## ICMJE DISCLOSURE FORM

Date: 01-10-2024

Your Name: Katja van den Hurk

Manuscript Title: Ferritinegestuurde donatieintervallen verminderen ijzerdeficientie en laag hemoglobine bij

volbloeddonors

Manuscript number (if known): D8402

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.

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.

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		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.	Sanquin	I am employed by Sanquin, responsible for a safe and adequate blood supply in the Netherlands.	
		Sanquin	This research was funded by Sanquin's Research Programming Committee.	

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4	2	Grants or contracts from any entity (if not indicated in	None		
		item #1 above).			
3	3	Royalties or licenses	None		
.	4	Consulting fees	None		
	5	Payment or honoraria for	None		
		lectures, presentations,			
		speakers bureaus, manuscript writing or			
		educational events			
	6	Payment for expert	None		
		testimony			
7	7	Support for attending meetings and/or travel	None		
;	8	Patents planned, issued or	None		
		pending			
	9	Participation on a Data	None		
		Safety Monitoring Board or Advisory Board			
	10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
	11	Stock or stock options	None		
1	12	Receipt of equipment,	None		
		materials, drugs, medical			
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writing, gifts or other services			
13	Other financial or nonfinancial interests	None	

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