

HIT Supplement 3: Disclosure of Interests Forms of Researchers Who Contributed to the Guidelines

Rebecca L. Morgan

Arnav Agarwal

Elie Akl

Vahid Ashoorion

Tejan Baldeh

Sara Balduzzi

Angela Barbara

Housne Begum

Meha Bhatt

Cody Braun

Rana Charide

Rachel Couban

Carlos Cuello

Andrea Darzi

Chengyi Ding

Itziar Etxeandia

Iván Flórez

Naghmeh Foroutan

Laura Fullerton

Himmat Grewal

Mira Hammoud

Ariel Izcovich

Samer Karam

Rasha Khatib

Tamara Lotfi

Nina Martinez

Carolina Mendoza

Gian Paolo Morgano

Rami Morsi

Reem Mustafa

Ignacio Neumann

Robby Nieuwlaat

Ignacio Pineda

Yasir Rehman

John Riva

Francisca Rodriguez

Yetiani Roldan Benitez

Stephanie Ross

Chen Ru

Holger Schünemann

Nicole Schwab

Ibrahim Tsoiakian

Matt Ventresca

Reem Waziry

Wojtek Wiercioch

Juan José Yepes-Nuñez

Yuan Zhang

Yuqing Zhang



ASH Guideline Panel Declarations of Interest Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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 4.

| <i>Company</i> | <i>Description</i> | <i>End Date</i> | <i>For ASH Internal Use</i> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

Prevention and Treatment of VTE in Patients with Cancer

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 the above topic(s).

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> |
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Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by 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:

5. 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

6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

None

Advocacy and Policy Positions

7. 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

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

8. What is your primary clinical specialty or subspecialty?

None

9. 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

10. 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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|----------------------------|---|
| Name of guideline panel(s) | Guideline Panel on Prevention and Treatment of VTE in Patients with Cancer Heparin Induced Thrombocytopenia (systematic review) Thrombophilia (systematic review) |
|----------------------------|---|

| <i>Approved to participate?</i> | <i>Status</i> | <i>Recusal may be required?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|-----------------------|---------------------------------|-------------------------------|---|
| Yes | Unconflicted majority | No | 8/13/15; 8/16/15 | |
| Yes | Unconflicted majority | No | 7/8/2018 Alexander | On 7/8/2018, Ms. Morgan confirmed all information in this form. |
| | | | | |
| | | | | |

If status is conflicted minority, summarize all current material interests in affected companies:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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Notes:



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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| | | | |

Patents and Royalties

2. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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| | | | | |

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
|----------------|--------------------|-----------------|-----------------------------|
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

N/A.

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?

Medical student (no clinical specialty or subspecialty).

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|---|
| Guideline topic: | Prognosis (systematic reviews) Prevention of VTE in Medical Patients (systematic reviews) Treatment of VTE (systematic reviews) Optimal management of anticoagulation therapy (systematic reviews) |
|------------------|---|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|---|
| Yes | 10/20/16 Alexander; 10/26/16 Kunkle | No material conflicts of interest |
| Yes | 7/19/2018 Alexander | On 7/18/2018, Arnav Agarwal confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
|---------|-------------|-----------------|-----------|
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Notes:



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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.

X 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

X 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. Do you currently or in the past 24 months 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?

X 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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?

X 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. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

I was an author on five guidelines on the topic of anticoagulation for venous thromboembolic disease published by the American College of Chest Physicians in 2012:

1. Guyatt G, Akl EA, Crowther M, Schünemann HJ, Gutterman D, Zelman-Lewis S. Executive Summary. Antithrombotic Therapy and Prevention of Thrombosis, 9th edition: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. CHEST 2012; 141(2)(Suppl):7S–47S [Link](#)

2. Kahn SR, Lim W, Dunn A, Cushman M, Dentali F, **Akl EA**, Cook DJ, Balekian AA, Klein RC, Le H, Schulman S, Murad HM. Prevention of VTE in Nonsurgical Patients. Antithrombotic Therapy and Prevention of Thrombosis, 9th edition: American College of Chest Physicians Evidence-Based Clinical Practice Guideline. CHEST 2012; 141(2)(Suppl):e195S–e226S [Link](#)
3. Kearon, Clive; **Akl, Elie**; Comerota, Anthony; Prandoni, Paolo; Bounameaux, Henri; Goldhaber, Samuel; Nelson, Michael; Wells, Philip; Gould, Michael; Dentali, Francesco; Crowther, Mark; Kahn, Susan Antithrombotic Therapy for Venous Thromboembolic Disease: ACCP Evidence-Based Clinical Practice Guidelines (Ninth Edition). CHEST 2012; 141(2)(Suppl):e419S–e494S [Link](#)
4. Lansberg MG, O'Donnell MJ, Nguyen-Huynh MN, Khatri P, Lang E, Schwartz N, Sonnenberg FA, Schulman S, Vandvik PO, Spencer F, Alonso-Coello A, Guyatt G, **Akl EA**. Antithrombotic and Thrombolytic Therapy for Ischemic Stroke: ACCP Evidence-Based Clinical Practice Guidelines (Ninth Edition). CHEST 2012; 141(2)(Suppl):e601S–e636S [Link](#)
5. Vandvik PO, Lincoff AM, Gore JM, Gutterman D, Sonnenberg FA, Alonso-Coello P, **Akl EA**, Lansberg M, Guyatt G, Spencer FA. Primary and Secondary Prevention of Cardiovascular Disease. Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. CHEST 2012; 141(2)(Suppl):e637S–e668S [Link](#)

I was an author on one guideline on the topic of anticoagulation for venous thromboembolic disease published by the American College of Chest Physicians in 2016:

1. Kearon C, **Akl EA**, Ornelas J, Blaivas A, Jimenez D, Bounameaux H, Huisman M, King CS, Morris TA, Sood N, Stevens SM, Vintch JR, Wells P, Woller SC, Moores L. Antithrombotic Therapy for VTE Disease: CHEST Guideline and Expert Panel Report. Chest. 2016 Feb;149(2):315-52. Epub 2016 Jan 7. [Link](#)

I was an author on two guidelines on the topic of anticoagulation for venous thromboembolic disease published by the Ministry of Health of the Kingdom of Saudi Arabia:

1. Al-Hameed FM, Al-Dorzi HM, Al-Momen AM, Algahtani FH, Al-Zahrani HA, Al-Saleh KA, Al-Sheef MA, Owaidah TM, Alhazzani W, Neumann I, Wiercioch W, Brozek J, Schunemann H, **Akl EA**. The Saudi Clinical Practice Guideline for the treatment of venous thromboembolism. Outpatient versus inpatient management. Saudi Med J. 2015 Aug;36(8):1004-10. [Link](#)
2. Al-Hameed F, Al-Dorzi HM, AlMomen A, Algahtani F, AlZahrani H, AlSaleh K, AlSheef M, Owaidah T, Alhazzani W, Neumann I, Wiercioch W, Brozek J, Schünemann H, **Akl EA**. Prophylaxis and treatment of venous thromboembolism in patients with cancer: the Saudi clinical practice guideline. Ann Saudi Med. 2015 Mar-Apr;35(2):95-106. [Link](#)

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 am an author on six Cochrane systematic reviews on the topic of anticoagulation for venous thromboembolic disease in patients with cancer. All the reviews were funded by the 2013 National Institute for Health Research Cochrane Review Incentive Scheme; funding duration was 1/1/13-12/31/13; funding amount was £5,000. My role was the principal investigator.

Low molecular weight heparin versus unfractionated heparin for perioperative thromboprophylaxis in patients with cancer

Elie A Akl , Lara A Kahale , Francesca Sperati , Ignacio Neumann , Nawman Labedi , Irene Terrenato , Maddalena Barba , Elena V Sempos , Paola Muti , Deborah Cook and Holger Schünemann

Cochrane Database of Systematic Reviews

Online Publication Date: June 2014

Oral anticoagulation in patients with cancer who have no therapeutic or prophylactic indication for anticoagulation

Elie A Akl , Lara Kahale , Irene Terrenato , Ignacio Neumann , Victor E D Yosuco , Maddalena Barba , Francesca Sperati and Holger Schünemann

Cochrane Database of Systematic Reviews

Online Publication Date: July 2014

Anticoagulation for the initial treatment of venous thromboembolism in patients with cancer

Elie A Akl , Lara A Kahale , Ignacio Neumann , Maddalena Barba , Francesca Sperati , Irene Terrenato , Paola Muti and Holger Schünemann

Cochrane Database of Systematic Reviews

Online Publication Date: June 2014

Anticoagulation for the long-term treatment of venous thromboembolism in patients with cancer
Elie A Akl , Lara A Kahale , Maddalena Barba , Ignacio Neumann , Nawman Labedi , Irene Terrenato , Francesca Sperati , Paola Muti and Holger Schünemann.

Cochrane Database of Systematic Reviews

Online Publication Date: July 2014

Anticoagulation for people with cancer and central venous catheters

Elie A Akl , Elie P Ramly , Lara A Kahale , Victor E D Yosuco , Maddalena Barba , Francesca Sperati , Deborah Cook and Holger Schünemann

Cochrane Database of Systematic Reviews

Online Publication Date: October 2014

Parenteral anticoagulation in ambulatory patients with cancer

Elie A Akl , Lara A Kahale , Rami A Ballout , Maddalena Barba , Victor E D Yosuco , Frederiek F van Doormaal , Saskia Middeldorp , Andrew Bryant and Holger Schünemann.

Cochrane Database of Systematic Reviews

Online Publication Date: December 2014

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

X 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?

I would expect the support I would normally expect

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?

X 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 Internist

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

No

X Yes

If yes, please explain:

Pharmacological or mechanical thromboprophylaxis in patients at risk of thrombotic events; and antithrombotic therapies in patients with thrombotic events

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?

X No

Yes

If yes, please describe:

Part C. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|---|
| Guideline topic: | Prevention and Treatment of VTE in Patients with Cancer (systematic reviews) Baseline risk (systematic review) |
|------------------|---|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|--|
| Yes | 10/25/16 Alexander; 10/26/16 Kunkle | No material conflicts of interest |
| Yes | 8/16/2018 Alexander | On 8/16/2018, Elie Akl confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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> |
|----------------|--------------------|----------------------|-----------------------------|
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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| | | | | |

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Heparin Induced Thrombocytopenia

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 the above topic.

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?

Fully 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?

Faculty member in medical education

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|---|
| Guideline topic: | Heparin-Induced Thrombocytopenia (systematic reviews) |
|------------------|---|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|---|
| Yes | 10/20/16 Alexander; 10/27/16 Kunkle | No material conflicts of interest |
| Yes | 7/12/2018 Alexander | Vahid Ashoorion changes the answer to Part B, Question 5 to “No”. On 7/12/2018, Vahid Ashoorion confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

There would likely be positive support to continue guideline development with ASH or other organizations in the future

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?

I am a master's of public health student and research assistant under the supervision of Dr. Holger Schunemann. My academic background is in microbiology and systematic reviews.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | Prevention of VTE in Surgical Hospitalized Patients (systematic reviews) Prevention of VTE in Medical Patients (systematic reviews) Thrombophilia (systematic reviews) |
|------------------|--|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|--|
| Yes | 10/24/16 Alexander; 10/26/16 Kunkle | No material conflicts of interest |
| Yes | 8/13/2018 Alexander | On 8/13/2018, Tejan Baldeh confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
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Notes:



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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> |
|----------------|--------------------|-----------------|-----------------------------|
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Industry-Funded Research

4. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

I guess they would come back to me with the usual thoughtful support they usually show me.

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?

Statistician

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | Prevention of VTE in Surgical Hospitalized Patients (systematic reviews) Prevention of VTE in Medical Patients (systematic reviews) Optimal Management of Anticoagulation Therapy (systematic reviews) |
|------------------|--|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|-----------------------------------|
| Yes | 10/20/16 Alexander; 10/26/16 Kunkle | No material conflicts of interest |
| | | |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
|----------------|--------------------|----------------------|-----------------------------|
| | | | |

Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
|----------------|--|----------------------|-------------------|---|
| Octapharma | Non-randomized trial to assess efficacy and safety of prophylaxis with Human-cl rhFVIII in previously treated adult patients with severe haemophilia A Funding went directly to McMaster University | Research coordinator | Ended 2016 Dec 31 | Not a COI. Octapharma markets a warfarin reversal agent, however the subject of the research is unrelated to the guideline topic, Ms. Barbara did not have a leadership role and all funding went to her institution. Additionally, Ms. Barbara did not serve in a leadership role as a member of the systematic review team. |
| CSL Behring | Observational study to study the safety and efficacy of Fibrinogen Concentrate, Human (FCH) in patients with | Research coordinator | Ended 2016 Dec 31 | Not a COI. CSL Behring markets a warfarin reversal agent, however the subject of the |

| <i>Company</i> | <i>Description of Research</i> | <i>My Role</i> | <i>End Date</i> | <i>For ASH Internal Use</i> |
|-------------------|---|----------------------|--------------------|---|
| | congenital fibrinogen deficiency Funding went directly to McMaster University | | | research is unrelated to the guideline topic, Ms. Barbara did not have a leadership role and all funding went to her institution. Additionally, Ms. Barbara did not serve in a leadership role as a member of the systematic review team. |
| Octapharma | Observational study to study the safety and efficacy of wilate® concentrate in patients with von Willebrand Disease Funding went directly to McMaster University | Research coordinator | Ended 2016 Dec 31 | Not a COI. Octapharma markets a warfarin reversal agent, however the subject of the research is unrelated to the guideline topic, Ms. Barbara did not have a leadership role and all funding went to her institution. Additionally, Ms. Barbara did not serve in a leadership role as a member of the systematic review team. |
| Pfizer Canada Inc | Case series to study the natural history and characteristics of new inhibitors in in previously treated patients with haemophilia A Funding went directly to McMaster University | Research Coordinator | Ended 2016 Sept 29 | Not a COI. Pfizer markets a apixaban, however the subject of the research is unrelated to the guideline topic, Ms. Barbara did not have a leadership role and all funding went to her institution. Additionally, Ms. Barbara did not serve in a leadership role as a member of the systematic review |

| <i>Company</i> | <i>Description of Research</i> | <i>My Role</i> | <i>End Date</i> | <i>For ASH Internal Use</i> |
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| | | | | team. |
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My Partner's or Spouse's Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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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? Not applicable. There would be no change to my career.

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 coordinator

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|---|
| Guideline topic: | Optimal Management of Anticoagulation Therapy (systematic reviews) Feasibility/acceptability systematic review |
|------------------|---|

| <i>Approved to participate?</i> | <i>Reviewer Name and Date</i> | <i>Notes</i> |
|---------------------------------|-------------------------------|--|
| Yes | 5/15/2018 Alexander | No material conflicts of interest. |
| Yes | 9/16/2018 Alexander | On 7/16/2018, Angela Barbara confirmed all information in this form. |
| | | |
| | | |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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.

Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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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?

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

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
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| Guideline topic: | Prevention of VTE in Surgical Hospitalized Patients (systematic review) Prevention of VTE in Medical Patients (systematic review) Heparin Induced Thrombocytopenia (systematic review) Thrombophilia (systematic review) Diagnosis of VTE (systematic review) Feasibility/Acceptability systematic review |
|------------------|--|

| Approved to participate? | Date reviewed by ASH staff | Notes |
|--------------------------|----------------------------|---|
| Yes | 10/25/2016 Alexander | No material conflicts of interest. |
| Yes | 7/16/2018 Alexander | On 7/16/2018, Dr. Begum confirmed all information in this form. |
| | | |
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Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
|---------|-------------|-----------------|-----------|
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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> |
|----------------|--------------------|-----------------|-----------------------------|
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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 specific financial or nonfinancial 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?

Graduate student (Master of Science candidate)

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | VTE in the Context of Pregnancy (systematic reviews) |
|------------------|--|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|--|
| Yes | 10/20/16 Alexander; 10/31/16 Kunkle | No material conflicts of interest |
| Yes | 7/6/2018 Alexander | Update to disclosures. See Part D. On 7/6/2018, Meha Bhatt confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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Notes:

Part D. New Declarations

The following interests were disclosed after appointment:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Internal Notes</i> |
|----------------|--|------------------------|--|
| N/A | Ms. Bhatt is now a Research Associate (Master of Science Graduate) | 7/6/2018 | This is an update to Part B, Question 9. |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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> |
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| | | | |

Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
|----------------|--------------------------------|----------------|-----------------|-----------------------------|
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

Support from primary mentor or institution would not change based on the reaction from this topic.

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?

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
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| Guideline topic: | Diagnosis of VTE (systematic reviews) |
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| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|--|
| Yes | 10/20/16 Alexander; 10/27/16 Kunkle | No material conflicts of interest |
| Yes | 7/6/2018 Alexander | Update to disclosures. See Part D. On 7/6/2018, Cody Braun confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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Part D. New Declarations

The following interests were disclosed after appointment:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Internal Notes</i> |
|----------------|---|------------------------|--|
| N/A | My disclosure form is largely unchanged. However, for question 9, I have graduated medical school and am now a resident Physician in internal medicine. For question 10, I will be ordering diagnostic tests described in the guidelines however will have no financial benefits from ordering these tests or because of the guideline. | 7/6/18 | This is an update to Part B, Question 9 and Part B, Question 10. |
| | | | |



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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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?

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?

Medical Laboratory Scientist

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
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| Guideline topic: | Venous thromboembolism |
|------------------|------------------------|

| <i>Approved to participate?</i> | <i>Reviewer Name and Date</i> | <i>Notes</i> |
|---------------------------------|-------------------------------|--|
| Yes | 5/15/2017 Alexander | No material conflicts of interest. |
| Yes | 8/13/2018 Alexander | On 8/10/2018, Rana Charide confirmed all information in this form. |
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Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
|----------------|--------------------|-----------------|-----------------------------|
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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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? I hope they would be pleased with my 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 coordinator/ Librarian

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|------------------------|
| Guideline topic: | Venous thromboembolism |
|------------------|------------------------|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|-------------------------------|------------------------------------|
| Yes | 7/26/2018 Alexander | No material conflicts of interest. |
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Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
|----------------------------|--|----------------|-----------------|
| World Allergy Organization | Development of Clinical practice guidelines for allergy prevention | Methodologist | January 2016 |
| | | | |
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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?

Not affected at all

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?

Pediatrician (currently on hold for the next two years due to PhD studies), Researcher, PhD candidate

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

No

Yes

If yes, please explain:

Not currently, in two years when I return to pediatric practice.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | Thrombophilia (systematic reviews) Pediatric VTE (systematic reviews) |
|------------------|--|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|--|
| Yes | 10/20/16 Alexander; 10/27/16 Kunkle | No material conflicts of interest |
| Yes | 7/9/2018 Alexander | New disclosures. See Part D. On 7/7/2018, Dr. Cuello confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
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Notes:

Part D. New Declarations

The following interests were disclosed after appointment:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Internal Notes</i> |
|----------------|--|------------------------|---|
| N/A | <p>Funder: American College of Rheumatology</p> <p>Description of Research: Development of a clinical practice guideline on Juvenile Rheumatoid Arthritis</p> <p>My role: Expert advice in GRADE methods</p> <p>End date: currently ongoing</p> | 7/7/2018 | Not a COI. The American College of Rheumatology is a nonprofit organization and does not market any drugs or devices used in the diagnosis or treatment of VTE. Furthermore, the subject of the research is not related to the guideline topic. |
| N/A | <p>Funder: Cochrane and the National Toxicology Program within the National Institutes for Health, and the McMaster GRADE center.</p> <p>Description of Research: Development of Guidance for new methods to integrate randomized and non-randomized studies in health syntheses</p> <p>My role: Main author and researcher in new Cochrane and GRADE methods</p> <p>End date: currently ongoing</p> | 7/7/2018 | Not a COI. None of these organizations market any drugs or devices used in the diagnosis or treatment of VTE. Furthermore, the subject of the research is not related to the guideline topic. |
| | | | |



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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> |
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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> |
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| | | | |

Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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| | | | | |

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

I would expect the support I would normally expect

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?

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|---------------------------------|
| Guideline topic: | Systematic reviews on prognosis |
|------------------|---------------------------------|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|--|
| Yes | 10/25/16 Alexander; 10/27/16 Kunkle | No material conflicts of interest |
| Yes | Alexander 7/20/2018 | On 7/20/2018, Andrea Darzi confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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My Partner's or Spouse's Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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?

Under the condition described above, I would not receive any financial support from my primary mentor, institution, or any other entities.

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?
Currently a graduate student majoring in Epidemiology and Biostatistics.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|------------------------|
| Guideline topic: | Venous thromboembolism |
|------------------|------------------------|

| <i>Approved to participate?</i> | <i>Date reviewed by ASH staff</i> | <i>Notes</i> |
|---------------------------------|-----------------------------------|--|
| Yes | 10/26/2016 Alexander | No material conflicts of interest. |
| Yes | 8/13/2018 Alexander | On 8/12/2018, Chengyi Ding confirmed all information in this form. |
| | | |
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Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

I'd expect a total 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?
Researcher and methodological technician in guideline development, with background and PhD in pharmacy.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | Thrombophilia (systematic reviews) Optimal Management of Anticoagulation Therapy (systematic reviews) |
|------------------|--|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|--|
| Yes | 10/20/16 Alexander; 10/27/16 Kunkle | No material conflicts of interest |
| Yes | 7/18/2018 Alexander | On 7/18/2018, Itziar Etxeandia-Ikobaltzeta confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
|---------|-------------|-----------------|-----------|
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Notes:



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

I would receive support for my involvement in the guidelines or systematic reviews regardless of the outcome of the guideline

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?

Pediatrics

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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| Guideline topic: | Treatment of VTE (systematic reviews) Feasibility/Acceptability systematic review |
|------------------|--|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|---|
| Yes | 10/27/16 Alexander; 10/31/16 Kunkle | No material conflicts of interest |
| Yes | Alexander 7/18/18 | On 7/18/2018, Ivan Florez confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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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?

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
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| Guideline topic: | Venous thromboembolism (systematic reviews on cost-effectiveness) |
|------------------|---|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|--|
| Yes | 10/31/16 Alexander; 10/31/16 Kunkle | No material conflicts of interest |
| Yes | 8/16/2018 Alexander | New disclosures. See Part D. No material conflicts of interest. On 8/16/2018, Naghmeh Foroutan confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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Part D. New Declarations

The following interests were disclosed after appointment:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Internal Notes</i> |
|--------------------|---|------------------------|---|
| Innomar Strategies | PhD intern under Mitacs accelerate fellowship | 8/16/2018 | Innomar Strategies provides consulting services to pharmaceutical companies. They do not market any devices or drugs used in the diagnosis or treatment of VTE. Additionally, funding for this fellowship is provided by Mitacs, not Innomar Strategies. Mitacs does not market any drugs or devices used in the treatment or diagnosis of VTE. |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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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?

It would not likely be impacted, as all my contributions are made in partnership with other members of the guideline research team and have been reviewed by more senior researchers to ensure accuracy.

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 Associate/Research Coordinator – focus on research methods, data collection, analysis/synthesis, KTE

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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| Guideline topic: | Optimal Management (systematic reviews) Feasibility/acceptability systematic review |
|------------------|--|

| <i>Approved to participate?</i> | <i>Reviewer Name and Date</i> | <i>Notes</i> |
|---------------------------------|-------------------------------|---|
| Yes | Alexander 5/16/18 | No material conflicts of interest. |
| Yes | Alexander 7/23/18 | On 7/23/2018, Laura Fullerton confirmed all information in this form. |
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Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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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? Not Applicable

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?

Resident Physician, Internal Medicine

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

No

Yes

If yes, please explain:

- Diagnostic evaluation of VTE with venous duplex, CTA, V/Q scan.
- Treatment as per guidelines

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
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| Guideline topic: | Venous thromboembolism |
|------------------|------------------------|

| <i>Approved to participate?</i> | <i>Date reviewed by ASH staff</i> | <i>Notes</i> |
|---------------------------------|-----------------------------------|---|
| Yes | 10/26/2016 Alexander | No material conflicts of interest. |
| Yes | Alexander 7/19/2018 | On 7/19/2018, Himmat Grewal confirmed all information in this form. |
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Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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.

Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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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 potential support. My current work is unrelated to the submitted 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?
- I am a postdoctoral fellow in Neuroscience in the Dept of Psychiatry at the Uni of Illinois at Chicago.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
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| Guideline topic: | Venous thromboembolism |
|------------------|------------------------|

| <i>Approved to participate?</i> | <i>Date reviewed by ASH staff</i> | <i>Notes</i> |
|---------------------------------|-----------------------------------|------------------------------------|
| Yes | Alexander 7/31/2018 | No material conflicts of interest. |
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Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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 **X**

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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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 **X**

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> |
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| <i>Company</i> | <i>Description</i> | <i>Date Divested</i> | <i>For ASH Internal Use</i> |
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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> |
|----------------|---|------------------------------|---|
| Novartis | Evidence based medicine workshop (Expert testimony) | June 2016 (one day duration) | Not a COI. Novartis does not market any products used in the treatment or diagnosis of VTE. |
| Novartis | Evidence based medicine workshop (Expert testimony) | June 2015 (one day duration) | Not a COI. Novartis does not market any products used in the treatment or diagnosis of VTE. |
| Novartis | Health technology assessment about | May 2016 | Not a COI. Novartis does not market any |

| <i>Company</i> | <i>Description</i> | <i>End Date</i> | <i>For ASH Internal Use</i> |
|----------------|-------------------------------|-----------------|---|
| | multiple sclerosis treatments | | products used in the treatment or diagnosis of VTE. |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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 X

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> |
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| <i>Company</i> | <i>Description of Research</i> | <i>My Role</i> | <i>End Date</i> | <i>For ASH Internal Use</i> |
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My Partner's or Spouse's Interests

5. Currently or in the past 24 months has *your partner or spouse* had any of the interests described in questions 1-4?

No X

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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

Personal Beliefs

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

No X

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 X

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

I coauthored a letter to the editor related to ticagrelor in ACS. In that letter we questioned the results of the PLATO trial based in a series of publications that suggest that there could have been misconduct. (Criniti JM, Izcovich A, Popoff F, Ruiz JI, Catalano HN. [Ticagrelor in acute coronary syndrome. Explaining the inexplicable]. *Medicina (B Aires)*. 2014;74(3):239-44.)

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 X
- 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> |
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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 X
- Yes

If yes, please explain:

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

Don't know

No X

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?

Probably I will not receive any significant support beyond the congratulations.

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 X

Yes. Name of organization(s): ____

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

No X

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 X

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

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

No

Yes X

If yes, please explain:

As a clinician I treat patients with conditions that require antithrombotic treatment. Some of the most frequent examples are: patients with atrial fibrillation, patients with stroke, patients with thromboembolic disease.

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 X

Yes

If yes, please describe:

Part C. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
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| Guideline topic: | Treatment of VTE (systematic reviews) Feasibility/Acceptability (systematic reviews) |
|------------------|---|

| <i>Approved to participate?</i> | <i>Reviewer Name and Date</i> | <i>Notes</i> |
|---------------------------------|-------------------------------|--|
| Yes | 5/15/2018 Alexander | No material conflicts of interest. |
| Yes | 8/13/2018 Alexander | On 8/10/2018, Ariel Izcovich confirmed all information in this form. |
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Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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Notes:



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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.

Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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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 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?

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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| Guideline topic: | Thrombophilia (systematic reviews) Baseline risk (systematic reviews) |
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| <i>Approved to participate?</i> | <i>Reviewer Name and Date</i> | <i>Notes</i> |
|---------------------------------|-------------------------------|--|
| Yes | 7/31/2018 Alexander | No material conflicts of interest. |
| Yes | 8/13/2018 Alexander | On 8/10/2018 Samer Karam confirmed all information in this form. |
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Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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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?

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?

I am an epidemiologist. I do not have clinical training.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | Optimal Management (systematic reviews) Cost effectiveness systematic review Feasibility/acceptability systematic review |
|------------------|--|

| Approved to participate? | Reviewer Name and Date | Notes |
|--------------------------|------------------------|--|
| Yes | Alexander 5/15/18 | No material conflicts of interest. |
| Yes | Alexander 8/20/18 | New disclosure. See Part D. On 8/17/2018, Rasha Khatib confirmed all information in this form. |
| | | |
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Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
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Notes:

Part D. New Declarations

The following interests were disclosed after appointment:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Internal Notes</i> |
|---------------------|---|------------------------|--|
| Advocate Healthcare | Evaluating the effectiveness of a mobile app to improve patient-provider engagement in managing depression. The study is funded by Takeda which is a pharmaceutical company. My role is team manager, I am not the PI, member of the steering committee or a site or local PI. This study is ongoing. | 8/17/18 | Not a COI. Advocate Health care is a non profit organization and Takeda is not an affected company. Furthermore, all funding goes to advocate healthcare, the study is unrelated to the guideline topic, and Rasha Khatib does not have a leadership role. |
| | | | |



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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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?

I would expect the support I would normally expect

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?

Non practicing Medical Doctor, currently enrolled in the Masters in Public Health program.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
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| Guideline topic: | Prognosis systematic reviews |
|------------------|------------------------------|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|--|
| Yes | 10/25/16 Alexander; 10/27/16 Kunkle | No material conflicts of interest |
| Yes | Alexander 7/19/2018 | On 7/19/2018, Tamara Lotfi confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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> |
|----------------|--------------------|----------------------|-----------------------------|
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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?

Support from McMaster University would remain unchanged from my current relationship with them as a consultant on their ASH-VTE contract. My contributions are unlikely to generate a reaction from peers outside the 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?

I am a public health analyst, whose focus is primarily on sexual and reproductive health.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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| Guideline topic: | Heparin-Induced Thrombocytopenia (systematic reviews) |
|------------------|---|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|--|
| Yes | 10/20/16 Alexander; 10/27/16 Kunkle | No material conflicts of interest |
| Yes | 7/16/2018 Alexander | New interests disclosed. See Part D. On 7/16/2018, Nina Martinez confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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Part D. New Declarations

The following interests were disclosed after appointment:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Internal Notes</i> |
|-----------------|--|------------------------|--|
| Viiv Healthcare | Principal in a forthcoming national television commercial about the only FDA-approved, dual-drug, and single-tablet HIV regimen of rilpivirine/dolutegravir (brand name: Juluca); this is a contract for services. | 7/16/2018 | Not a COI. Viiv Healthcare does not market any drugs or devices used in the diagnosis or treatment of VTE. |
| Viiv Healthcare | External grant reviewer - Review all eligible grant submissions for two "Positive Action for Youth" funding opportunities; this was a contract for services. This activity ended July 31, 2017. | 7/16/2018 | Not a COI. Viiv Healthcare does not market any drugs or devices used in the diagnosis or treatment of VTE. |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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.

Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
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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?

None.

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?

Dentist, doctor of public health

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
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| Guideline topic: | Venous thromboembolism |
|------------------|------------------------|

| <i>Approved to participate?</i> | <i>Date reviewed by ASH staff</i> | <i>Notes</i> |
|---------------------------------|-----------------------------------|--|
| Yes | 6/20/2018 Alexander | No material conflicts of interest. |
| Yes | 8/13/2018 Alexander | On 8/13/2018, Carolina Mendoza confirmed all information in this form. |
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Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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> |
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| | | | |

Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
|----------------|--------------------------------|----------------|-----------------|-----------------------------|
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

Other than reaction to methodology of the guidelines, there would be no impact on the support I would receive.

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?

PhD Student in Health Research Methodolgy

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|---|
| Guideline topic: | Venous thromboembolism: prevention in surgical patients (systematic reviews) Venous thromboembolism: prevention in nonsurgical patients (systematic reviews) Optimal management of anticoagulation therapy (systematic reviews) |
|------------------|---|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|--|
| Yes | 10/25/16 Alexander; 10/28/16 Kunkle | No material conflicts of interest |
| Yes | 7/18/2018 Alexander | On 7/17/2018, Gian Paolo Morgano confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
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Notes:



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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| | | | |

Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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| | | | | |

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

I would evaluate the outcome from different perspectives and decide on that basis.

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?

I'm a third-year medical student at the American University of Beirut.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|------------------------------|
| Guideline topic: | Prognosis systematic reviews |
|------------------|------------------------------|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|---|
| Yes | 10/25/16 Alexander; 10/27/16 Kunkle | No material conflicts of interest |
| Yes | 7/20/2018 Alexander | Updates to disclosures. See Part D. On 7/20/2018, Dr. Morsi confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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Part D. New Declarations

The following interests were disclosed after appointment:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Internal Notes</i> |
|----------------|--|------------------------|---|
| N/A | Rami Morsi is now a medical school graduate. | 7/20/2018 | This is an update to Part B, Question 9 – professional specialty. |
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ASH Guideline Panel Declarations of Interest Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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 4.

| <i>Company</i> | <i>Description</i> | <i>End Date</i> | <i>For ASH Internal Use</i> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

Diagnosis of VTE

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 the above topic(s).

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?

I have participated in a diagnosis of DVT guideline in Saudi Arabia in 2014. My main role was to co chair the panel meeting as a methodologist. (Disclosed 6/7 via email)

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> |
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Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by 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:

5. 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

6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

I don't expect this to have any real negative impact.

Advocacy and Policy Positions

7. 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

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

8. What is your primary clinical specialty or subspecialty?

Internal medicine, preventive medicine, nephrology

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

No

Yes

If yes, please explain:

I do see general internal medicine patients that may have suspected VTE.

Expected Interests

10. 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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|----------------------------|-------------------------------------|
| Name of guideline panel(s) | Guideline Panel on Diagnosis of VTE |
|----------------------------|-------------------------------------|

| <i>Approved to participate?</i> | <i>Status</i> | <i>Recusal may be required?</i> | <i>Reviewer Name and Date</i> | <i>Notes</i> |
|---------------------------------|-----------------------|---------------------------------|-------------------------------|---|
| Yes | Unconflicted majority | No | 5/1/2015 | |
| Yes | Unconflicted majority | No | Alexander 6/28/2018 | On 6/24/2018, Dr. Mustafa confirmed all information in this form. |
| | | | | |
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If status is conflicted minority, summarize all current material interests in affected companies:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guideline Panel Declarations of Interest Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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 4.

| <i>Company</i> | <i>Description</i> | <i>End Date</i> | <i>For ASH Internal Use</i> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

Treatment of Acute VTE (DVT and PE)

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 the above topic(s).

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> |
|---------------|--------------------------------|----------------|-----------------|
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| | | | |

Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by 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:

5. 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

6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

No real issue I think.

Advocacy and Policy Positions

7. 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

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

8. What is your primary clinical specialty or subspecialty?
General Internal Medicine

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

No

Yes

If yes, please explain:

DVT/PEs are diagnosed and treated by internists in my setting.

Expected Interests

10. 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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|----------------------------|-------------------------------------|
| Name of guideline panel(s) | Treatment of Acute VTE (DVT and PE) |
|----------------------------|-------------------------------------|

| <i>Approved to participate?</i> | <i>Status</i> | <i>Recusal may be required?</i> | <i>Date reviewed by ASH staff</i> | <i>Date confirmed by ASH oversight officer or committee</i> | <i>Notes</i> |
|---|-----------------------|---------------------------------|-----------------------------------|---|--------------|
| Yes | Unconflicted majority | No | 5/8/2015 | 5/22/15 | |
| [Add rows as new interests are disclosed and reviewed.] | | | | | |
| | | | | | |
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If status is conflicted minority, summarize all current material interests in affected companies:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guideline Panel Declarations of Interest Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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 4.

| <i>Company</i> | <i>Description</i> | <i>End Date</i> | <i>For ASH Internal Use</i> |
|----------------------|---|-------------------|--|
| Boehringer Ingelheim | Travel to ESC congress Amsterdam, poster presentation | 04-September-2013 | Not a COI: BI markets dabigatran; however, this activity ended before appointment. |
| | | | |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
|----------------------|--|------------------|-----------------|---|
| Boehringer Ingelheim | C-SPIN network: improving stroke prevention in AF patients | Co-investigat or | 01-July-2015 | Not a COI: BI markets dabigatran; however, this research ended before appointment. In addition, Dr. Nieuwlaat did not have a leadership role. |
| | | | | |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
|----------------|--------------------|-----------------|-----------------------------|
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Part B. Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

Optimal Management of Anticoagulation Therapy

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 the above topic(s).

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> |
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Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by 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:

5. 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

6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

My primary mentor and my institution are leading the methodology of developing these guidelines, and will fully support the end product.

Advocacy and Policy Positions

7. 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

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

8. What is your primary clinical specialty or subspecialty?

I am a clinical epidemiologist, not a clinician. Most of my research to date has been on assessing and improving oral anticoagulation use in AF patients.

9. 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

10. 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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|----------------------------|--|
| Name of guideline panel(s) | Optimal Management of Anticoagulation Therapy Thrombophilia (systematic reviews) Feasibility/Acceptability systematic review |
|----------------------------|--|

| <i>Approved to participate?</i> | <i>Status</i> | <i>Recusal may be required?</i> | <i>Reviewer Name and Date</i> | <i>Notes</i> |
|---------------------------------|-----------------------|---------------------------------|-------------------------------|---|
| Yes | Unconflicted majority | No | 8/13/15; 8/16/15 | |
| Yes | Unconflicted majority | No | 6/20/18 Alexander | New disclosure. See Part D. |
| Yes | Unconflicted majority | No | 8/9/2018 | Dr. Nieuwlaat confirmed all information in this form. |
| | | | | |

If status is conflicted minority, summarize all current material interests in affected companies:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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Part D. New Declarations

The following interests were disclosed after appointment:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Internal Notes</i> |
|----------------|---|------------------------|--|
| N/A | Co-author of paper and 3 poster abstracts on persistence with dabigatran in atrial fibrillation patients. Data taken from Boehringer Ingelheim sponsored registry. Dr. Nieuwlaat anticipates publishing additional papers from this registry. | 6/16/2018 | Not a COI. This is an update to Part B, Question 2. Dr. Nieuwlaat did not receive any form of payment from BI for this work. Dr. Nieuwlaat is not an investigator on the registry and does not have a leadership role. |
| | | | |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

I don't know

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?

Medical Doctor, Public Health (M.P.H)

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|---|
| Guideline topic: | Treatment of VTE (systematic reviews) Values and preferences (systematic review) |
|------------------|---|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|--|
| Yes | 10/27/16 Alexander; 10/31/16 Kunkle | |
| Yes | 8/16/2018 Alexander | On 8/16/2018, Ignacio Pineda confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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

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, it is up to you to decide , I would say "NO"**
 - No
 - Yes

If yes, please explain:

ASH Internal Note: Agree that McMaster University will not benefit or be harmed by the recommendations of these ASH guidelines.

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?

Not Applicable

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?

PhD student at McMaster University

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | Prevention of VTE in Surgical Hospitalized Patients (systematic reviews) Prevention of VTE in Medical Patients (systematic reviews) |
|------------------|--|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|--|
| Yes | 10/20/16 Alexander; 10/26/16 Kunkle | No material conflicts of interest |
| Yes | 7/18/2018 Alexander | On 7/18/2018, Yasir Rehman confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
|---------|-------------|-----------------|-----------|
| | | | |
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Notes:



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

It would not impact any support I would receive.

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?

Epidemiologist. My clinical specialty is chiropractic medicine.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | VTE in the Context of Pregnancy (systematic reviews) Optimal Management of Anticoagulation Therapy (systematic reviews) |
|------------------|--|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|--|
| Yes | 10/20/16 Alexander; 10/27/16 Kunkle | No material conflicts of interest |
| Yes | 7/6/2018 Alexander | On 7/6/2018, John Riva confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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| | | | |

Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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> |
|----------------|--|-----------------|-----------------------------|
| Roche | Expert testimony - Guideline development methods | October 2016 | Not a COI. See Part C. |
| | | | |

Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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| | | | | |

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

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?

Medical doctor, epidemiologist

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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| Guideline topic: | Values and preferences (systematic review) |
|------------------|--|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|---------------------------------------|--|
| Yes | 9/24/18 Alexander, Kunkle, Rajasekhar | <p>For the ASH VTE guidelines project, Dr. Rodriguez screened titles and abstracts for a systematic review on patient values and preferences. This review informed all of the ASH VTE guidelines (prevention in medical patients, prevention in surgical patients, diagnosis, treatment, optimal management of anticoagulation, thrombophilia, pediatric VTE, VTE in the context of pregnancy, HIT, and VTE in patients with cancer).</p> <p>During her work on the review, Dr. Rodriguez received direct payments from Roche for expert testimony about guideline development methods. Roche markets thrombolysis drugs and diagnostic assays, reagents and instruments used for anticoagulation monitoring and testing.</p> <p>In our opinion, this is not a conflict because the review did not address any specific interventions by Roche or any for-profit company; instead, the review examined patient values around outcomes such as thrombosis and bleeding that are common to many interventions used to manage VTE.</p> <p>Nevertheless, to address possible concerns about perceived conflict, the following management strategies have been used:</p> <ul style="list-style-type: none"> • Dr. Rodriguez did not have a leadership role on the review. • Her work on the review has been supervised by an individual without conflicts (Yuan Zhang). Other individuals |

| | | |
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| | | <p>without conflicts are also contributing to the review.</p> <ul style="list-style-type: none"> • Dr. Rodriguez did not attend any in-person or online meetings of any of the ASH guideline panels. She was not permitted and did not contribute to any of the deliberations of the panels or to the writing of the guideline manuscripts. <p>On 9/24/2018, Dr. Rodriguez confirmed all information in this form.</p> |
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Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
|----------------|--------------------|----------------------|-----------------------------|
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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| | | | |

Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

Not affected at all

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?

Pediatrician (currently on hold for the next two years due to spouse's PhD studies), currently working as assistant researcher at McMaster University

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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| Guideline topic: | Thrombophilia (systematic reviews) Pediatric VTE (systematic reviews) |
|------------------|--|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|--|
| Yes | 10/25/16 Alexander; 10/27/16 Kunkle | No material conflicts of interest |
| Yes | 8/10/18 Alexander | On 8/10/2018, Yetiani Roldan Benitez confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
|----------------|--------------------|----------------------|-----------------------------|
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
|---------------|--------------------------------|----------------|-----------------|
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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 and guidance

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?

Epidemiologist

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
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| Guideline topic: | Venous thromboembolism: Treatment (systematic reviews) Venous thromboembolism: Nonsurgical (systematic reviews) |
|------------------|--|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|-------------------------------|--|
| Yes | Alexander, 2/22/2017 | No material conflicts of interest. |
| Yes | Alexander 7/18/2018 | On 7/18/2018, Stephanie Ross confirmed all information in this form. |
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Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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> |
|---------------|--------------------------------|----------------|-----------------|
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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?

The support will not change much.

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.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|---|
| Guideline topic: | Venous thromboembolism: values and preferences systematic reviews |
|------------------|---|

| Approved to participate? | Date reviewed by ASH staff | Notes |
|--------------------------|----------------------------|------------------------------------|
| Yes | 10/24/2016 Alexander | No material conflicts of interest. |
| | | |
| | | |
| | | |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
|---------|-------------|-----------------|-----------|
| | | | |
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Notes:



ASH Guideline Panel Declarations of Interest Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
|----------------|--------------------|----------------------|-----------------------------|
| | | | |
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Patents and Royalties

2. Do you currently or in the past 24 months 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> |
|----------------|--------------------|----------------------|-----------------------------|
| | | | |
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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months 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 4.

| <i>Company</i> | <i>Description</i> | <i>End Date</i> | <i>For ASH Internal Use</i> |
|----------------|--------------------|-----------------|-----------------------------|
| | | | |
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Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
|----------------|--------------------------------|----------------|-----------------|-----------------------------|
| | | | | |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
|----------------|--------------------|-----------------|-----------------------------|
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Part B. Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

| Topic | Guideline Panel |
|---|--|
| Venous thromboembolism (VTE) | VTE Guideline Coordination Panel |
| Prevention of VTE in medical hospitalized patients | Guideline Panel on Prevention of VTE in Medical Hospitalized Patients |
| Prevention and treatment of VTE in patients with cancer | Guideline Panel on Prevention and Treatment of VTE in Patients with Cancer |
| Diagnosis of VTE | Guideline Panel on Diagnosis of VTE |

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 the above topic(s).

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?

- ACCP AT Guidelines
- CHEST since edition 6 to 9
- Cochrane reviews on antithrombotic use in patients with cancer
- NEJM editorial on update of a systematic review on antithrombotics with cancer

- JAMA Clinical Synopsis – heparin in cancer patients undergoing surgery

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> |
|---------------|---|----------------|-----------------|
| CIHR | Individual patient data meta-analysis antithrombotics in cancer | PI | Mach 2016 |
| | | | |
| | | | |
| | | | |

Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by 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:

Contract for systematic reviews for these guidelines being negotiated with ASH

5. 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

6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

N/A

Advocacy and Policy Positions

7. 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

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

8. What is your primary clinical specialty or subspecialty?

Internal Medicine, Public Health, preventive medicine

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

No

Yes

If yes, please explain:

Diagnosis and treatment of DVT

Expected Interests

10. 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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|----------------------------|--|
| Name of guideline panel(s) | VTE Guideline Coordination Panel Guideline Panel on Diagnosis of VTE Guideline Panel on Prevention of VTE in Medical Hospitalized Patients Guideline Panel on Prevention and Treatment of VTE in Patients with Cancer |
|----------------------------|--|

| <i>Approved to participate?</i> | <i>Status</i> | <i>Recusal may be required?</i> | <i>Date reviewed by ASH staff</i> | <i>Notes</i> |
|---------------------------------|-----------------------|---------------------------------|-----------------------------------|--|
| Yes | Unconflicted majority | No | 5/1/2015; 5/5/2015 | |
| Yes | Unconflicted majority | No | 4/26/2018 Alexander | On 4/26/2018, Dr. Schunemann confirmed all information in this form. |
| | | | | |
| | | | | |

If status is conflicted minority, summarize all current material interests in affected companies:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
|----------------|--------------------|------------------------|------------------|
| | | | |
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Notes:



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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> |
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| | | | | |

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

Positive

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?

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | VTE in the context of pregnancy (systematic reviews) |
|------------------|--|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|--|
| Yes | 10/20/16 Alexander; 10/27/16 Kunkle | No material conflicts of interest |
| Yes | 7/9/2018 Alexander | On 7/8/2018, Nicole Schwab confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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> |
|----------------|--------------------|----------------------|-----------------------------|
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Patents and Royalties

2. Do you currently or in the past 24 months 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.

Industry-Funded Research

4. Do you currently or in the past 24 months 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> |
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
|----------------|--------------------|-----------------|-----------------------------|
| | | | |
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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 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?

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | VTE in patients with cancer (systematic reviews) Baseline risk (systematic reviews) |
|------------------|--|

| <i>Approved to participate?</i> | <i>Date reviewed by ASH staff</i> | <i>Notes</i> |
|---------------------------------|-----------------------------------|------------------------------------|
| Yes | 8/9/2018 Alexander | No material conflicts of interest. |
| | | |
| | | |
| | | |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
|----------------|--------------------|------------------------|------------------|
| | | | |
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Notes:



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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> |
|----------------|--------------------|-----------------|-----------------------------|
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

That would depend on the positive or negative nature of the strong reactions towards my specific work. I think any affiliate of mine would be happy and think positively of me if peer reaction was positive and the opposite if peer reaction was negative. This assumes that the peer reaction is towards the quality of my work, not the results.

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?

I am a research coordinator.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | Prevention of VTE in Surgical Hospitalized Patients (systematic reviews) Prevention of VTE in Medical Patients (systematic reviews) Thrombophilia (systematic reviews) |
|------------------|--|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|---|
| Yes | 10/25/16 Alexander; 10/26/16 Kunkle | No material conflicts of interest |
| Yes | 7/16/2018 Alexander | On 7/16/2018, Matthew Ventresca confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
|---------|-------------|-----------------|-----------|
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Notes:



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

<https://www.researchgate.net/publication/294705096> Prophylaxis of VTE in Medical Patients and Long Distance Travelers

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?

I would expect the support I would normally expect

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?

PhD candidate

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|---|
| Guideline topic: | Systematic reviews on prognosis of patients with venous thromboembolism |
|------------------|---|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|-----------------------------------|
| Yes | 10/25/16 Alexander; 10/31/16 Kunkle | No material conflicts of interest |
| | | |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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Notes:

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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

Guideline Adaptation: Contributed to systematic review and guideline development for VTE guideline; did not participate as voting member for formulation of recommendations.

The Saudi Clinical Practice Guideline for the treatment of venous thromboembolism - Outpatient versus inpatient management. Saudi Med J. 2015 Aug; 36(8): 1004–1010.

Prophylaxis and treatment of venous thromboembolism in patients with cancer: the Saudi clinical practice guideline. Ann Saudi Med. 2015 Mar-Apr;35(2):95-106.

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?

Other than reaction to methodology of the guidelines, there would be no impact on the support I would receive.

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

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | Prevention of VTE in Surgical Hospitalized Patients (systematic reviews) Prevention of VTE in Medical Patients (systematic reviews) Pediatric VTE (systematic reviews) |
|------------------|--|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|---|
| Yes | 10/20/16 Alexander; 10/26/16 Kunkle | No material conflicts of interest |
| Yes | 7/7/2018 Alexander | On 7/7/2018, Wojtek Wiercioch confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
|---------|-------------|-----------------|-----------|
| | | | |
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| | | | |

Notes:



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

I would expect the normal support as always I have received

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 PhD candidate at Health Research Methodology at McMaster University

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|--|
| Guideline topic: | Prevention of VTE in Surgical Hospitalized Patients (systematic reviews) Prevention of VTE in Medical Patients (systematic reviews) Optimal Management of Anticoagulation Therapy (systematic reviews) |
|------------------|--|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|--|
| Yes | 10/20/16 Alexander; 10/26/16 Kunkle | No material conflicts of interest |
| Yes | 8/9/2018 Alexander | On 8/9/2018, Juan José Yepes-Nuñez confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
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ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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> |
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| | | | | |

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months 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> |
|----------------|--------------------|-----------------|-----------------------------|
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Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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 or little influence.

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?

Methodologist, not a clinician.

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publicly available.

| | |
|------------------|--|
| Guideline topic: | Systematic reviews on patient values and preferences, cost effectiveness Prevention of VTE in Surgical Hospitalized Patients (systematic reviews) Optimal Management of Anticoagulation Therapy (systematic reviews) |
|------------------|--|

| Approved to participate? | Reviewer name and date | Notes |
|--------------------------|--|--|
| Yes | 10/24/16 Alexander; 10/27/16 Kunkle | No material conflicts of interest |
| Yes | 8/13/2018 Alexander | On 8/11/2018, Yuan Zhang confirmed all information in this form. |

Summarize all current material interests in affected companies described above:

| Company | Description | Disclosure Date | ASH Notes |
|---------|-------------|-----------------|-----------|
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Notes:



ASH Guidelines Researcher Declaration of Interests Form

Part A. Material Interests in Companies

Equity

1. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Do you currently or in the past 24 months 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. Currently or in the past 24 months 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

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

Venous thromboembolism

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 the above topic.

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?

1. Making Decisions about Thromboprophylaxis in Pregnancy: Women's Values and Preferences

2. Women's values and preferences for thromboprophylaxis during pregnancy: a comparison of direct-choice and decision analysis using patient specific utilities.

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?

I would receive lots of support from my mentor and institution on this.

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?

Researcher and clinician; 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:

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. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

| | |
|------------------|---------------------------------------|
| Guideline topic: | Treatment of VTE (systematic reviews) |
|------------------|---------------------------------------|

| <i>Approved to participate?</i> | <i>Reviewer name and date</i> | <i>Notes</i> |
|---------------------------------|--|---|
| Yes | 10/27/16 Alexander; 10/31/16 Kunkle | No material conflicts of interest |
| Yes | 8/31/2018 Alexander | On 8/30/2018, Yuqing Zhang confirmation all information in this form. |

Summarize all current material interests in affected companies described above:

| <i>Company</i> | <i>Description</i> | <i>Disclosure Date</i> | <i>ASH Notes</i> |
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