**Supplementary Table 2**. Distribution of comorbidities that are expected to have a greater impact on RBCs morphology in patients admitted to Intensive Care Unit or deceased during the in-hospital stay. Data are shown for the entire cohort and grouped according to the presence of abnormalities of RBCs membrane.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Entire cohort** | **Abnormal RBC morphologies** | | |
| **No (n=40)** | **< 10% (n=44)** | **> 10% (n=31)** |
| Patients admitted to ICU | 16 (13.9) | 1 (2.5) | 9 (20.5) | 6 (19.4) |
| Patients admitted to ICU, with at least one comorbidity | 2 (12.5) | 0 | 1a (11.1) | 1a (16.7) |
| Patients deceased during in-hospital stay | 27 (23.5) | 5 (12.5) | 9 (20.5) | 13 (41.9) |
| Patients deceased during in-hospital stay, with at least one comorbidity | 11 (40.7) | 2b,c (40.0) | 3a,b (33.3) | 6a,c,d (46.2) |

Data are presented as n (%).

*Abbreviations*: ICU: Intensive Care Unit.

Comorbidities that are known to potentially have an impact on RBCs morphology were considered, as listed in Table 1. a: chronic kidney disease; b: chronic liver disease; c: active hematologic neoplasia; d: chronic anemia.

The proportion of patients with at least one comorbidity was not statistically different among study groups for both ICU admission and in-hospital mortality.