ICMJE DISCLOSURE FORM

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| Date | 17. december 2021 | | | | | |
|---|---|---|--|--|--|--|
| You | r name: Ivy S. Modrau | | | | | |
| Manuscript title: Rationale and design of the Postoperative Iron in Cardiac Surgery (PICS) trial. A randomized | | | | | | |
| controlled trial comparing intravenous and oral iron supplementation after cardiac surgery | | | | | | |
| Manuscript number (if known): | | | | | | |
| are re third comm list a i | elated to the content of your parties whose interests mitment to transparency a relationship/activity/inter | our manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo | relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current | | | |
| <u>manu</u> | script only. | | · · · · · · · · · · · · · · · · · · · | | | |
| 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. | | | | | | |
| | | | | | | |
| | | 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 | e frame: Since the initial pla | • | | | | |
| 1 | All support for the present | ⊠ None | | | | |
| | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | | | | | |
| | | | | | | |
| | No time limit for this item. | | | | | |
| | | | l | | | |
| | | | Click TAB in lost you to add outs and | | | |
| | | | Click TAB in last row to add extra rows | | | |
| Time | e frame: past 36 months | | Click TAB in last row to add extra rows | | | |
| Time | e frame: past 36 months | □ None | Click TAB in last row to add extra rows | | | |
| | | □ None Health Research Foundation of Central Denmark Region | Click TAB in last row to add extra rows Independent research grant (A 3057) | | | |

| 4 | Consulting fees | ⊠ None |
|----|---|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ⊠ None |
| 6 | Payment for expert testimony | ⊠ 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 None |
| 11 | Stock or stock options | ⊠ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None |
| 13 | Other financial or non- financial interests | ⊠ 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.

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| Your name: Michael Kremke | | | | | | |
|--|---|---|--|--|--|--|
| Manuscript title: Rationale and design of the Postoperative Iron in Cardiac Surgery (PICS) trial. A randomized controlled trial comparing intravenous and oral iron supplementation after cardiac surgery | | | | | | |
| Manuscript number (if known): | | | | | | |
| are related to the content of you third parties whose interests ma | ur manuscript. "Related" by be affected by the cond and does not necessarily in | relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu 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> . | | | | | | |
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| 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 | Specifications/Comments | | | | |
| | whom you have this | (e.g., if payments were made to you or to your | | | | |
| | relationship or indicate | institution) | | | | |
| | none (add rows as | | | | | |
| | needed) | | | | | |
| Time frame: Since the initial planning of the work | | | | | | |
| 1 All support for the present | □ None | | | | | |
| manuscript (e.g., funding, provision of study | Aarhus University Hospital | Support research nurse, secretary support | | | | |
| materials, medical writing, | Biostatistical Advisory | Statistical advice | | | | |
| article processing charges, | Service at Aarhus | | | | | |
| etc.) | University | Haractrists of managers | | | | |
| Ctc.) | Pharmacosmos A/S (Holbæk, Denmark) | Unrestricted research grant | | | | |
| No time limit for this | , | | | | | |
| item. | | | | | | |
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| Time frame: past 36 months | | | | | | |

Grants or contracts from

in item #1 above).

Royalties or licenses

3

any entity (if not indicated

⊠ None

⊠ None

20. december 2021

Date:

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|----|---|---------------|--|
| 4 | Consulting fees | ⊠ None | |
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| | | | |
| 5 | Payment or honoraria for | ⊠ None | |
| | lectures, presentations, speakers bureaus, | | |
| | | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | ⊠ None | |
| | testimony | Z None | |
| | , | | |
| | | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
| | | | |
| 8 | Patents planned, issued or | ⊠ None | |
| | pending | | |
| | | | |
| 0 | Double in the Dob | N | |
| 9 | Participation on a Data Safety Monitoring Board | ⊠ None | |
| | or Advisory Board | | |
| | 0.7.0.00.7.000.0 | | |
| 10 | Leadership or fiduciary | ⊠ None | |
| | role in other board, | | |
| | society, committee or | | |
| | advocacy group, paid or unpaid | | |
| | unpaiu | | |
| 11 | Stock or stock options | ☑ None | |
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| | | | |
| 12 | Descript of an incident | N N a sa a | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ⊠ None | |
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| 13 | Other financial or non- financial interests | ☑ None | |
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