

# Supplement 3. Disclosure of Interest Forms of the Review Team for the American Society of Hematology 2023 Guidelines for Management of Venous Thromboembolism: Thrombophilia Testing

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# ASH Guidelines on Thrombophilia Testing Declaration of Interests Form

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Your name: Meha Bhatt

Institution: McMaster University

Date you began participating on these guidelines: August 10, 2017

## Part A. Material Interests in Companies

### Equity

1. From the date you began participating on these guidelines until now, have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents and Royalties

2. From the date you began participating on these guidelines until now, have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Remuneration

3. From the date you began participating on these guidelines until now, have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 5.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## Industry-Funded Research

4. From the date you began participating on these guidelines until now, have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## My Partner’s or Spouse’s Interests

5. From the date you began participating on these guidelines until now, has *your partner or spouse* had any of the interests described in questions 1-4?

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

# Part B. Interests That Are Not Mainly Financial

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on thrombophilia testing.

## Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

## Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

## Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

### Institutional Relationships

4. Could your salary be affected by recommendations on this topic?

No

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

Don't know

No

Yes

If yes, please explain:

### Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution? Adequate supports and resources are available

## Advocacy and Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes. Name of organization(s): \_\_\_\_

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

## Professional Specialty

9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?  
Research Assistant and Medical Student

10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

No

Yes

If yes, please explain:

## Expected Interests

11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

No



Yes

If yes, please describe:

# Part C. ASH Review and Summary

This form was confirmed by Dr. Bhatt on September 29, 2022, and reviewed by Deion Smith and Rob Kunkle on October 11, 2022. No conflicts of interest.

# ASH Guidelines on Thrombophilia Testing Declaration of Interests Form

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Your name: Chatree Chai-Adisaksopha

Institution: Chiang Mai University

Date you began participating on these guidelines:

## Part A. Material Interests in Companies

### Equity

1. From the date you began participating on these guidelines until now, have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents and Royalties

2. From the date you began participating on these guidelines until now, have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Remuneration

3. From the date you began participating on these guidelines until now, have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 5.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## Industry-Funded Research

4. From the date you began participating on these guidelines until now, have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## My Partner’s or Spouse’s Interests

5. From the date you began participating on these guidelines until now, has *your partner or spouse* had any of the interests described in questions 1-4?

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## Part B. Interests That Are Not Mainly Financial

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on thrombophilia testing.

### Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

### Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

### Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

### Institutional Relationships

4. Could your salary be affected by recommendations on this topic?
5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
- Don't know
- No
- Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?
- Don't know
- No
- Yes

If yes, please explain:

### Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution?



## Advocacy and Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes. Name of organization(s): \_\_\_\_

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

## Professional Specialty

9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?  
General hematology

10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

No

Yes

If yes, please explain:

## Expected Interests

11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

No

Yes

If yes, please describe:

## Part C. ASH Review and Summary

This form was confirmed by Dr. Chai-Adisaksopha on October 13, 2022, and reviewed by Deion Smith and Rob Kunkle on October 13, 2022. No conflicts of interest.

# ASH Guidelines on Thrombophilia Testing Declaration of Interests Form

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Your name: Luis Enrique Colunga Lozano

Institution:

- Hospital Civil de Guadalajara, Dr. Juan I Menchaca, Unidad de cuidados intensivos.
- Universidad de Guadalajara, University center for Health Sciences.

Date you began participating on these guidelines:

## Part A. Material Interests in Companies

### Equity

1. From the date you began participating on these guidelines until now, have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

- No
- Yes, as described below:

Add rows as needed for each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents and Royalties

2. From the date you began participating on these guidelines until now, have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

- No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Remuneration

3. From the date you began participating on these guidelines until now, have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 5.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### Industry-Funded Research

4. From the date you began participating on these guidelines until now, have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## My Partner's or Spouse's Interests

5. From the date you began participating on these guidelines until now, has *your partner or spouse* had any of the interests described in questions 1-4?

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## Part B. Interests That Are Not Mainly Financial

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on thrombophilia testing.

### Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

### Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

### Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.



Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

## Institutional Relationships

4. Could your salary be affected by recommendations on this topic?

Response: No

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

Don't know

No

Yes

If yes, please explain:

## Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution?

Response: I don't believe my institutions will involve themselves.

## Advocacy and Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes. Name of organization(s): \_\_\_\_

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

## Professional Specialty

9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?

Response: Internal medicine & critical care physician.

10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Response: As an internal medicine & critical care physician, I could request and suggest treatments related to the guideline topic for patients under my care

## Expected Interests

11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

No

Yes

If yes, please describe:

## Part C. ASH Review and Summary

This form was confirmed by Dr. Colunga Lozano on October 11, 2022, and reviewed by Deion Smith and Rob Kunkle on October 12, 2022. No conflicts of interest.

# ASH Guidelines on Thrombophilia Testing Declaration of Interests Form

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Your name: Samer G. Karam

Institution: McMaster University

Date you began participating on these guidelines: September 2018 as a review team member

## Part A. Material Interests in Companies

### Equity

1. From the date you began participating on these guidelines until now, have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents and Royalties

2. From the date you began participating on these guidelines until now, have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Remuneration

3. From the date you began participating on these guidelines until now, have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 5.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## Industry-Funded Research

4. From the date you began participating on these guidelines until now, have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## My Partner’s or Spouse’s Interests

5. From the date you began participating on these guidelines until now, has *your partner or spouse* had any of the interests described in questions 1-4?

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>



## Part B. Interests That Are Not Mainly Financial

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on thrombophilia testing.

### Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

### Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

### Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

### Institutional Relationships

4. Could your salary be affected by recommendations on this topic?

No

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

Don't know

No

Yes

If yes, please explain:

### Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution?

Strong support.

## Advocacy and Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes. Name of organization(s): \_\_\_\_

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

## Professional Specialty

9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?  
General surgeon (not practicing now), currently completing a PhD in Health Research Methodology.

10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

No

Yes

If yes, please explain:

## Expected Interests

11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

No

Yes

If yes, please describe:

# Part C. ASH Review and Summary

This form was confirmed by Dr. Karam on September 29, 2022, and reviewed by Deion Smith and Rob Kunkle on October 11, 2022. No conflicts of interest.

# ASH Guidelines on Thrombophilia Testing Declaration of Interests Form

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Your name: Robby Nieuwlaat, PhD, MSc

Institution: McMaster University

Date you began participating on these guidelines:

## Part A. Material Interests in Companies

### Equity

1. From the date you began participating on these guidelines until now, have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents and Royalties

2. From the date you began participating on these guidelines until now, have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Remuneration

3. From the date you began participating on these guidelines until now, have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 5.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## Industry-Funded Research

4. From the date you began participating on these guidelines until now, have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## My Partner’s or Spouse’s Interests

5. From the date you began participating on these guidelines until now, has *your partner or spouse* had any of the interests described in questions 1-4?

No

Yes, as described below:



Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## Part B. Interests That Are Not Mainly Financial

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on thrombophilia testing.

### Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

### Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

### Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

## Institutional Relationships

4. Could your salary be affected by recommendations on this topic?

No

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

Don't know

No  Yes

Yes

If yes, please explain:

## Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution?

My university would support me as we followed a well-established methodology.

## Advocacy and Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes. Name of organization(s): \_\_\_\_

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

## Professional Specialty

9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?

Associate Professor, non-clinician researcher

10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

No

Yes

If yes, please explain:

## Expected Interests

11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

No

Yes

If yes, please describe:

# Part C. ASH Review and Summary

This form was confirmed by Dr. Nieuwlaat on September 6, 2022, and reviewed by Deion Smith and Rob Kunkle on October 11, 2022. No conflicts of interest.

# ASH Guidelines on Thrombophilia Testing Declaration of Interests Form

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Your name: Holger Schünemann, MD, PhD

Institution: McMaster University

Date you began participating on these guidelines: 2015

## Part A. Material Interests in Companies

### Equity

1. From the date you began participating on these guidelines until now, have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents and Royalties

2. From the date you began participating on these guidelines until now, have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Remuneration

3. From the date you began participating on these guidelines until now, have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 5.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>



## Industry-Funded Research

4. From the date you began participating on these guidelines until now, have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## My Partner’s or Spouse’s Interests

5. From the date you began participating on these guidelines until now, has *your partner or spouse* had any of the interests described in questions 1-4?

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## Part B. Interests That Are Not Mainly Financial

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on thrombophilia testing.

### Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

### Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

### Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

### Institutional Relationships

4. Could your salary be affected by recommendations on this topic?

No

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

Don't know

No

Yes

If yes, please explain:

The institution might benefit from more clinical service provided.

## Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution?

Support would be good.

## Advocacy and Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes. Name of organization(s): \_\_\_\_

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

## Professional Specialty

9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?

Internal medicine and clinical epidemiology

10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Occasionally for testing of patients on the general internal medicine service.

## Expected Interests

11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

No

Yes

If yes, please describe:

## Part C. ASH Review and Summary

This form was confirmed by Dr. Schünemann on October 7, 2022, and reviewed by Deion Smith and Rob Kunkle on November 30, 2022. No conflicts of interest.

# ASH Guidelines on Thrombophilia Testing Declaration of Interests Form

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Your name: Wojtek Wiercioch

Institution: McMaster University

Date you began participating on these guidelines: March 2016

## Part A. Material Interests in Companies

### Equity

1. From the date you began participating on these guidelines until now, have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

[Add rows as needed for each equity interest.](#)

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents and Royalties

2. From the date you began participating on these guidelines until now, have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

[Add rows as needed for each patent or royalty interest.](#)



<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Remuneration

3. From the date you began participating on these guidelines until now, have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 5.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## Industry-Funded Research

4. From the date you began participating on these guidelines until now, have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## My Partner’s or Spouse’s Interests

5. From the date you began participating on these guidelines until now, has *your partner or spouse* had any of the interests described in questions 1-4?

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## Part B. Interests That Are Not Mainly Financial

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on thrombophilia testing.

### Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

### Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Co-author of clinical practice guidelines on VTE management. Participated as member of evidence synthesis team, methodology chair, or project coordinator. Did not participate as voting panel member; did not express views or opinions related to the topic.

- Joint 2022 European Society of Thoracic Surgeons (ESTS) and American Association for Thoracic Surgeons (AATS) Guidelines for the Prevention of Cancer-associated Venous Thromboembolism in Thoracic Surgery. (*The Journal of Thoracic and Cardiovascular Surgery* (2022). *In press.*)
- American Society of Hematology 2018 guidelines for management of venous thromboembolism: prophylaxis for hospitalized and nonhospitalized medical patients. (*Blood Adv* (2018) 2 (22): 3198–3225)
- American Society of Hematology 2018 guidelines for management of venous thromboembolism: diagnosis of venous thromboembolism. (*Blood Adv* (2018) 2 (22): 3226–3256.)
- American Society of Hematology 2019 guidelines for management of venous thromboembolism: prevention of venous thromboembolism in surgical hospitalized patients. (*Blood Adv* (2019) 3 (23): 3898–3944)

## Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

## Institutional Relationships

4. Could your salary be affected by recommendations on this topic?

No, my salary as a post-doctoral fellow at McMaster University would not be impacted by the recommendations.

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

Don't know

No

Yes

If yes, please explain:

## Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution?

If the guidelines are well received (e.g. viewed as high quality), would support career advancement and have positive impact through research metrics (e.g. h-index). If the guidelines are poorly received, may lead to professional criticism of the work and responsibility of the work.

## Advocacy and Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes. Name of organization(s): \_\_\_\_

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

## Professional Specialty

9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?

Research methodologist.

10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

No  Yes

Yes

If yes, please explain:

## Expected Interests

11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

No  Yes

Yes

If yes, please describe:

# Part C. ASH Review and Summary

This form was confirmed by Dr. Wiercioch on September 9, 2022, and reviewed by Deion Smith and Rob Kunkle on October 11, 2022. No conflicts of interest.



# ASH Guidelines on Thrombophilia Testing Declaration of Interests Form

---

Your name: Yuan Zhang

Institution: McMaster University

Date you began participating on these guidelines:

## Part A. Material Interests in Companies

### Equity

1. From the date you began participating on these guidelines until now, have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents and Royalties

2. From the date you began participating on these guidelines until now, have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Remuneration

3. From the date you began participating on these guidelines until now, have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 5.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## Industry-Funded Research

4. From the date you began participating on these guidelines until now, have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## My Partner’s or Spouse’s Interests

5. From the date you began participating on these guidelines until now, has *your partner or spouse* had any of the interests described in questions 1-4?

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

# Part B. Interests That Are Not Mainly Financial

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on thrombophilia testing.

## Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

## Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

## Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>

### Institutional Relationships

4. Could your salary be affected by recommendations on this topic?

No

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

Don't know

No

Yes

If yes, please explain:

### Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution?

No impact

## Advocacy and Policy Positions

8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

No

Yes. Name of organization(s): \_\_\_\_

If yes, are you involved in formulating or voting for positions?

No

Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

Don't know or not applicable

No

Yes

If yes, please explain:

## Professional Specialty

9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?  
Health economist

10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

No

Yes

If yes, please explain:

## Expected Interests

11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

No

Yes

If yes, please describe:



# Part C. ASH Review and Summary

This form was confirmed by Dr. Zhang on October 13, 2022, and reviewed by Deion Smith and Rob Kunkle on October 13, 2022. No conflicts of interest.