Date:2021.11.2_					
Your Name:	_ Bin Fan				
Manuscript Title:	_ Expanded validation of the effect and quality of a pathogen inactivation system based on				
riboflavin photo	chemistry on platelet bacterial contamination				
Manuscript numbe	Manuscript number (if known):				

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events				
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materials, drugs, medical	12	Receipt of equipment	None	
writing, gifts or other services	12			
services None 13 Other financial or non- None				
13 Other financial or nonNone				
	10			
financial interests	13		None	
		financial interests		

None

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

Date: 2021.11.2	_
Your Name: Meng Yi	
Manuscript Title: Expanded validation of the effect and quality of a pathogen inactivation	system based on
riboflavin photochemistry on platelet bacterial contamination	
Manuscript number (if known):	

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

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events				
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speakers bureaus, manuscript writing or educational events	5	Payment or honoraria for	None	
manuscript writing or educational events		lectures, presentations,		
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committee or advocacy	10	Leadership or fiduciary role	None	
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materials, drugs, medical	12	Receipt of equipment	None	
writing, gifts or other services	12			
services None 13 Other financial or non- None				
13 Other financial or nonNone				
	10			
financial interests	13		None	
		financial interests		

None

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

Date: 2021.	11.2
Your Name:	Liguo Zhu
Manuscript Titl	e: Expanded validation of the effect and quality of a pathogen inactivation system based on
riboflavin pho	otochemistry on platelet bacterial contamination
Manuscript nur	nber (if known):

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2	Grants or contracts from	Time frame: pastNone	36 months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events				
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speakers bureaus, manuscript writing or educational events	5	Payment or honoraria for	None	
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educational events None 6 Payment for expert testimony None 7 Support for attending meetings and/or travel None 7 Support for attending meetings and/or travel None 8 Patents planned, issued or pending None 9 Participation on a Data Safety Monitoring Board or Advisory Board None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services		speakers bureaus,		
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materials, drugs, medical	12	Receipt of equipment	None	
writing, gifts or other services	12			
services None 13 Other financial or non- None				
13 Other financial or nonNone				
	10			
financial interests	13		None	
		financial interests		

None

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

Date: 2021.11.2
Your Name: Lu Yang
Manuscript Title: Expanded validation of the effect and quality of a pathogen inactivation system based
on riboflavin photochemistry on platelet bacterial contamination
Manuscript number (if known):

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

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events				
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speakers bureaus, manuscript writing or educational events	5	Payment or honoraria for	None	
manuscript writing or educational events		lectures, presentations,		
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materials, drugs, medical	12	Receipt of equipment	None	
writing, gifts or other services	12			
services Image: services 13 Other financial or non- None				
13 Other financial or nonNone				
	10			
financial interests	13		None	
		financial interests		

None

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

Date: 2021.:	1.2
Your Name:	Shang Wei
Manuscript Title	Expanded validation of the effect and quality of a pathogen inactivation system based
on riboflavin p	hotochemistry on platelet bacterial contamination
Manuscript num	ber (if known):

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materials, drugs, medical	12	Receipt of equipment	None	
writing, gifts or other services	12			
services None 13 Other financial or non- None				
13 Other financial or nonNone				
	10			
financial interests	13		None	
		financial interests		

None

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

Date: 2021.11.2	
Your Name: Yi Liu	
Manuscript Title: Expanded validation of the effect and quality of a pathogen inactivatio	n system based
on riboflavin photochemistry on platelet bacterial contamination	-
Manuscript number (if known):	

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events				
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materials, drugs, medical	12	Receipt of equipment	None	
writing, gifts or other services	12			
services None 13 Other financial or non- None				
13 Other financial or nonNone				
	10			
financial interests	13		None	
		financial interests		

None

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

Date: 2021.11.2	
Your Name: Xiaolong Zhong	
Manuscript Title: Expanded validation of the effect and quality of a pathogen inactivation	system based on
riboflavin photochemistry on platelet bacterial contamination	•
Manuscript number (if known):	

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
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materials, drugs, medical	12	Receipt of equipment	None	
writing, gifts or other services	12			
services None 13 Other financial or non- None				
13 Other financial or nonNone				
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financial interests	13		None	
		financial interests		

None

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

Date: 2021.11.2	
Your Name: Deqing Wang	
Manuscript Title: Expanded validation of the effect and quality of a pathogen inactivation system be	ased on
riboflavin photochemistry on platelet bacterial contamination	
Manuscript number (if known):	

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

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materials, drugs, medical	12	Receipt of equipment	None	
writing, gifts or other services	12			
services Image: services 13 Other financial or non- None				
13 Other financial or nonNone				
	10			
financial interests	13		None	
		financial interests		

None

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