Supplemental Table 1. Provisional working list of known disorders to be considered in the development of future disease-specific guidelines to verify if they may fit the proposed definition of MBD*.

Disorders

| Inherited platelet disorders with predominant function impairment |
|---|
| ADAP (FYB)-related thrombocytopenia |
| Author grown asia wanal duafunction and abeleatesia growndyama |
| Arthrogryposis, renal dysfunction and cholestasis syndrome |
| Bernard-Soulier Syndrome (biallelic) |
| CalDAG-GEFI-related platelet disorder |
| Chediak-Higashi syndrome |
| Combined alpha-delta granule deficiency |
| COX-1 defect |
| cPLA2 defect |
| Defect of thromboxane A2 receptor |
| Defects in GPVI and $\alpha_2\beta_1$ |
| Defects in α2-adrenergic receptor |
| Delta granule deficiency |
| Familial platelet disorder and predisposition to acute myelogenous leukemia |
| FLI-1-related thrombocytopenia |
| GATA1-related disease |
| GFI1B-related thrombocytopenia |
| Glanzmann Thrombasthenia |
| Gs platelet defect |
| Tx synthase deficiency |
| Gray platelet syndrome (platelet count also reduced) |
| Hermansky-Pudlak syndrome |
| ITGA2B/ITGB3-related thrombocytopenia |
| LADIII deficiency |
| P2Y12 deficiency |
| Platelet-type von Willebrand Disease |
| Primary secretion defect |
| Quebec platelet disorder |
| Scott syndrome |
| SLFN14-related platelet disorder |
| SRC-related defect |
| Stormorken syndrome |
| Velocardiofacial syndrome |
| Tropomyosin 4-related thrombocytopenia |
| Inhanitad platalet number digardens |
| Inherited platelet number disorders ANKED 26 related thrombogytoponia |
| ANKRD26-related thrombocytopenia |
| Bernard-Soulier syndrome (monoallelic) |
| Congenital amegakaryocytic thrombocytopenia |

Congenital thrombocytopenia with radio-ulnar synostosis

CYCS-related thrombocytopenia

ETV6-related thrombocytopenia

FLNA-related thrombocytopenia

MYH9-related disease

Paris-Trousseau thrombocytopenia

Thrombocytopenia with absent radii

TUBB1-related thrombocytopenia

X-linked thrombocytopenia

Wiskott Aldrich Syndrome

Coagulation disorders

Von Willebrand Disease types and subtypes, excluding type 3

Mild Hemophilia A

Moderate Hemophilia A

Mild Hemophilia B

Moderate Hemophilia B

Carriers of hemophilia A

Carriers of hemophilia B

Heterozygous/partial defects of coagulation factors

Fibrinogen (disorders: hypofibrinogenemia, dysfibrinogenemia)

Factor II or prothrombin (disorders: hypoprothrombinemia, dysprothrombinemia) Factor V, also called in the past proaccelerin or labile factor or accelerator globulin, terms probably no more used at least since 1975 (disorder: Factor V deficiency, parahemophilia) factor/accelerator globulin

Factor VII, also called serum prothrombin conversion accelerator or stable factor or proconvertin or auto-prothrombin I, terms probably no more used at least since 1975 (disorder: Factor VII deficiency)

Factor X, also called Stuart-Prower factor, term probably no more used at least since 1975 (disorder: Factor X deficiency)

Factor XI, also called plasma thromboplastin antecedent, term probably no more used at least since 1975 (disorder: Factor XI deficiency, hemophilia C)

Factor XIII, also called fibrin stabilizing factor (disorder: Factor XIII deficiency)

Partial combined coagulation factors deficiencies and complex disorders

Combined Factors V and VIII

Combined Factors VIII and IX

Combined Factors II, VII, IX and X

Combined Factors VII and VIII

Combined Factors VII and X

Combined Factors VIII, IX and X

Combined Factors IX and XI

Reduced or low or abnormal prothrombin consumption (Scott syndrome, sometimes include in platelet disorders)

| East Texas fever |
|---|
| Thrombomodulin gene mutations |
| |
| Fibrinolytic disorders |
| α2-Plasmin inhibitor deficiency |
| Plasminogen activator inhibitor-1 (PAI-1) deficiency |
| |
| Vascular defects (Ehlers-Danlos syndrome, Osler-Weber-Rendu syndrome, |
| hereditary telangiectasia) |
| |
| Bleeding of unknown cause (BUC) |

^{*} Disorders unanimously considered severe have been excluded upfront. The table is not to be intended as a list of already established MBD. The final retention of these candidate disorders in the group of MBD will be subject to validation on the basis of the evidence gained by the systematic literature review preliminary to the development of the disease-specific guidelines.