</b>					×				
					ADD				
<b>✓</b>					×				
					ADD				
<b>✓</b>					×				
	No  V	No Paid to You  I O O	No Paid Your Institution*	No Paid Your Institution*  No Institution*  Name of Entity  Name of Entity	No Paid to Your Institution*  No Paid to You Institution*  Name of Entity Comments**				



The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		<b>✓</b>					×		
							ADD		

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	<b>✓</b>					×		
						ADD		
2. Consultancy	<b>✓</b>					X		
						ADD		
3. Employment	<b>✓</b>					X		
						ADD		
4. Expert testimony	<b>✓</b>					X		
						ADD		
5. Grants/grants pending	<b>✓</b>					X		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	✓					×	
						ADD	
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×	
						ADD	
11. Stock/stock options	✓					×	
10 T						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×	
						ADD	
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×	
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.							
Section 4. Other relationships							
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?							
✓ No other relationships/conditions	✓ No other relationships/conditions/circumstances that present a potential conflict of interest						

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

**Hide All Table Rows Checked 'No'** 

Yes, the following relationships/conditions/circumstances are present (explain below):

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#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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## Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Xuzhen	irst Name)	2. Surname (Last Name) Hu		3. Effective Date (07-August-2008) 03-January-2012
4. Are you the cor	responding author?	☐ Yes 📝 No	Corresponding Author's Na Lara Zafrani	me
5. Manuscript Title Calpastatin cont		osis by limiting procoagula	nt microparticle release	
6. Manuscript Ide Blue-201109-16	ntifying Number (if you 86OC.R1	know it)		

# Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	<b>✓</b>					×	
						ADD	
2. Consulting fee or honorarium	<b>✓</b>					×	
						ADD	
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×	



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	<b>✓</b>					×	
						ADD	

# Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					×	
						ADD	
3. Employment	<b>✓</b>					×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	<b>✓</b>					×	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X	
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×	

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×	
						ADD	
9. Royalties	<b>✓</b>					×	
						ADD	
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×	
						ADD	
11. Stock/stock options	<b>✓</b>					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×	
						ADD	
13. Other (err on the side of full disclosure)	<b>✓</b>					×	
						ADD	
* This means money that your institution ** For example, if you report a consultand				ravel related to that consult	ancy on this line.		
Section 4. Other relationsh	nips						
Are there other relationships or active			•	to have influenced, or the	at give the appearance o	f	

# Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below): At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

On occasion, journals may ask authors to disclose further information about reported relationships.

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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Asada	rst Name)	2. Surname (Last Name) Leelahavanichkul		3. Effective Date (07-August-2008) 08-January-2012
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Nar Lara Zafrani	me
5. Manuscript Title	e			
Calpastatin cont	rols polymicrobial sep	osis by limiting procoagula	nt microparticle release	
6. Manuscript Ide Blue-201109-16	ntifying Number (if you 86OC.R1	know it)		

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The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							ADD

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					X	
						ADD	
3. Employment	<b>✓</b>					X	
						ADD	
4. Expert testimony	<b>✓</b>					X	
						ADD	
5. Grants/grants pending	<b>✓</b>					X	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×	

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×		
						ADD		
9. Royalties	✓					×		
						ADD		
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×		
						ADD		
11. Stock/stock options	<b>✓</b>					×		
						ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×		
						ADD		
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×		
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Section 4. Other relationsh	nips							
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?								
✓ No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):								
At the time of manuscript acceptance	e. iourna	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, undate their disclosure statements						

Leelahavanichkul

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**Hide All Table Rows Checked 'No'** 



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emmanuel 1



Section 1.	Identifying Infor	mation		
1. Given Name (Fi letavernier	rst Name)	2. Surname (Last Name) emmanuel		3. Effective Date (07-August-2008) 04-January-2012
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Zafrani Lara	nme
5. Manuscript Title Calpastatin cont		osis by limiting procoagula	nt microparticle release	
6. Manuscript Ide	ntifying Number (if you	know it)	_	

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	<b>✓</b>					×	
						ADD	
2. Consulting fee or honorarium	<b>✓</b>					×	
						ADD	
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×	

emmanuel 2



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		<b>✓</b>					×	
							ADD	

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>✓</b>					×	
						ADD	
2. Consultancy	<b>✓</b>					X	
						ADD	
3. Employment	<b>✓</b>					X	
						ADD	
4. Expert testimony	<b>✓</b>					X	
						ADD	
5. Grants/grants pending	<b>✓</b>					X	
						ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×	
						ADD	
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×	

emmanuel 3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	ADD
Section 4. Other relationsh	nips					
Are there other relationships or activity potentially influencing, what you wro				to have influenced, or th	at give the appearance of	

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

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**Hide All Table Rows Checked 'No'** 

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#### **Evaluation and Feedback**

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### 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	ldentifying Infor	mation		
1. Given Name (Fi charlène	irst Name)	2. Surname (Last Name) LEVI		3. Effective Date (07-August-2008) 06-January-2012
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na ZAFRANI	me
5. Manuscript Title Calpastatin cont		osis by limiting procoagula	nt microparticule release	
6. Manuscript Ide Blue-201109-16	ntifying Number (if you 86OC.R1	know it)	_	

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

for Pub	lication				
No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
<b>✓</b>					×
					ADD
<b>✓</b>					×
					ADD
<b>✓</b>					×
					ADD
<b>✓</b>					×
					ADD
<b>✓</b>					×
					ADD
<b>✓</b>					×
	No  V	No Paid to You  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓	No Paid Your Institution*	No Paid Your Institution*  No Institution*  Name of Entity  Name of Entity	No Paid to You Institution*  No Paid to You Institution*  Name of Entity Comments**  Comments**



The Work U	Inder Consideration f	for Pub	lication				
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							ADD

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
* This means money that your institution						ADD
** For example, if you report a consultand	cy above t	here is no	need to report to	ravel related to that consult	tancy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activi	ities that	readers c	ould perceive	to have influenced, or th	at give the appearance of	

potentially influencing, what you wrote in the submitted work?

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Hide All Table Rows Checked 'No'

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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



Section 1.	Identifying In	formation	
1. Given Name (F		2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the co	rresponding author	Yes No	
5. Manuscript Tit	le Calpus	stubi-controls	
6. Manuscript Ide	entifying Number (if		

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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The Work Under Consideration	for Pub	lication		V - V - V - V - V - V - V - V - V - V -	W. G. L. S. L.	
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	X				Market State of the State of th	×
2. Consulting fee or honorarium						X ADD
Support for travel to meetings for the study or other purposes	K					×
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	4					× ×
5. Payment for writing or reviewing the manuscript	X					ADD X
Provision of writing assistance, medicines, equipment, or administrative support						ADD ×



The Work	<b>Under Conside</b>	ration for Pub	lication				
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		X					× ADD

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	A					>
2. Consultancy	A					A
. Employment	00					Al
. Expert testimony	A					Al :
. Grants/grants pending	A					Al :
. Payment for lectures including service on speakers bureaus	A					A
. Payment for manuscript preparation	A	П	П			Al

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Patents (planned, pending or issued)	K					A
. Royalties	D					A
Payment for development of educational presentations	D					
. Stock/stock options	D					A
. Travel/accommodations/ meeting expenses unrelated to activities listed**	A					
. Other (err on the side of full disclosure)	de					A

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Section 4.	Other relationships
	relationships or activities that readers could perceive to have influenced, or that give the appearance of lencing, what you wrote in the submitted work?
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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Joëlle	irst Name)	2. Surname (Last Name) PEREZ		3. Effective Date (07-August-2008) 07-January-2012
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Na ZAFRANI	me
5. Manuscript Titl Calpastatin cont		osis by limiting procoagula	nt microparticle release	
6. Manuscript Ide Blue-201109-16	ntifying Number (if you l 86OC.R1	know it)	_	

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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>/</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							ADD

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						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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						ADD
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						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
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Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi placier	rst Name)	2. Surname (Last Name) sandrine		3. Effective Date (07-August-2008) 04-January-2012
4. Are you the corresponding author? Yes Volume		Yes ✓ No	Corresponding Author's Na Zafrani Lara	me
5. Manuscript Title Calpastatin cont		osis by limiting procoagular	nt microparticle release	
6. Manuscript Ide 1686OC.R1	ntifying Number (if you	know it)	_	

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The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		<b>✓</b>					×
							ADD

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Relevant financial activities out	Relevant financial activities outside the submitted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

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Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	$\checkmark$					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	
Section 4. Other relationship	•					
Other relationsr						
Are there other relationships or activi potentially influencing, what you wro				to have influenced, or th	at give the appearance of	
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Yes, the following relationships/c						

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### Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Star		3. Effective Date (07-August-2008) 06-January-2012
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Lara Zafrani	
5. Manuscript Title Calpastatin cont		osis by limiting procoagula	nt microparticle release	
6. Manuscript Ide	ntifying Number (if you B6OC.R1	know it)		

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		<b>✓</b>					×	
							ADD	

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	<b>✓</b>					×		
						ADD		
2. Consultancy	<b>✓</b>					×		
						ADD		
3. Employment	<b>✓</b>					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	<b>✓</b>					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×		

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Relevant financial activities out	side the	submit	ted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×		
						ADD		
9. Royalties	✓					×		
						ADD		
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×		
						ADD		
11. Stock/stock options	✓					×		
						ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×		
						ADD		
13. Other (err on the side of full disclosure)	<b>✓</b>					×		
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Section 4. Other relationsl	ains -							
Other relations								
Are there other relationships or active potentially influencing, what you wro			•	to have influenced, or th	at give the appearance of			

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Peter	rst Name)	2. Surname (Last Name) Yuen		3. Effective Date (07-August-2008) 03-January-2012
4. Are you the corresponding author?		Yes No Corresponding Author's I		me
5. Manuscript Title Calpastatin cont		osis by limiting procoagula	nt microparticle release	
6. Manuscript Ide Blue-201109-16	ntifying Number (if you l 86OC.R1	know it)		

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The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	<b>✓</b>					×			
						ADD			
2. Consulting fee or honorarium	<b>✓</b>					×			
						ADD			
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×			
						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×			



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		<b>✓</b>					×	
							ADD	

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	<b>✓</b>					×		
						ADD		
2. Consultancy	<b>✓</b>					×		
						ADD		
3. Employment	<b>✓</b>					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	<b>✓</b>					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					X		
						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×		

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						ADD			
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×			
						ADD			
9. Royalties	✓					×			
						ADD			
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×			
						ADD			
11. Stock/stock options	✓					×			
10 T						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×			
						ADD			
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>✓</b>					×			
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	Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?								
✓ No other relationships/conditions	s/circum	stances th	at present a po	otential conflict of intere	st				

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**Hide All Table Rows Checked 'No'** 

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Section 1.	Identifying Infor	mation	
1. Given Name (First Name) lara		2. Surname (Last Name) ZAFRANI	3. Effective Date (07-August-2008) 06-January-2012
4. Are you the corresponding author?		✓ Yes No	
5. Manuscript Title Calpastatin cont		osis by limiting procoagulant microparticule release	
6. Manuscript Idea Blue-201109-168	ntifying Number (if you 86OC.R1	know it)	

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1. Grant	<b>✓</b>					×			
						ADD			
2. Consulting fee or honorarium	<b>✓</b>					×			
						ADD			
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					×			
						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					×			



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	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		<b>✓</b>					×	
							ADD	

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1. Board membership	<b>✓</b>					×			
						ADD			
2. Consultancy	<b>✓</b>					X			
						ADD			
3. Employment	<b>✓</b>					X			
						ADD			
4. Expert testimony	<b>✓</b>					X			
						ADD			
5. Grants/grants pending	<b>✓</b>					X			
						ADD			
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×			

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	✓					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.						ADD
Section 4. Other relationship	inc -					
Other relationships						
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?						

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