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

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Yuqing Zhang

Rasha Khatib

Part A. Material Interests in Companies						
Eq	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 b	elow:				
	Add rows as needed for	or each equity interest.				
Co	Company Description Date Divested For ASH Internal Use					
Patents and Royalties						
2.	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.					
_						
C	ompany	Description	Date Divested	For ASH Internal Use		

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 use to diagnose, treat, monitor, manage, or alleviate health conditions?						
	⊠ No						
	☐ Yes, as o	described b	elow:				
	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		when the activity ended, if a current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,		
	Add rows a	s needed fo	or each activity.				
	To report a	To report activities that generate revenues for your institution, see Part B, Question 4.					
Co	ompany		Description	End Date	For ASH Internal Use		
 Industry-Funded Research 4. Do you currently or in the past 24 months have you been involved in research funded or sup (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributings, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate by conditions? 			markets, or distributes				
⊠ No							
	☐ Yes, as o	described b	elow:				
	Column 1	Name the	company funding or supp	orting the research.			
Column 2 Briefly describe the research project. Indicate if funding or support goes to your to your institution.			port goes to you directly				

- 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

IVI	y Partner's or Spouse's Interests			
5.	5. Currently or in the past 24 months has your partner or spouse had any of the interests described questions 1-4?			
	⊠ No			
	☐ Yes, as described below:			
	Add rows as needed for each interest.			

Company	Description	End Date	For ASH Internal Use

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):

1011	owing topic(s).
Pı	revention and Treatment of VTE in Patients with Cancer
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic(s).
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
	in yes, preuse explain.
Pr	eviously 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?
Re	esearch
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	steering c	your role: (a) national or	does not have a	principal ir	
	Column 4		vhen your involvement end dicate "current" or "ongoil		e. (If your i	nvolvement has not yet
	Add rows	as needed f	for each research project.			
Fı	under		Description of Research	My Role		End Date
In 4.		nerate reve	ionships nues or nonfinancial benef writing, or otherwise shar	•	•	
	☐ Don't kr	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				
5.	Could your	· institution	benefit or be harmed by r	ecommendation	ns of guide	lines on this topic?
	☐ Don't kı	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				

Career Advancement

	reer / dvariderrierre
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
A (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:
Pr 8.	ofessional Specialty 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 ves. 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)

Approved to participate?	Status	Recusal may be required?	Reviewer name and date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:		

Part A. Material Interests in Companies

Ec	Quity 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				
	\square Yes, as described b	elow:			
	Add rows as needed for	or each equity interest.			
Co	ompany	Description	Date Divested	For ASH Internal Use	
Pa 2.	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.				
Co	ompany	Description	Date Divested	For ASH Internal Use	

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	e, treat, mo	nitor, manage, or alleviat	e health conditions?		
	⊠ No					
	☐ Yes, as o	described b	elow:			
	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.					
С	отрапу		Description	End Date	For ASH Internal Use	

In

4.

dustry-F	unded Research				
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 o	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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

	My Partner's or Spouse's Interests . 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.				
Ca	отрапу	Description	End Date	For ASH Internal Use	

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Ре 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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
	\square Yes If yes, what were those views and where were they made?
Re 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 l	pelow:			
	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 investigator. If other than these options, please describe.				
	Column 4		hen your involvement end dicate "current" or "ongoir		nvolvement has not yet	
	Add rows a	as needed f	or each research project.			
Fı	ınder		Description of Research	My Role	End Date	
	Do you gen	salary be a lerate rever testifying,	onships ffected by recommendation nues for your institution or writing, or otherwise shari	employer by clinical activ		
6.	□ Don't kr □ No □ Yes If yes, pleas	now	benefit or be harmed by r	ecommendations of guide	lines on this topic?	
	, , -	эс сиріанн				

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.
Ac	Ivocacy 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:
Pr	ofessional 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:

Ex	spected 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

Notes:		

Part A. Material Interests in Companies

1. Doy dev	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.			
ΧN	0			
□ Y	es, as described b	elow:		
Add	rows as needed for	or each equity interest.		
Сотра	any	Description	Date Divested	For ASH Internal Use
2. Do y	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?			
ΧN	X No			
	☐ Yes, as described below:			
Add	Add rows as needed for each patent or royalty interest.			
Сотро	Company Description Date Divested For ASH Internal Use			

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 o	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 a	as needed for each activity.

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

Company	Description	End Date	For ASH Internal Use

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

_				
Ш	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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

	Ty Partner's or Spouse's Interests Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?			
	X No			
	\square Yes, as described below:			
	Add rows as needed for each interest.			
Ca	отрапу	Description	End Date	For ASH Internal Use

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pε	ersonal Beliefs
1.	
	X No
	□ Yes
	If yes, please explain:
	reviously Published Opinions 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
	X 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:

 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 <u>Link</u>

- 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
- 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 Healht of the Kingdom of Saudi Arabia:

- 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. <u>Link</u>
- 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

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 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 Yosuico , 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 Yosuico , 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 Yosuico, Frederiek F van Doormaal, Saskia Middeldorp, Andrew Bryant and Holger Schünemann.

Cochrane Database of Systematic Reviews Online Publication Date: December 2014

Funder	Description of Research	My Role	End Date

Institutional Relationships

4.	Could your salary be affected by recommendations on this topic?
	No

	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
	X 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:
Ca	reer 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
Ac.	Vocacy and Policy Positions 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
	\square 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
Ex	spected 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

Notes:		

Part A. Material Interests in Companies

Ec	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				
	\square Yes, as described b	elow:			
	Add rows as needed for	or each equity interest.			
C	Company Description Date Divested For ASH Internal Use				
Pa 2.	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.				
Co	Company Description Date Divested For ASH Internal Use			For ASH Internal Use	
		•			

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 use to diagnose, treat, monitor, manage, or alleviate health conditions?				
	⊠ No				
	☐ Yes, as o	described b	elow:		
	Column 1	Name the	company.		
	Column 2	umn 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.")			nas not yet ended,	
	Add rows as needed for each activity.				
	To report activities that generate revenues for your institution, see Part B, Question 5.			Question 5.	
					E. ACHILLA
C	ompany		Description	End Date	For ASH Internal Use

In

Ind	dustry-Fเ	unded 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.

Company Description of Research		My Role	End Date	For ASH Internal Use

My Partner's or Spouse's Interests						
Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?						
⊠ No						
\square Yes, as described below:						
Add rows as needed for each interest.						
Сотрапу	Description	End Date	For ASH Internal Use			
	1					

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:

Н	eparin Induced Thrombocytopenia
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
P€ 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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?
R€ 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	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		hen your involvement end dicate "current" or "ongoir	ded, if applicable. (If your ing.")	nvolvement has not yet	
	Add rows	as needed f	or each research project.			
Fι	ınder		Description of Research	My Role	End Date	
	 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.						

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

Ac	dvocacy 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:
Pr	ofessional 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.

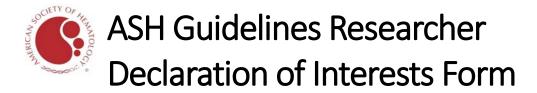
Cutalatina kanatan	Hannerin Indiana d Thurston and a substantial (such a satisfication)
Guideline topic:	Heparin-Induced Thrombocytopenia (systematic reviews)

Approved to participate?	Reviewer name and date	Notes
Yes	10/20/16 Alexander; 10/27/16 Kunkle	No material conflicts of interest
Yes	7/12/2018 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:

Company	Description	Disclosure Date	ASH Notes

Notes:			



Part A. Material Interests in Companies

Fo	Equity						
L.	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						
	\square Yes, as described b	elow:					
	Add rows as needed for	or each equity interest.					
С	Company Description Date Divested For ASH Internal Use						
Pa	Patents and Royalties						
2.	•	the past 24 months have y rty or product used to diag	•	•			
	⊠ No						
	☐ Yes, as described b	elow:					
	Add rows as needed for each patent or royalty interest.						
С	Company Description Date Divested For ASH Internal Use						

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 company that develops, produces, markets, or distributes drugs, devices, services, or the to diagnose, treat, monitor, manage, or alleviate health conditions? No					vel) from any for-profit	
	☐ Yes, as described below:					
Column 1 Name the company.						
Column 2 Describe the activity for which you received income or other remuneration employment, consultancy, speakers bureau involvement, service on an advicement 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 a	s needed fo	or each activity.			
	To report activities that generate revenues for your institution, see Part B, Question 5.					
C	Company Description End Date For ASH Internal Use					
	Simpany		Description	Ena Date	rornari asc	

Ind	ndustry-Funded Research					
4.	rently or in the past 24 months have you been involved in research funded or supported d support) by any for-profit company that develops, produces, markets, or distributes ces, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health					
⊠ No						
\square Yes, as described below:		lescribed below:				
Column 1 Name the company funding or supporting the research.		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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

	My Partner's or Spouse's Interests 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.						
C	Company Description End Date For ASH Internal Use						
ı							

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Ре 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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
	\square Yes If yes, what were those views and where were they made?
Re 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	nn 1 Name the entity funding the research.				
	Column 2	nn 2 Describe the research project.				
	Column 3	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 loca investigator. If other than these options, please describe.				
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet	
	Add rows	as needed f	or each research project.			
F	under		Description of Research	My Role	End Date	
	Could your salary be affected by recommendations on this topic? NO 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:					
ô.	Could your institution benefit or be harmed by recommendations of guidelines on this topic? ☑ Don't know ☐ No					
	□ Yes					
		now	benefit of benamed by i			

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

3.	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:
	ofessional Specialty 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

expected Interests
 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:

If yes, please explain:

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.

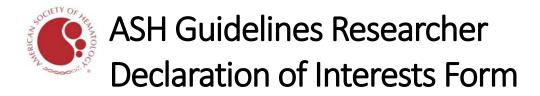
Guideline topic:	Prevention of VTE in Surgical Hospitalized Patients (systematic reviews)
	Prevention of VTE in Medical Patients (systematic reviews)
	Thrombophilia (systematic reviews)

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

Notes:			



Part A. Material Interests in Companies

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Ec	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			
	\square Yes, as described b	elow:		
	Add rows as needed for	or each equity interest.		
Co	Company Description Date Divested For ASH Internal Use			
Pa 2.	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.			
Co	отрапу	Description	Date Divested	For ASH Internal Use

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 c	described b	elow:		
	Column 1	Name the	company.		
	Column 2	employme	the activity for which you received income or other remuneration, e.g., ent, consultancy, speakers bureau involvement, service on an advisory e 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 a	s needed fo	or each activity.		
	To report activities that generate revenues for your institution, see Part B, Question 5.				
Co	ompany		Description	End Date	For ASH Internal Use

Inc

4.

Do you curi (e.g., in kind	rently or in the past 24 months have you been involved in research funded or supported d support) by any for-profit company that develops, produces, markets, or distributes ces, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health		
⊠ 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

	Ay Partner's or Spouse's Interests Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?				
	⊠ No				
	\square Yes, as described below:				
	Add rows as needed for each interest.				
Со	трапу	Description	End Date	For ASH Internal Use	

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 position 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 l	pelow:		
	Column 1 Name the entity funding the research.				
	Column 2	Describe t	he 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 loc investigator. If other than these options, please describe.				
	Column 4		when your involvement end dicate "current" or "ongoir	ded, if applicable. (If your ing.")	nvolvement has not yet
	Add rows	as needed f	or each research project.		
Fı	ınder		Description of Research	My Role	End Date
	Do you ger	salary be a nerate revel testifying,	ffected by recommendation or	ons on this topic? NO remployer by clinical activing your knowledge or opin	
	If yes, plea	se explain:			
	, 60, p.60	oc emprerim			
6.	0				
	☐ Don't kı	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se 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.

Ac	lvocacy 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
	\square No
	□ Yes
	If yes, please explain:
Pr	ofessional 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

Ex	pe	cted Interests
11.		you expect new financial or nonfinancial interests relevant to the topic of these guidelines not eady declared in Part A or Part B of this form?
	\boxtimes	No
		Yes
	If y	es, please describe:

If yes, please explain:

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

Notes:		

Part A. Ma	Part A. Material Interests in Companies		
 Equity 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			
\square Yes, as described	below:		
Add rows as needed	for each equity interest.		
Сотрапу	Description	Date Divested	For ASH Internal Use
Patents and Roya	lties		
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			
\square Yes, as described	\square Yes, as described below:		
Add rows as needed	Add rows as needed for each patent or royalty interest.		
Company	Description	Date Divested	For ASH Internal Use

Company	Description	Date Divested	For ASH Internal Use
company	Descripcion	Date Divested	To Thom memal esc

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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 Do you currently or in the past 24 months have you been involved in research funded or support (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 healt 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use
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	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

Company	Description of Research	My Role	End Date	For ASH Internal Use
	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	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

Company	Description of Research	My Role	End Date	For ASH Internal Use
				team.

My Partner's or Spouse's Interests

	y raterier sor speake sinterests
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?
	⊠ No
	\square Yes, as described below:
	Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Vei	nous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
P∈ 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	eviously 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?
Re	esearch
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		when your involvement er ndicate "current" or "ongo		r involvement has not yet
	Add rows	as needed	for each research project.		
Fur	nder		Description of Research	My Role	End Date
	Could your	salary be	tionships affected by recommendat	·	
5.			enues for your institution on the state of t		civity, teaching, speaking, pinions about this guideline
	☐ Don't kr	Don't know			
	⊠ No				
	□ Yes				
	If yes, please explain:				
6.	6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?				
	☑ Don't know				
	□ No				
	□ Yes				
	If yes, plea	se 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

, ,,	avocacy arra roney rositions
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:
Pr	ofessional 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

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.

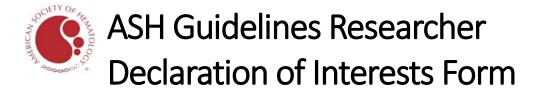
Guideline topic:	Optimal Management of Anticoagulation Therapy (systematic reviews)
	Feasibility/acceptability systematic review

Approved to participate?	Reviewer Name and Date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:			



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 be	olow:					
·	or each equity interest.					
Company Description Date Divested For ASH Internal Use						
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.						

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

3.	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						
	\square 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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 \boxtimes No

 \square Yes, as described below:

1.	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 o	described be	elow:						
	Column 1	Name the company funding or supporting the research.							
	Column 2	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 a	as needed fo	or each research project.						
С	отрапу		Description of Research	My Role	End Date	For ASH Internal Use			
M 5.	•	or in the pas	ouse's Interests t 24 months has <i>your partr</i>	ner or spouse	had any of th	e interests described in			

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

٧	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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?
Re 3.	
	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, a	s described			
Column 1	Name the	entity funding the resear	ch.	
Column 2 Describe the research project.				
Column 3	steering c		verall principal investigato does not have a principal i ions, please describe.	
Column 4		vhen your involvement en dicate "current" or "ongoi	ded, if applicable. (If your ng.")	involvement has not y
Add rows	as needed f	for each research project.		
Funder		Description of Research	My Role	End Date
nstitutior 1. Could you No		ionships offected by recommendati	ons on this topic?	
 Could you No Do you ge 	r salary be a nerate reve	iffected by recommendati	ons on this topic? or employer by clinical activing your knowledge or opi	
 Could you No Do you ge consulting 	r salary be a nerate reve	iffected by recommendati	r employer by clinical activ	
 Could you No Do you ge consulting topic? 	r salary be a nerate reve	iffected by recommendati	r employer by clinical activ	
1. Could you No5. Do you ge consulting topic?□ Don't k	r salary be a nerate reve	iffected by recommendati	r employer by clinical activ	
1. Could you No5. Do you ge consulting topic?□ Don't k⋈ No□ Yes	r salary be a nerate reve	iffected by recommendati	r employer by clinical activ	
1. Could you No 5. Do you ge consulting topic? ☐ Don't k ☑ No ☐ Yes If yes, plea	r salary be a nerate reve g, testifying, anow	iffected by recommendati nues for your institution o writing, or otherwise shar	r employer by clinical activ	nions about this guide
1. Could you No 5. Do you ge consulting topic? ☐ Don't k ☑ No ☐ Yes If yes, plea	r salary be a nerate rever g, testifying, now ase explain: r institution	iffected by recommendati nues for your institution o writing, or otherwise shar	r employer by clinical activing your knowledge or opi	nions about this guide
1. Could you No 5. Do you ge consulting topic? ☐ Don't k ☐ No ☐ Yes If yes, plea	r salary be a nerate rever g, testifying, now ase explain: r institution	iffected by recommendati nues for your institution o writing, or otherwise shar	r employer by clinical activing your knowledge or opi	nions about this guide
1. Could you No 5. Do you ge consulting topic? □ Don't k ⊠ No □ Yes If yes, plea	r salary be a nerate rever g, testifying, now ase explain: r institution	iffected by recommendati nues for your institution o writing, or otherwise shar	r employer by clinical activing your knowledge or opi	nions about this guide

If ve	es. p	lease	exp	lain:
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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?

Ac	vocacy 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:
	ofessional Specialty 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:	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.

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:	

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						
	\square Yes, as described below:						
	Add rows as needed for each equity interest.						
Company		Description	Date Divested	For ASH Internal Use			
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.						
Company		Description	Date Divested	For ASH Internal Use			

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 o	described b	elow:		
	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 a	is needed fo	or each activity.		
	To report a	ctivities tha	at generate revenues for y	our institution, see Part B,	Question 5.
Co	Company Description End Date For ASH Internal Use				

In

dustry-Fเ	unded Research
(e.g., in kind	rently or in the past 24 months have you been involved in research funded or supported d support) by any for-profit company that develops, produces, markets, or distributes ces, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health
⊠ No	
☐ Yes, as d	lescribed 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.
	Do you curre (e.g., in kind drugs, device conditions? No Yes, as decorded to the conditions? Column 1 Column 2

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.

Company	Description of Research	My Role	End Date	For ASH Internal Use	

Му Г	My Partner's or Spouse's Interests						
	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?						
\boxtimes	⊠ No						
	☐ Yes, as described below:						
Ac	Add rows as needed for each interest.						
Com	pany	Description	End Date	For ASH Internal Use			

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:

٧	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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?
R€ 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 f	or each research project.			
Fι	under		Description of Research	My Role	End Date	
	consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?					
5.	Do you ger consulting,	testifying,	·			
5.	Do you ger consulting, topic?	testifying,	·			
5.	Do you ger consulting, topic?	testifying,	·			
5.	Do you ger consulting, topic? ☐ Don't kr	testifying,	·			
 6. 	Do you ger consulting, topic? Don't kr No Yes If yes, pleas	testifying, now	·	ing your knowledge or opin	nions about this guideline	
	Do you ger consulting, topic? Don't kr No Yes If yes, pleas	testifying, now se explain:	writing, or otherwise shari	ing your knowledge or opin	nions about this guideline	
	Do you ger consulting, topic? Don't kr No Yes If yes, please Could your	testifying, now se explain:	writing, or otherwise shari	ing your knowledge or opin	nions about this guideline	
	Do you ger consulting, topic? Don't kr No Yes If yes, pleas Could your	testifying, now se explain:	writing, or otherwise shari	ing your knowledge or opin	nions about this guideline	
	Do you ger consulting, topic? Don't kr No Yes If yes, pleas Could your Don't kr	testifying, now se explain: institution	writing, or otherwise shari	ing your knowledge or opin	nions about this guideline	

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

Ac	dvocacy 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:
	ofessional Specialty 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)

Approved to participate?	Reviewer name and date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part D. New Declarations

The following interests were disclosed after appointment:

Company	Description	Disclosure Date	ASH Internal Notes
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.

Part A. Material Interests in Companies

Εqι	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			
	\square Yes, as described b	elow:		
	Add rows as needed for	or each equity interest.		
Ca	Company Description Date Divested For ASH Internal Use			
	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.			
Co	отрапу	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

	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 o	described b	elow:		
	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.")			nas not yet ended,	
	Add rows a	s needed fo	or each activity.		
	To report activities that generate revenues for your institution, see Part B, Question 5.			Question 5.	
Co	ompany		Description	End Date	For ASH Internal Use

In

4.

Do you cur (e.g., in kin drugs, devi	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	⊠ 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 loca 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

My Partner's or Spouse's Interests					
	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?				
\boxtimes	⊠ No				
	\square Yes, as described below:				
Ac	Add rows as needed for each interest.				
Com	pany	Description	End Date	For ASH Internal Use	

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Ре 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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
	\square Yes If yes, what were those views and where were they made?
Re 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

	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.")			nvolvement has not yet	
	Add rows a	as needed f	or each research project.		
Fı	under		Description of Research	My Role	End Date
n 1. 5.	,				
ô.	□ Don't know No				
	☐ Yes If yes, pleas	se explain:			
		f 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

"	avocacy and roney rositions
3.	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:
Pr 9.	ofessional Specialty 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 ves, 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:	Diagnosis of VTE (systematic reviews)
Guideline topic.	Diagnosis of 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	7/6/2018 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:

Company	Description	Disclosure Date	ASH Notes

Notes:		

Part D. New Declarations

The following interests were disclosed after appointment:

Company	Description	Disclosure Date	ASH Internal Notes
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.

Part A. Ma	Part A. Material Interests in Companies			
 Equity 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				
\square Yes, as described	below:			
Add rows as needed	for each equity interest.			
Сотрапу	Description	Date Divested	For ASH Internal Use	
Patents and Royalties2. 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				
\square Yes, as described	\square Yes, as described below:			
Add rows as needed	Add rows as needed for each patent or royalty interest.			
Company	Description	Date Divested	For ASH Internal Use	

Company	Description	Date Divested	For ASH Internal Use

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.

Company	Description	End Date	For ASH Internal Use

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 l	below:			
	Column 1	Name the	e company funding or supp	orting the re	search.	
	Column 2		escribe the research projectrinstitution.	t. Indicate if f	unding or sup	port goes to you directly
	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		when your involvement endicate "current" or "ongoi		able. (If your i	nvolvement has not yet
	Add rows a	as needed	for each research project.	,		
Со	mpany		Description of Research	My Role	End Date	For ASH Internal Use
	•	or in the pa	pouse's Interests ast 24 months has <i>your par</i>	tner or spous	e had any of t	he interests described in
	⊠ No					
	☐ Yes, as	described l	below:			

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Ve	nous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously 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?
Re	esearch
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 th	e entity funding the resear	rch.	
	Column 2	Describe	Describe the research project.		
	Column 3	steering	your role: (a) national or c committee of a study that tor. If other than these op	does not have a principal	or, (b) member of a investigator, (c) site or local
	Column 4		when your involvement er ndicate "current" or "ongo		involvement has not yet
	Add rows	as needed	for each research project.		
Fur	nder		Description of Research	My Role	End Date
			tionships affected by recommendat	ions on this topic? No	
5.		nerate revenues for your institution or employer by clinical activity, teaching, speaking, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline			
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se explain	:		
6.	Could your	institutio	n benefit or be harmed by	recommendations of guid	elines on this topic?
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, pleas	se 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?

4 c	lvocacy and Policy Positions
3.	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:
	ofessional Specialty
	What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
Иe	dical 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:
Ex	pected 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)

Guideline topic:

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.

Venous thromboembolism

Approved to participate?	Reviewer Name and Date	Notes	
Yes	5/15/2017 Alexander	No material conflicts of i	nterest.
Yes	8/13/2018 Alexander	On 8/10/2018, Rana Cha information in this form.	
Summarize all current m	aterial interests in affected	d companies described abo	ve:
Company	Description	Disclosure Date	ASH Notes
Notes:			

Part A. Material Interests in Companies			
 Equity 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			
\square Yes, as described	below:		
Add rows as needed	for each equity interest.		
Сотрапу	Description	Date Divested	For ASH Internal Use
Patents and Roya	lties		
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			
\square Yes, as described	below:		
Add rows as needed	for each patent or royalty	interest.	
Company	Description	Date Divested	For ASH Internal Use

Company	Description	Date Divested	For ASH Internal Use
company	Descripcion	Date Divested	To Thom memal esc

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

 \square 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.

Company	Description	End Date	For ASH Internal Use
Company	Description	Liid Date	TOT ASTITITETHALOSE

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 l	pelow:			
	Column 1	Name the	e company funding or supp	orting the res	search.	
	Column 2		escribe the research project r institution.	t. Indicate if f	unding or sup	port goes to you directly
	Column 3	steering	your role: (a) national or or committee of a study that of tor. If other than these opt	does not have	a principal ir	
	Column 4		when your involvement end adicate "current" or "ongoi		able. (If your i	nvolvement has not yet
	Add rows a	as needed	for each research project.			
Со	трапу		Description of Research	My Role	End Date	For ASH Internal Use
	•	or in the pa	pouse's Interests est 24 months has <i>your part</i>	tner or spouse	e had any of t	he interests described in
	□ Yes, as a	described l	oelow:			

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Vei	nous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
P€ 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	eviously Published Opinions
2.	
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
Re	esearch
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 th	e entity funding the resear	rch.	
	Column 2	Describe	the research project.		
	Column 3	steering	your role: (a) national or c committee of a study that tor. If other than these op	does not have a principal	or, (b) member of a investigator, (c) site or local
	Column 4		when your involvement er ndicate "current" or "ongo		r involvement has not yet
	Add rows	as needed	for each research project.		
Fur	nder		Description of Research	My Role	End Date
			tionships affected by recommendat	ions on this topic? NO	
5.		you generate revenues for your institution or employer by clinical activity, teaching, speaking, sulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline c?			
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se explain	:		
6.	Could your	institutio	n benefit or be harmed by	recommendations of guid	delines on this topic?
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se 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

, ,,	avocacy arra roney rositions
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:
Pr	ofessional 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

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						
Approved to Review participate? date		ver name and	Notes					
Yes	7/26/2018 Alexander		No material conflicts of interest.					
Summarize all current material interests in affected companies described above:								
Company	Descriț	otion	Disclosure Date	ASH Notes				
Notes:								

Part A. Material Interests in Companies

Ec 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.								
Company		Description	Date Divested	For ASH Internal Use					
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.									
Company		Description	Date Divested	For ASH Internal Use					

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 o	described b	elow:			
	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 a	s needed fo	or each activity.			
	To report activities that generate revenues for your institution, see Part B, Question 5.					
Company			Description	End Date	For ASH Internal Use	

(dustry-Funded Research					
	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 o	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.

Company	Description of Research	My Role	End Date	For ASH Internal Use	

My Partner's or Spouse's Interests						
Currently or in the pas questions 1-4?	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?					
⊠ No	⊠ No					
\square Yes, as described b	☐ Yes, as described below:					
Add rows as needed for	Add rows as needed for each interest.					
Сотрапу	Description	End Date	For ASH Internal Use			

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr 2.	eviously Published Opinions 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?
R€ 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

	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 f	or each research project.				
Fι	ınder		Description of Research	My Role	End Date		
World Allergy Organization			Development of Clinical practice guidelines for allergy prevention	Methodologist	January 2016		
In: 4.	stitution Could your NO		onships ffected by recommendation	ons on this topic?			
5.			nues for your institution or writing, or otherwise shari				
	☐ Don't kr	now					
	⊠ No						
☐ Yes							
	If yes, plea	se explain:					
6.	Could your	institution	benefit or be harmed by r	ecommendations of guide	lines on this topic?		
	☐ Don't know						

	⊠ No
	□ Yes
	If yes, please explain:
Ca	reer 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
Ac	dvocacy 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.
Ex	spected 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:

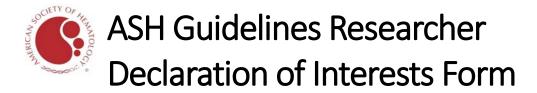
Company	Description	Disclosure Date	ASH Notes

Notes:			

Part D. New Declarations

The following interests were disclosed after appointment:

Company	Description	Disclosure Date	ASH Internal Notes
N/A	Funder: American College of Rheumatology Description of Research: Development of a clinical practice guideline on Juvenile Rheumatoid Arthritis My role: Expert advice in GRADE methods End date: currently ongoing	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	Funder: Cochrane and the National Toxicology Program within the National Institutes for Health, and the McMaster GRADE center. Description of Research: Development of Guidance for new methods to integrate randomized and nonrandomized studies in health syntheses My role: Main author and researcher in new Cochrane and GRADE methods End date: currently ongoing	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.



Part A. Material Interests in Companies

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ĒQ	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			
	\square Yes, as described be	elow:		
	Add rows as needed for	or each equity interest.		
Co	Company Description Date Divested For ASH Internal Use			
Pa 2.	Patents and Royalties 2. Do you currently or in the past 24 months have you owned patents for or received royalties from			
	any intellectual proper conditions?	rty or product used to diag	nose, treat, monitor, mana	age, or alleviate health
	⊠ No			
	☐ Yes, as described be	elow:		
	Add rows as needed for	or each patent or royalty ir	iterest.	
Co	ompany	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

	Do you currently or in the past 24 months have you received personal income or other			me 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 o	described b	elow:		
	Column 1	Name the	company.		
	Column 2	employme		eceived income or other re bureau involvement, servi ny.	
	Column 3		when the activity ended, if a current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,
	Add rows a	is needed fo	or each activity.		
	To report a	ictivities tha	at generate revenues for y	our institution, see Part B,	Question 5.
С	отрапу		Description	End Date	For ASH Internal Use

involved in research funded or supported lops, produces, markets, or distributes eat, monitor, manage, or alleviate health
research.
if funding or support goes to you directly
cipal investigator, (b) member of a ave a principal investigator, (c) site or locate 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

My P	My Partner's or Spouse's Interests			
	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?			
\boxtimes	No			
	\square Yes, as described below:			
Ad	Add rows as needed for each interest.			
Сотр	any	Description	End Date	For ASH Internal Use

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:

٧	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Ре 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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?
R€ 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 l	pelow:		
	Column 1	Name the	entity funding the research	h.	
	Column 2	Describe t	he research project.		
	Column 3	steering c	vour role: (a) national or ov ommittee of a study that o or. If other than these opti	loes not have a principal ir	
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet
	Add rows	as needed f	or each research project.		
F	under		Description of Research	My Role	End Date
5.		testifying,	nues for your institution or writing, or otherwise shari		
	If yes, plea	se explain:			
ô.	Could your	institution	benefit or be harmed by r	ecommendations of guide	lines on this topic?
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	□ 103				

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

Ac	lvocacy 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:
Pr	ofessional 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:

Ex	spected 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
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Approved to participate?	Reviewer name and date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part A. Material Interests in Companies					
develops, produces, treat, monitor, mana					
⊠ No					
\square Yes, as described	below:				
Add rows as needed	for each equity interest.				
Сотрапу	Company Description Date Divested For ASH Internal Use				
 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. 					
/ da rows as needed	Tor each patent or royalty	mterest.			
Сотрапу	Description	Date Divested	For ASH Internal Use		

Company	Description	Date Divested	For ASH Internal Use
company	Descripcion	Date Divested	To Thom memal esc

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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supl (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributures, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate has 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		

Add rows as needed for each research project.

ended, indicate "current" or "ongoing.")

Company	Description of Research	My Role	End Date	For ASH Internal Use
Bayer Healthcare Co. Ltd	To determine the prevalence of heavy menstrual bleeding and associated risk factors among women 18–50 years old living in Beijing (China). Funding went to my institution.	Research assistant, Responsible for data analysis, and manuscript preparation.	05/2016	Not a COI. Bayer market rivaroxaban. However, the subject of the research is unrelated to the guideline topic, Dr. Ding does not have a leadership role in this project and all funding goes to his institution.

My Partner's or Spouse's Interests

5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?
	⊠ No
	\square Yes, as described below:
	Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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?

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	☐ Yes, as described below:					
	Column 1	Name the entity funding the research.				
	Column 2	Describe	Describe the research project.			
	Column 3	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		when your involvement er ndicate "current" or "ongo		e. (If your involvement	has not yet
	Add rows	as needed	for each research project.			
Fur	nder		Description of Research	My Role	End Date	
	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, pleas	se 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:
Ca	reer 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.
Ac	dvocacy 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:
Ex	pected 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:

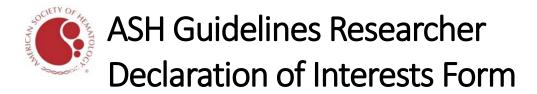
Part C. Summary (ASH Internal Use)

Guideline topic:

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.

Venous thromboembolism

Approved to participate?	Date reviewed by ASH staff	Notes		
Yes	10/26/2016 Alexander	No material conflicts of i	nterest.	
Yes	8/13/2018 Alexander	On 8/12/2018, Chengyi Ding confirmed all information in this form.		
Summarize all current m	aterial interests in affected	d companies described abo	ove:	
Company	Description	Disclosure Date	ASH Notes	
Company	Description	Disclosure Date	ASH Notes	
Company	Description	Disclosure Date	ASH Notes	
Company	Description	Disclosure Date	ASH Notes	
Company	Description	Disclosure Date	ASH Notes	
Company Notes:	Description	Disclosure Date	ASH Notes	
	Description	Disclosure Date	ASH Notes	



Part A. Material Interests in Companies

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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					
	\square Yes, as described b	elow:				
	Add rows as needed for	or each equity interest.				
C	ompany	Description	Date Divested	For ASH Internal Use		
Pa	itents and Royal [.]	ties				
2.	•	·	you owned patents for or r gnose, treat, monitor, man	•		
	⊠ No					
	☐ Yes, as described b	elow:				
	Add rows as needed for each patent or royalty interest.					
C	Company Description Date Divested For ASH Internal Use					

Personal Income or Other Remuneration

•	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?						t
	⊠ No						
	☐ Yes, as o	described b	elow:				
	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		when the activity end current" or "ongoing	ded, if applicable. (If the g.")	ne activity h	nas not yet ended,	
	Add rows a	is needed fo	or each activity.				
	To report activities that generate revenues for your institution, see Part B, Question 5.						
Company			Description	End Date		For ASH Internal Use	
	advictmy Fundad Dagagard						

Funded Research					
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?					
described below:					
Name the company funding or supporting the research.					
Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.					
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					

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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

	My Partner's or Spouse's Interests Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?						
	⊠ No						
	\square Yes, as described below:						
	Add rows as needed for each interest.						
Сотрапу		Description	End Date	For ASH Internal Use			
1		l .					

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Ре 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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?
Re 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 investigator. If other than these options, please describe. 						
	Column 4		hen your involvement end dicate "current" or "ongoir		nvolvement has not yet	
	Add rows a	as needed f	or each research project.			
Fι	under		Description of Research	My Role	End Date	
	Could your salary be affected by recommendations on this topic? No 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.	If yes, please explain: Could your institution benefit or be harmed by recommendations of guidelines on this topic? □ Don't know □ No □ Yes					
	ii yes, pieas	se 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

A

Ac. 8.	vocacy and Policy Positions 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?
	\square 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:
Pr	ofessional 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:

Itziar Etxeandia-Ikobaltzeta (McGRADE Centre)

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

Notes:			

Part A. Material Interests in Companies

Ec 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				
	\square Yes, as described b	elow:			
	Add rows as needed for	or each equity interest.			
C	ompany	Description	Date Divested	For ASH Internal Use	
Pa 2.	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.				
C	Company Description Date Divested For ASH Internal Use				

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 use to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Column 1 Name the company.					
	Column 2	employme	ribe the activity for which you received income or other remuneration, e.g., loyment, consultancy, speakers bureau involvement, service on an advisory mittee or board, expert testimony.			
	Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")				nas not yet ended,	
	Add rows as needed for each activity.					
	To report activities that generate revenues for your institution, see Part B, Question 5.					
C	отрапу		Description	End Date	For ASH Internal Use	
1						

In	dustry-Fเ	unded Research	
4.	(e.g., in kin	rently or in the past 24 months have you been involved in research funded or supported d support) by any for-profit company that develops, produces, markets, or distributes ces, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health	
	⊠ No		
\square 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

My Partner's or Spouse's Interests				
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?			
	⊠ No			
	☐ Yes, as described below:			
	Add rows as needed for each interest.			
Company		Description	End Date	For ASH Internal Use
	·			

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:

٧	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	No □ Yes If yes, please explain:
Pr 2.	reviously Published Opinions 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 □
0	If yes, what were those views and where were they made?
R€ 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 t	he 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		rhen your involvement end dicate "current" or "ongoir		nvolvement has not yet	
	Add rows	as needed f	or each research project.			
Fι	ınder		Description of Research	My Role	End Date	
	nstitutional Relationships Could your salary be affected by recommendations on this topic? 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

3.	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:
	ofessional Specialty 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				
	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)
	Feasibility/Acceptability systematic review

Approved to participate?	Reviewer name and date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part A. Material Interests in Companies

Ec	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					
	\square Yes, as described b	elow:				
	Add rows as needed for	or each equity interest.				
C	Company Description Date Divested For ASH Internal Use					
Pæ	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.					
Co	Company Description Date Divested For ASH Internal Use					

Personal Income or Other Remuneration

	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 o	described b	elow:		
	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.")				nas not yet ended,
	Add rows a	s needed fo	or each activity.		
	To report activities that generate revenues for your institution, see Part B, Question 5.			Question 5.	
C	ompany		Description	End Date	For ASH Internal Use

In

1	dustry-F	unded Research			
	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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

	My Partner's or Spouse's Interests 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.				
C	Company Description End Date For ASH Internal Use				

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:

٧	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
P∈ 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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?
Re 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 investigator. If other than these options, please describe.							
Column 4 Indicate when your involvement ended, if applicable. (If your involvement has ended, indicate "current" or "ongoing.")					s not yet		
	Add rows	as needed f	or each research project.				
Fι	under		Description of Research	My Role	End Date		
4.	 Could your salary be affected by recommendations on this topic? 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: 					_	
 Could your institution benefit or be harmed by recommendations of guidelines on this topic? □ Don't know ⋈ No □ Yes 					pic?		
	☐ Yes						

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?

Ac	dvocacy 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:
Pr	ofessional 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:

Ex	rpected 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 (systematic reviews on costeffectiveness)
	effectiveness)

Approved to participate?	Reviewer name and date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part D. New Declarations

The following interests were disclosed after appointment:

Company	Description	Disclosure Date	ASH Internal Notes
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.

Part A. Material Interests in Companies					
 Equity 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.				
Company	Company Description Date Divested For ASH Internal Use				
Patents and Roya	lties				
 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					
\square Yes, as described	\square Yes, as described below:				
Add rows as needed	Add rows as needed for each patent or royalty interest.				
Company	Description	Date Divested	For ASH Internal Use		

Company	Description	Date Divested	For ASH Internal Use

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.

Company	Description	End Date	For ASH Internal Use

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 l	below:				
	Column 1	Name the	e company funding or supp	orting the re	search.		
	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 loca investigator. If other than these options, please describe.					
	Column 4		when your involvement endicate "current" or "ongoi		able. (If your i	nvolvement has not yet	
	Add rows a	as needed	for each research project.				
Со	mpany		Description of Research	My Role	End Date	For ASH Internal Use	
	•	or in the pa	pouse's Interests ast 24 months has <i>your par</i>	tner or spous	e had any of t	he interests described in	
	⊠ No						
	☐ Yes, as	described l	below:				

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Ve	nous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously 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?
Re	esearch
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	Describe the research project.				
	Column 3	steering	your role: (a) national or c committee of a study that tor. If other than these op	does not have a principal	or, (b) member of a investigator, (c) site or local		
	Column 4		when your involvement er ndicate "current" or "ongo		r involvement has not yet		
	Add rows	as needed	for each research project.				
Fur	nder		Description of Research	My Role	End Date		
			tionships affected by recommendat	ions on this topic? <i>No</i>			
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	institutio	n benefit or be harmed by	recommendations of guid	delines on this topic?		
	☐ Don't kr	now					
	⊠ No						
	☐ Yes						
	If yes, plea	se 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

3.	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

- 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:
E	xpected 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)
	Feasibility/acceptability systematic review

Approved to participate?	Reviewer Name and Date	Notes
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.

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part A. Ma	Part A. Material Interests in Companies					
 Equity 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						
\square Yes, as described	below:					
Add rows as needed	for each equity interest.					
Сотрапу	Company Description Date Divested For ASH Internal Use					
 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. 						
Company	Description	Date Divested	For ASH Internal Use			

Company	Description	Date Divested	For ASH Internal Use

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.

Company	Description	End Date	For ASH Internal Use

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 l	below:			
	Column 1	Name the	e company funding or supp	orting the re	search.	
	Column 2		escribe the research projectrinstitution.	t. Indicate if f	unding or sup	port goes to you directly
	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		when your involvement endicate "current" or "ongoi		able. (If your i	nvolvement has not yet
	Add rows a	as needed	for each research project.			
Со	mpany		Description of Research	My Role	End Date	For ASH Internal Use
	•	or in the pa	pouse's Interests ast 24 months has <i>your par</i>	tner or spous	e had any of t	he interests described in
	⊠ No					
	☐ Yes, as	described l	below:			

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Ve	nous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously 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?
Re	esearch
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	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		when your involvement er ndicate "current" or "ongo		involvement has not yet
	Add rows	as needed	for each research project.		
Fur	nder		Description of Research	My Role	End Date
			tionships affected by recommendat	ions on this topic? No	
5.			enues for your institution of the state of t		ivity, teaching, speaking, vinions about this guideline
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se explain	:		
6.	6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?			elines on this topic?	
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, pleas	se 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

/ (avocacy arra roney rositions
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:
Pr	ofessional 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)

Guideline topic:

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.

Venous thromboembolism

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

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	or each equity interest.			
Company Description Date Divested For ASH Internal Use				
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.				

Company	Description	Date Divested	For ASH Internal Use

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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 \boxtimes No

 \square Yes, as described below:

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 o	described be	elow:			
	Column 1	Name the	company funding or suppo	orting the rese	earch.	
	Column 2	2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.				
	Column 3	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 a	is needed fo	r each research project.			
Co	ompany		Description of Research	My Role	End Date	For ASH Internal Use
					1	
		or in the pas	ouse's Interests t 24 months has your partr	ner or spouse	had any of th	e interests described in

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
	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?
Re	esearch
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 b	below:						
	Column 1	1 Name the entity funding the research.							
	Column 2	olumn 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		vhen your involvement en dicate "current" or "ongoi		e. (If your i	nvolvement has not yet			
	Add rows	as needed f	for each research project.						
Fι	ınder		Description of Research	My Role		End Date			
5.	 Could your salary be affected by recommendations on this topic? No 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, plea	se explain:							
ō.	Could your	institution	benefit or be harmed by r	recommendation	ns of guide	lines on this topic?			
	☐ Don't kr	now							
	⊠ No								
	☐ Yes								
	If yes, plea	se 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

AL	ivocacy 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:
Pr	ofessional 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:

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 thrombo			embolism				
Approved to participate?	Date re	eviewed by ASH	Notes				
Yes	Alexan	der 7/31/2018	der 7/31/2018 No material conflicts of interest.				
Summarize all current mat	terial int	erests in affected	companies described abov	e:			
Сотрапу	Descriț	otion	Disclosure Date	ASH Notes			
Notes:							

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							
\square Yes, as described	below:						
Add rows as needed	for each equity interest.						
Сотрапу	Company Description Date Divested For ASH Internal Use						
Patents and Royalties2. 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?							
\square No X							
\square Yes, as described below:							
Add rows as needed for each patent or royalty interest.							
Company Description Date Divested For ASH Internal Use							

Company	Description	Date Divested	For ASH Internal Use

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?

 \square No

 \boxtimes 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.

Company	Description	End Date	For ASH Internal Use
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

Description	End Date	For ASH Internal Use
multiple sclerosis treatments		products used in the treatment or diagnosis of VTE.
	multiple sclerosis	multiple sclerosis

Industry-Funded Research

4.	Do you currently or in the past 24 months have you been involved in research funded or supporte (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				
\square 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.

Сотрапу	Description of Research	My Role	End Date	For ASH Internal Use

Company	Description of Research	My Role	End Date	For ASH Internal Use		
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:						

Company	Description	End Date	For ASH Internal Use

Add rows as needed for each interest.

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
 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 th	e entity funding the resear	rch.		
	Column 2	Describe	the research project.			
	Column 3	steering	your role: (a) national or committee of a study that tor. If other than these op	does not have a principal	or, (b) member of a investigator, (c) site or local	
	Column 4		when your involvement endicate "current" or "ongo		involvement has not yet	
	Add rows	as needed	for each research project.			
Fur	nder		Description of Research	My Role	End Date	
			cionships affected by recommendati	ions 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 kr	now				
	□ No X					
	☐ Yes					
	If yes, plea	se 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:
Ca	areer 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?
Pro	bably I will not receive any significant support beyond the congratulations.
	dvocacy 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?

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.
Ex	pected 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

Internal medicine

☐ 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.

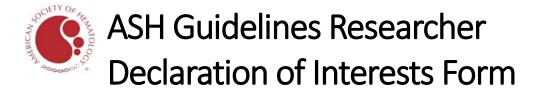
Guideline topic:	Treatment of VTE (systematic reviews)
	Feasibility/Acceptability (systematic reviews)

Approved to participate?	Reviewer Name and Date	Notes
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.

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:			



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					
\square Yes, as described be	elow:				
Add rows as needed fo	or each equity interest.				
Company Description Date Divested For ASH Internal Use					
 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 					
	elow:				
\square Yes, as described below:					
Add rows as needed for each patent or royalty interest.					

Company	Description	Date Divested	For ASH Internal Use

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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 \boxtimes No

 \square Yes, as described below:

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 o	described be	elow:					
	Column 1	Name the	company funding or suppo	orting the rese	earch.			
	Column 2	nn 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.						
	Column 3	steering co	your role: (a) national or overall principal investigator, (b) member of a committee of a study that does not have a principal investigator, (c) site or local or. If other than these options, please describe.					
Column 4 Indicate when your involvement ended, if applicable. (If ended, indicate "current" or "ongoing.")					ole. (If your in	volvement has not yet		
	Add rows a	as needed fo	or each research project.					
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use		
		or in the pas	ouse's Interests t 24 months has your partr	ner or spouse	had any of th	e interests described in		

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
	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?
Re	esearch
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 l	pelow:					
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. 							
Add rows	as needed f	or each research project.					
Funder		Description of Research	My Role	End Date			
no Do you ger	salary be a nerate rever testifying,	ffected by recommendation or	r employer by cl	? inical activity, teaching, speakir dge or opinions about this guid	_		
⊠ No							
□ Yes							
If yes, plea	se explain:						
. Could your	· institution	benefit or be harmed by r	ecommendation	ns of guidelines on this topic?			
□ Don't k	now						
⊠ No							
☐ Yes							
If yes, plea	se 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

	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:
	ofessional Specialty 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

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.

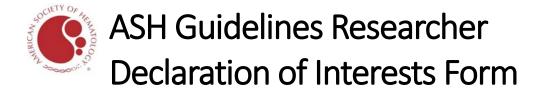
Guideline topic:	Thrombophilia (systematic reviews)
	Baseline risk (systematic reviews)

Approved to participate?	Reviewer Name and Date	Notes
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.

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:			



Part A. Material Interests in Companies				
develops, produces, m treat, monitor, manag	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.			
☐ Yes, as described be	olow:			
·	or each equity interest.			
Company Description Date Divested For ASH Internal Use				
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.				

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

3.	remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-prof company that develops, produces, markets, or distributes drugs, devices, services, or therapies u to diagnose, treat, monitor, manage, or alleviate health conditions?		
	⊠ No		
	\square 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.

6	Description	F. d D. d.	E. ACHILLA COLLINA
Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

1.	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 o	described be	elow:			
	Column 1	Name the	company funding or suppo	orting the rese	earch.	
	Column 2		cribe the research project. institution.	Indicate if fu	nding or supp	ort goes to you directly
	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		hen your involvement end icate "current" or "ongoin		ole. (If your in	volvement has not yet
	Add rows a	s needed fo	r each research project.			
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use
					1	
	D .	, ~	auco's Intoracts			

My Partner's or Spouse's Interests

5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?
	⊠ No
	☐ Yes, as described below:

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

٧	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
P∈ 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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?
R € 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 l	below:		
	Column 1	Name the	entity funding the researc	h.	
	Column 2	Describe t	the research project.		
	Column 3	steering c	your role: (a) national or over ommittee of a study that o or. If other than these opti	loes not have a principal ir	
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet
	Add rows	as needed f	for each research project.		
Fι	under		Description of Research	My Role	End Date
	Do you ger	salary be a	iffected by recommendation or writing, or otherwise shari	employer by clinical activ	
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se explain:			
6.	Could your	· institution	benefit or be harmed by r	ecommendations of guide	lines on this topic?
	☐ Don't kı	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se 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 topic legal
ed or are
ıbspecialty?
dressed by

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

If yes, please describe:

If yes, please explain:

☐ Yes

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.

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part D. New Declarations

The following interests were disclosed after appointment:

Company	Description	Disclosure Date	ASH Internal Notes
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. Furhtermore, all funding goes to advociate healthcare, the study is unrelated to the guideline topic, and Rasha Khatib does not have a leadership role.

Part A. Material Interests in Companies

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							
\square Yes, as described be	elow:						
Add rows as needed for	or each equity interest.						
Company	Company Description Date Divested For ASH Internal Use						
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.							
Company Description Date Divested For ASH Internal Use							

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 o	described b	elow:			
	Column 1	umn 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.					
Company			Description	End Date	For ASH Internal Use	

Industry-Funded Research

In	austry-Fi	unded 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

	My Partner's or Spouse's Interests 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.						
C	Company Description End Date For ASH Internal Use						

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:

٧	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
P€ 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	Teviously Published Opinions 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?
R€ 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	olumn 2 Describe the research project.				
	Column 3	steering c	your role: (a) national or ow ommittee of a study that o or. If other than these opti	loes not have a principal ir		
	Column 4		when your involvement end dicate "current" or "ongoin		nvolvement has not yet	
	Add rows	as needed f	for each research project.			
Fι	ınder		Description of Research	My Role	End Date	
 5. 	Could your salary be affected by recommendations on this topic? No 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					
	extstyle ext					
	☐ Yes					
	If yes, plea	se explain:				
6.	Could your	institution	benefit or be harmed by r	ecommendations of guide	lines on this topic?	
	☐ Don't kr	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se 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

Ac	dvocacy 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:
Pr	ofessional 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:

Ex	spected 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
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Approved to participate?	Reviewer name and date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part A. Material Interests in Companies

Ec	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						
	\square Yes, as described b	elow:					
	Add rows as needed for	or each equity interest.					
Co	Company Description Date Divested For ASH Internal Use						
Pa 2.	Patents and Royalties 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.						
Co	ompany	Description	Date Divested	For ASH Internal Use			

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 o	described b	elow:				
	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		then the activity end current" or "ongoing	ded, if applicable. (If the	e activity h	nas not yet ended,	
	Add rows a	s needed fo	or each activity.				
	To report activities that generate revenues for your institution, see Part B, Question 5.						
Ca	ompany		Description	End Date		For ASH Internal Use	
	ductry Fi						

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 o	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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

	My Partner's or Spouse's Interests 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.						
Co	Company Description End Date For ASH Internal Use						
1		l .					

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Ре 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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
	\square Yes If yes, what were those views and where were they made?
Re 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	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		rhen your involvement end licate "current" or "ongoir		nvolvement has not yet	
	Add rows	as needed f	or each research project.			
Fι	ınder		Description of Research	My Role	End Date	
	☐ 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?				7. 0. 1	
□ Don't know☒ No						
	☐ Yes					
	If yes, plea	se explain:				
6.	Could your	· institution	benefit or be harmed by re	ecommendations of guide	lines on this topic?	
	☐ Don't kr	now				
	⊠ No					

	□ Yes
	If yes, please explain:
	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 there as a consultant on their ASH-VTE contract. My contributions are unlikely to generate a reaction from peers outside the institution.
Ac	dvocacy 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.

	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Ex	pected Interests
	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.

6 1 1 11 1 1	
Guideline topic:	Heparin-Induced Thrombocytopenia (systematic reviews)
· · · · · · · · · · · · · · · · · · ·	, i , , , , , , , , , , , , , , , , , ,

Approved to participate?	Reviewer name and date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part D. New Declarations

The following interests were disclosed after appointment:

Company	Company Description		ASH Internal Notes
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.

Part A. Material Interests in Companies						
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						
\square Yes, as described be	elow:					
Add rows as needed fo	or each equity interest.					
Сотрапу	Company Description Date Divested For ASH Internal Use					
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						
	elow:					
	☐ Yes, as described below:					
Add rows as needed for each patent or royalty interest.						

Company	Description	Date Divested	For ASH Internal Use

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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 \boxtimes No

 \square Yes, as described below:

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 o	described be	elow:					
	Column 1	Name the	company funding or suppo	orting the rese	earch.			
	Column 2		cribe the research project. institution.	Indicate if fu	nding or supp	ort goes to you directly		
	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	umn 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")						
	Add rows a	as needed fo	or each research project.					
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use		
		or in the pas	ouse's Interests t 24 months has your partr	ner or spouse	had any of th	e interests described in		

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
	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?
Re	esearch
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	s, as describ	ed below:					
Columr	n 1 Name	Name the entity funding the research.					
Column	n 2 Descri	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 lo investigator. If other than these options, please describe.							
Columr		•	nvolvement end rent" or "ongoi		(If your inv	volvement has not yet	
Add ro	ows as need	ed for each res	search project.				
Funder		Descriptio	on of Research	My Role	ı	End Date	
		ationships		ons on this topic?			
. Could y No . Do you	your salary b I generate re	pe affected by	recommendation of		nical activity	y, teaching, speaking, ons about this guideline	
No Do you consult topic?	your salary b I generate re	pe affected by	recommendation of	r employer by clir	nical activity	,, ,, ,,	
No Do you consult topic?	your salary b I generate re ting, testifyi	pe affected by	recommendation of	r employer by clir	nical activity	,, ,, ,,	
Could y NoDo you consult topic?Don	your salary b I generate re ting, testifyi	pe affected by	recommendation of	r employer by clir	nical activity	,, ,, ,,	
I. Could y No S. Do you consult topic? □ Don ⊠ No □ Yes	your salary b I generate re ting, testifyi	be affected by evenues for yo ng, writing, or	recommendation of	r employer by clir	nical activity	,, ,, ,,	
Do you consult topic? □ Don ⊠ No □ Yes If yes, p	your salary k generate re ting, testifyi n't know	evenues for yong, writing, or	recommendation of otherwise share	r employer by clir	ical activity	ons about this guideline	
Do you consult topic? □ Don ⊠ No □ Yes If yes, p	your salary k generate re ting, testifyi n't know	evenues for yong, writing, or	recommendation of otherwise share	r employer by clir ing your knowled	ical activity	ons about this guideline	
i. Could y No i. Do you consult topic? ☐ Don ☐ No ☐ Yes If yes, p	your salary k generate re ting, testifyi n't know please expla	evenues for yong, writing, or	recommendation of otherwise share	r employer by clir ing your knowled	ical activity	ons about this guideline	

	If yes, please explain:
	reer Advancement 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.
	Vocacy and Policy Positions 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?
	\square 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
	\square No
	□ Yes
	If yes, please explain:
Pro 9.	ofessional Specialty 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:
Ex	pected 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)

Guideline topic:

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.

Venous thromboembolism

Approved to participate?	Date reviewed by ASH staff	Notes
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.

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part A. Material Interests in Companies

Ec	uity							
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							
	\square Yes, as described b	elow:						
	Add rows as needed for	or each equity interest.						
С	ompany	Description	Date Divested	For ASH Internal Use				
Pa	tents and Royal	ties						
2.			you owned patents for or r gnose, treat, monitor, mana					
	⊠ No							
	\square Yes, as described below:							
	Add rows as needed for each patent or royalty interest.							
Co	ompany	Description	Date Divested	For ASH Internal Use				

Personal Income or Other Remuneration

•	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?					t			
	⊠ No								
	☐ Yes, as o	described b	elow:						
	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 a	is needed fo	or each activity.						
	To report a	To report activities that generate revenues for your institution, see Part B, Question 5.							
C	ompany		Description	End Date		For ASH Internal Use			
	diamenta es								

4.

dustry-F	unded Research						
(e.g., in kin drugs, devi	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 o	\square 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

	Ty Partner's or Spouse's Interests Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?						
	⊠ No						
	\square Yes, as described below:						
	Add rows as needed for each interest.						
Ca	отрапу	Description	End Date	For ASH Internal Use			

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	☑ No☐ YesIf yes, please explain:
Pr 2.	Teviously Published Opinions 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?
R€ 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	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		when your involvement end dicate "current" or "ongoir		nvolvement has not yet		
	Add rows a	as needed f	for each research project.				
Fι	under		Description of Research	My Role	End Date		
	 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: 						
ô.	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

70	avocacy and Folicy Fositions
3.	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:
	ofessional Specialty 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 ves. 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.

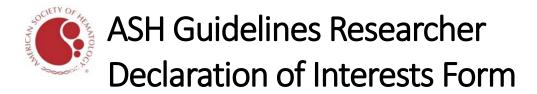
Guideline topic:	Venous thromboembolism: prevention in surgical patients (systematic reviews)	
	Venous thromboembolism: prevention in nonsurgical patients (systematic reviews)	
	Optimal management of anticoagulation therapy (systematic reviews)	

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

Notes:		



Dart A Material Interests in Companies

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. 					
Company	Description	Date Divested	For ASH Internal Use		
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.					
Company	Description	Date Divested	For ASH Internal Use		

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 o	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 a	as needed for each activity.

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

Company	Description	End Date	For ASH Internal Use
Company	Description	Liid Date	Tot Astrinternal ose

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?



☐ 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

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?

\boxtimes	No

 \square Yes, as described below:

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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 thromboem	polism
•	low are designed to elicit information about personal beliefs, intellectual positional relationships, and other interests that are not mainly financial and that may been the above topic.
Personal Belief	
1. Do you have stroi	gly held beliefs related to the topic of these guidelines?
⊠ No	
☐ Yes	
If yes, please expl	ain:
Previously Publ	•
guidelines, e.g., a	hored, coauthored, or publicly provided an opinion related to the topic of these clinical practice guideline, textbook, review article, meeting poster or ad rounds talk, letter to the editor?
⊠ No	
☐ Yes	
If yes, what were	chose 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?



	☐ Yes, as described below:					
	Column 1	nn 1 Name the entity funding the research.				
	Column 2	nn 2 Describe the research project.				
	Column 3	olumn 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.")				nvolvement has not yet	
	Add rows	as needed f	for each research project.			
Fι	ınder		Description of Research	My Role	End Date	
	 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?	2014				
	□ Don t ki No	IOW				
	□ Yes					
	□ Yes If yes, please explain:					
	, , , , , , , , , , , ,					
6.	5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?			lines on this topic?		
	□ Don't know □ □ Don't know □ □ Don't know □					
	□ No					
	□ Yes					
	If yes, plea	se 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

70	avocacy and Folicy Fositions
3.	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 No No No No No No N
	☐ 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:
Pr 9.	ofessional Specialty 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 No No No No No No N
	□ 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	
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Approved to participate?	Reviewer name and date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part D. New Declarations

The following interests were disclosed after appointment:

Company	Description	Disclosure Date	ASH Internal Notes
N/A	Rami Morsi is now a medical school graduate.	7/20/2018	This is an update to Part B, Question 9 – professional specialty.

Part A. Material Interests in Companies						
Eq 1.	Quity 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 b	elow:				
	Add rows as needed for	or each equity interest.				
Co	ompany	Description	Date Divested	For ASH Internal Use		
Pa	tents and Royal	ties				
2.		the past 24 months have y rty or product used to diag	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	⊠ No					
	\square Yes, as described b	elow:				
	Add rows as needed for each patent or royalty interest.					
C	Company Description Date Divested For ASH Internal Use					
	Date Divested To Asia Internal Ose					

Personal Income or Other Remuneration 3. Do you currently or in the past 24 months have you received personal income or other

remunerati company th	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	⊠ No					
☐ Yes, as o	described b	elow:				
Column 1	Name the	company.				
Column 2	employme		eceived income or other re bureau involvement, servi ny.			
Column 3		then the activity ended, if a current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,		
Add rows a	s needed fo	or each activity.				
To report a	ctivities tha	at generate revenues for y	our institution, see Part B,	Question 4.		
Сотрапу		Description	End Date	For ASH Internal Use		
(e.g., in kin	rently or in d support) ces, service	the past 24 months have y by any for-profit company	you been involved in resea that develops, produces, r gnose, treat, monitor, mar	narkets, or distributes		
⊠ No						
☐ Yes, as o	described b	elow:				
Column 1	Name the	company funding or supp	orting the research.			
Column 2						

- 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

My Partner's or Spouse's Interests

IVI	y Partifer's or Spouse's interests
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?
	⊠ No
	☐ Yes, as described below:
	Add rows as needed for each interest

Сотрапу	Description	End Date	For ASH Internal Use
Company	Description	Liid Date	Tot Astritterial ose

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 position 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

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?

the panel meeting as a methodologist. (Disclosed 6/7 via email)

	⊠ No				
	☐ Yes, as	described	below:		
	Column 1 Name the entity funding the research.				
	Column 2 Describe the research project.				
	Column 3	steering c	your role: (a) national or ov ommittee of a study that o or. If other than these opti	loes not have a pr	ncipal investigator, (c) site or loca
	Column 4		when your involvement end dicate "current" or "ongoir		If your involvement has not yet
	Add rows	as needed 1	for each research project.		
Fι	ınder		Description of Research	My Role	End Date
		nerate reve , testifying, now	nues or nonfinancial benef		tion by teaching, speaking, e or opinions about this guideline
5.	Could your institution benefit or be harmed by recommendations of guidelines on this topic? ☑ Don't know ☐ No.				
	□ No				
	☐ res	se explain:			
	, 55, p.cu				

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.

Ac	dvocacy 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:
	ofessional Specialty 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

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:	

If yes, please explain:

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.

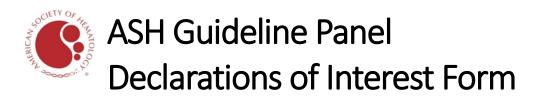
Name of guideline panel(s)	Guideline Panel on Diagnosis of VTE
----------------------------	-------------------------------------

Approved to participate?	Status	Recusal may be required?	Reviewer Name and Date	Notes
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.

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

Company	Description	Disclosure Date	ASH Notes

Notes:			



Part A. Material Interests in Companies					
develops, produces, m treat, monitor, manag	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					
\square Yes, as described be	elow:				
Add rows as needed for	or each equity interest.				
Company	Description	Date Divested	For ASH Internal Use		
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.					

Company	Description	Date Divested	For ASH Internal Use

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				
\square 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.

Company	Description	End Date	For ASH Internal Use

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			
	\square Yes, as d	lescribed 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.			

Company	Description of Research	My Role	End Date	For ASH Internal Use

M	ly Partner's or Spouse's Interests
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?
	⊠ No
	\square Yes, as described below:

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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 position or opinions, institutional relationships, and other interests that are not mainly financial and that may 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☐ YesIf 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? 	ē
☑ 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 a research project funded by a nonprofit or governmental organization?	.g.,
⊠ No	

	☐ Yes, as described below:						
	Column 1	n 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 loca investigator. If other than these options, please describe.					
	Column 4		when your involvement end dicate "current" or "ongoil		e. (If your i	nvolvement has not yet	
	Add rows	as needed f	for each research project.				
Fι	ınder		Description of Research	My Role		End Date	
		nerate reve , testifying,	nues or nonfinancial benef writing, or otherwise shar	-	-		
	⊠ No						
	☐ Yes						
	If yes, plea	se explain:					
5.	Could your	· institution	benefit or be harmed by r	ecommendation	ns of guide	lines on this topic?	
	☐ Don't kı	now					
	⊠ No						
	☐ Yes						
	If yes, plea	se 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.
Ac	dvocacy 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:
	ofessional Specialty What is your primary clinical specialty or subspecialty?
ο.	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.
E>	spected 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)
----------------------------	-------------------------------------

Approved to participate?	Status	Recusal may be required?	Date reviewed by ASH staff	Date confirmed by ASH oversight officer or committee	Notes
Yes	Unconflicted majority	No	5/8/2015	5/22/15	
[Add rows as new interests are disclosed and reviewed.]					

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

Company	Description	Disclosure Date	ASH Notes

Notes:		

Ρ	art A. Mat	terial Intere	ests in Com	panies	
Eq	Quity 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 b	elow:			
	Add rows as needed for	or each equity interest.			
Co	ompany	Description	Date Divested	For ASH Internal Use	
Pa	tents and Royal	ties			
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				
	\square Yes, as described b	elow:			
	Add rows as needed for	or each patent or royalty ir	iterest.		
_		C	0.1.0	E-AGULLAN AUG	
C	ompany	Description	Date Divested	For ASH Internal Use	

Personal Income or Other Remuneration

•	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 o	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 a	s needed for each activity.	

To report activities that generate revenues for your institution, see Part B, Question 4.

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

Industry-Funded Research

	o. o. o c. , .	arrada reddararr
4. Do you currently or in the past 24 months have you been involved in research funded or (e.g., in kind support) by any for-profit company that develops, produces, markets, or dis drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or allevi- 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use
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.

My Partner's or Spouse's Interests					
5. Currently or in the pasquestions 1-4?	Currently or in the past 24 months has your partner or spouse had any of the interests described in				
⊠ No					
☐ Yes, as described below:					
Add rows as needed fo	Add rows as needed for each interest.				
Company Description End Date For ASH Internal Use					

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):

0	ptimal Management of Anticoagulation Therapy
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic(s).
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
2.	
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
Re	esearch
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 l	pelow:			
	Column 1	Name the	entity funding the research	h.		
	Column 2	Describe t	he research project.			
	Column 3	steering c	your role: (a) national or over ommittee of a study that o or. If other than these opti	loes not have a p	orincipal in	
	Column 4		when your involvement end dicate "current" or "ongoir		e. (If your ir	nvolvement has not yet
	Add rows	as needed f	or each research project.			
Fı	under		Description of Research	My Role		End Date
n 1.		nerate reve	onships nues or nonfinancial benef writing, or otherwise shari		-	
	☐ Don't kr	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				
5.	Could your	institution	benefit or be harmed by r	ecommendation	s of guidel	ines on this topic?
	☐ Don't kr	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se 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

70	avocacy and Folicy Fositions
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:
Pr	ofessional Specialty
3.	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.
€.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	⊠ No
	□ Yes

Expected Interests	
10. Do you expect new financial or nonfin already declared in Part A or Part B of	ancial interests relevant to the topic of these guidelines not this form?
⊠ No	
□ Yes	
If yes, please describe:	

If yes, please explain:

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

Approved to participate?	Status	Recusal may be required?	Reviewer Name and Date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part D. New Declarations

The following interests were disclosed after appointment:

Company	Description	Disclosure Date	ASH Internal Notes
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.

Dart A Material Interacts in Companies

Part A. Material interests in Companies							
 Equity 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. 							
Company	Company Description Date Divested For ASH Internal Use						
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.							
Company Description Date Divested For ASH Internal Use							

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 No	
☐ Yes, as o	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 a	is needed for each activity.

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

Company	Description	End Date	For ASH Internal Use
Company	Description	Liid Date	Tot Astrinternal ose

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?



	VΔc	20	dascr	hadi	below:	
	165.	as	UESUL	wea	DEIDW.	

- 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

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?

•	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests describe questions 1-4?						
	⊠ No						
	\square Yes, as described below:						
	Add rows as needed for each interest.						

Company	Description	End Date	For ASH Internal Use

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	
-	ed to elicit information about personal beliefs, intellectual position os, and other interests that are not mainly financial and that may bopic.
Personal Beliefs	
1. Do you have strongly held beliefs	s related to the topic of these guidelines?
⊠ No	
☐ Yes	
If yes, please explain:	
Previously Published Opin	
	ored, or publicly provided an opinion related to the topic of these guideline, textbook, review article, meeting poster or letter to the editor?
⊠ No	
☐ Yes	
If yes, what were those views an	d 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?



	□ Yes, as	described I	pelow:			
	Column 1	Name the	entity funding the researc	h.		
	Column 2	Describe t	he research project.			
	Column 3	steering c	your role: (a) national or ow ommittee of a study that o or. If other than these opti	loes not have a principal ir		
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet	
	Add rows	as needed f	for each research project.			
F	under		Description of Research	My Role	End Date	
5.	No Do you ger consulting, topic? □ Don't ki No □ Yes	o you generate revenues for your institution or employer by clinical activity, teaching, speaking, onsulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline opic? Don't know No				
õ.	Could your ☐ Don't ki ☑ No ☐ Yes If yes, plea	now	benefit or be harmed by r	ecommendations of guide	lines on this topic?	

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?

<mark>I don't know</mark>

40	lvocacy and Policy Positions
3.	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 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
	\square No
	□ Yes
	If yes, please explain:
Pr	ofessional Specialty
€.	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 No No No No No No N
	□ Yes
	If yes, please explain:

Ex	spected 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 No No No No No No N
	□ 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)

Approved to participate?	Reviewer name and date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

ľ	۷o	t	te	29	5 :																													
																																		Ī

Part A. Material Interests in Companies

Equity										
develops, produces, m treat, monitor, manag	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 b	pelow:									
Add rows as needed for	or each equity interest.									
Company	Description	Date Divested	For ASH Internal Use							
any intellectual proper conditions? ☑ No □ Yes, as described by	the past 24 months have yety or product used to diag	you owned patents for or renose, treat, monitor, man	•							
Company	Description	Date Divested	For ASH Internal Use							
Personal Income o	ır Other Remunera	tion								

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 use	ed
to diagnose, treat, monitor, manage, or alleviate health conditions?	

\boxtimes	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.

Сотрапу	Description	End Date	For ASH Internal Use

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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

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?

\boxtimes	No
	Yes, as described below:

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

٧	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	☑ No☐ Yes
	If yes, please explain:
Pr	reviously 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?
Re	esearch
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.

Funder	Description of Research	My Role	End Date

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:
	ofessional Specialty 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:
Ex	pected 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.

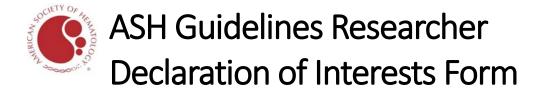
Guideline topic:	Prevention of VTE in Surgical Hospitalized Patients (systematic reviews)
	Prevention of VTE in Medical Patients (systematic reviews)

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

Notes:		



Part A. Material Interests in Companies

 Equity 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. 			
Company Description Date Divested For ASH Internal Use			
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.			
Company	Description	Date Divested	For ASH Internal Use

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 c	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 a	s needed for each activity.

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

Company	Description	End Date	For ASH Internal Use

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

investigator. If other than these options, please describe.

steering committee of a study that does not have a principal investigator, (c) site or local

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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

	Ty Partner's or Spouse's Interests Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?						
	X No						
	☐ Yes, as described below:						
	Add rows as needed for each interest.						
C	Company Description End Date For ASH Internal Use						

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 position
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?
X 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?
X 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?
 - **X** No

	☐ Yes, as described below:						
	Column 1	umn 1 Name the entity funding the research.					
	Column 2	Describe t	he 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		when your involvement end dicate "current" or "ongoir		nvolvement has not yet		
	Add rows a	as needed f	or each research project.				
Fι	ınder		Description of Research	My Role	End Date		
	nstitutional Relationships Could your salary be affected by recommendations on this topic? NO 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 X No Yes If yes, please explain:						
6.	Could your institution benefit or be harmed by recommendations of guidelines on this topic? X 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

40	dvocacy and Policy Positions
3.	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:
	ofessional Specialty 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?
	X No
	□ Yes
	If yes, please explain:

Expected Interests

11.		you expect new financial or nonfinancial interests relevant to the topic of these guidelines not eady declared in Part A or Part B of this form?
	X	No
		Yes
	If y	es, 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

Notes:			

Part A. Material Interests in Companies

Ec	quity				
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				
	\square Yes, as described b	elow:			
	Add rows as needed for	or each equity interest.			
C	Company Description Date Divested For ASH Internal Use				
P <i>a</i>	Patents and Royalties 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 to	or each patent or royalty ir	iterest.		
Co	ompany	Description	Date Divested	For ASH Internal Use	

Pe	rsonal Ir	ncome 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 o	lescribed 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 a	s needed for each activity.	
	To #0000# 0	ativities that consucts unverse for very institution, and Double D. Overtion F.	

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

Company	Description	End Date	For ASH Internal Use
Roche	Expert testimony - Guideline development methods	October 2016	Not a COI. See Part C.

In	austry-F	unded Research
4.	(e.g., in kin	rently or in the past 24 months have you been involved in research funded or supported d support) by any for-profit company that develops, produces, markets, or distributes ces, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health?
	⊠ 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

M	/ly Partner's or Spouse's Interests				
5.	Currently or in the pas questions 1-4?	t 24 months has <i>your part</i>	<i>ner or spouse</i> had any of tl	ne interests described in	
	⊠ No				
	\square Yes, as described be	elow:			
	Add rows as needed for	or each interest.			

Company	Description	End Date	For ASH Internal Use

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Ре 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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?
R€ 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 b	pelow:		
	Column 1	Name the	entity funding the research	h.	
	Column 2	Describe t	he research project.		
	Column 3	steering co	vour role: (a) national or over ommittee of a study that o or. If other than these opti	loes not have a principal in	
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet
	Add rows	as needed f	for each research project.		
Fι	ınder		Description of Research	My Role	End Date
	Do you ger	salary be a nerate rever testifying, v	onships ffected by recommendation nues for your institution or writing, or otherwise shari	employer by clinical activ	
6.	Could your ☐ Don't kr ☒ No ☐ Yes If yes, pleas	now	benefit or be harmed by r	ecommendations of guide	lines on this topic?

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

AL	ivocacy 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:
Pr	ofessional 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 ves, 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:	Values and preferences (systematic review)
The state of the s	

Approved to participate?	Reviewer name and date	Notes
Yes	9/24/18 Alexander, Kunkle, Rajasekhar	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).
		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.
		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.
		Nevertheless, to address possible concerns about perceived conflict, the following management strategies have been used:
		 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

		_	not attend any in-
		ASH guideline pa	meetings of any of the nels. She was not
		•	d not contribute to any ons of the panels or to
			guideline manuscripts.
		On 9/24/2018, Dr. Rodrig	guez confirmed all
Summarize all current mat	terial interests in affected	companies described abov	e:
Company	Description	Disclosure Date	ASH Notes
Notes:			

Part A. Material Interests in Companies

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				
\square Yes, as described be	elow:			
Add rows as needed for	or each equity interest.			
Company Description Date Divested For ASH Internal Use				
Patents and Royalties 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				
\square Yes, as described be	elow:			
Add rows as needed for	or each patent or royalty ir	iterest.		
Company	Description	Date Divested	For ASH Internal Use	

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 use to diagnose, treat, monitor, manage, or alleviate health conditions?				
	⊠ No				
	☐ Yes, as o	described b	elow:		
	Column 1 Name the company.				
	Column 2	employme	be the activity for which you received income or other remuneration, e.g., yment, consultancy, speakers bureau involvement, service on an advisory ttee 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.				
Co	ompany		Description	End Date	For ASH Internal Use

dustry-F	unded Research		
(e.g., in kir drugs, dev	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	☐ 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

My Partner's or Spouse's Interests			
Currently or in the pas questions 1-4?	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?		
⊠ No			
\square Yes, as described below:			
Add rows as needed for each interest.			
Сотрапу	Description	End Date	For ASH Internal Use

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Ре 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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?
Re 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 l	pelow:		
	Column 1	Name the	entity funding the researc	h.	
	Column 2	Describe t	he research project.		
	Column 3	steering c		verall principal investigator loes not have a principal in ons, please describe.	
	Column 4		when your involvement end dicate "current" or "ongoir	ded, if applicable. (If your ing.")	nvolvement has not yet
	Add rows	as needed f	or each research project.		
F	under		Description of Research	My Role	End Date
4. 5.	NO Do you ger	nerate revel testifying,	·	ons on this topic? remployer by clinical activing your knowledge or opin	
	If yes, pleas	co ovnlain:			
	ii yes, piea.				
		эс схринн.			
6.	Could your	•	benefit or be harmed by r	ecommendations of guidel	lines on this topic?
6.	Could your ☐ Don't kr	institution	benefit or be harmed by r	ecommendations of guidel	lines on this topic?
6.	,	institution	benefit or be harmed by r	ecommendations of guidel	lines on this topic?
6.	☐ Don't kr	institution	benefit or be harmed by r	ecommendations of guidel	lines on this topic?

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

Ac	lvocacy 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:
Pr	ofessional 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.

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

Approved to participate?	Reviewer name and date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:		

Part A. Material Interests in Companies			
 Equity 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			
\square Yes, as described	below:		
Add rows as needed	for each equity interest.		
Сотрапу	Description	Date Divested	For ASH Internal Use
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.			
Сотрапу	Description	Date Divested	For ASH Internal Use

Company	Description	Date Divested	For ASH Internal Use

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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 \boxtimes No

 \square Yes, as described below:

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 l	below:			
	Column 1	Name the	e company funding or supp	orting the res	search.	
	Column 2		escribe the research projecur institution.	t. Indicate if f	unding or sup	port goes to you directly
	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 loc investigator. If other than these options, please describe.					
	Column 4		when your involvement en ndicate "current" or "ongoi		able. (If your i	nvolvement has not yet
	Add rows a	as needed	for each research project.			
Со	mpany		Description of Research	My Role	End Date	For ASH Internal Use
	•	or in the pa	pouse's Interests ast 24 months has <i>your par</i>	tner or spouse	e had any of t	he interests described in

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Ve	nous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously 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?
Re	esearch
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 th	Name the entity funding the research.				
	Column 2	Describe	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		when your involvement er ndicate "current" or "ongo		involvement has not yet		
	Add rows	as needed	for each research project.				
Fur	nder		Description of Research	My Role	End Date		
	 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 						
	□ Yes						
	If yes, please explain:						
6.	5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?						
	☐ Don't kr	now					
	⊠ No						
	☐ Yes						
	If yes, pleas	se 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

Ac	lvocacy 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:				
Pr	ofessional 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				

lf	yes,	p	lease	exp	lain:
----	------	---	-------	-----	-------

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: Treatment (systematic reviews)
	Venous thromboembolism: Nonsurgical (systematic reviews)

Approved to participate?	Reviewer name and date	Notes
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.

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part A. Ma	Part A. Material Interests in Companies				
develops, produces, treat, monitor, mana					
⊠ No					
\square Yes, as described	below:				
Add rows as needed	for each equity interest.				
Сотрапу	Company Description Date Divested For ASH Internal Use				
 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. 					
Company	Description	Date Divested	For ASH Internal Use		

Company	Description	Date Divested	For ASH Internal Use

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

 \square 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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 \boxtimes No

 \square Yes, as described below:

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 l	below:			
	Column 1	Name the	e company funding or supp	orting the res	search.	
	Column 2		escribe the research projecur institution.	t. Indicate if f	unding or sup	port goes to you directly
	Column 3	steering	your role: (a) national or o committee of a study that tor. If other than these opt	does not have	e a principal ir	
	Column 4		when your involvement en ndicate "current" or "ongoi		able. (If your i	nvolvement has not yet
	Add rows a	as needed	for each research project.			
Со	mpany		Description of Research	My Role	End Date	For ASH Internal Use
	•	or in the pa	pouse's Interests ast 24 months has <i>your par</i>	tner or spouse	e had any of t	he interests described in

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

Ve	nous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously 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?
Re	esearch
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	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		when your involvement er ndicate "current" or "ongo		involvement has not yet		
	Add rows	as needed	for each research project.				
Fur	nder		Description of Research	My Role	End Date		
	consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?						
	No □ Yes						
	If yes, please explain:						
6.	5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?						
	☐ Don't kr	now					
	⊠ 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.

40	lvocacy and Policy Positions
3.	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:
	ofessional Specialty 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
	□ Vos

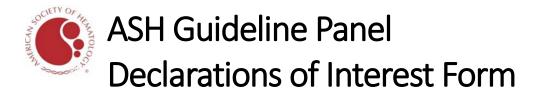
Expected Interests

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:		reviews	embolism: values and prei	terences systematic	
Approved to participate?	Date reviewed by ASH staff		Notes		
Yes	10/24/	2016 Alexander	No material conflicts of in	nterest.	
Summarize all current m	Summarize all current material interests in affected companies described above:				
Company	Descrip	otion	Disclosure Date	ASH Notes	
Notes:					



Part A. Material Interests in Companies							
Eq	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 b	elow:					
	Add rows as needed for	or each equity interest.					
Co	ompany	Description	Date Divested	For ASH Internal Use			
Pa	tents and Royal	ties					
2.		the past 24 months have y rty or product used to diag	· · · · · · · · · · · · · · · · · · ·	·			
	⊠ No						
	\square Yes, as described b	elow:					
	Add rows as needed for each patent or royalty interest.						
_							
C	ompany	Description	Date Divested	For ASH Internal Use			

 Personal Income or Other Remuneration 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 f company that develops, produces, markets, or distributes drugs, devices, services, or ther to diagnose, treat, monitor, manage, or alleviate health conditions? 			ivel) from any for-profit		
	⊠ No				
	☐ Yes, as o	described b	elow:		
	Column 1	Name the	company.		
	Column 2	employme		received income or other rebureau involvement, serviny.	
	Column 3		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,
	Add rows a	is needed fo	or each activity.		
	To report a	ctivities tha	at generate revenues for y	our institution, see Part B,	Question 4.
Co	отрапу		Description	End Date	For ASH Internal Use
Co	ompany		Description	End Date	For ASH Internal Use
Co	ompany		Description	End Date	For ASH Internal Use
Co	ompany		Description	End Date	For ASH Internal Use
In	dustry-F Do you cur (e.g., in kin	rently or in d support) ces, service	Research the past 24 months have by any for-profit company	you been involved in researthat develops, produces, rignose, treat, monitor, man	rch funded or supported markets, or distributes
In	dustry-F Do you cur (e.g., in kin drugs, devi	rently or in d support) ces, service	Research the past 24 months have by any for-profit company	you been involved in resea that develops, produces, r	rch funded or supported markets, or distributes
In	dustry-F Do you cur (e.g., in kin drugs, devi conditions	rently or in d support) ces, service	Research the past 24 months have by any for-profit companyes, or therapies used to dia	you been involved in resea that develops, produces, r	rch funded or supported markets, or distributes
In	dustry-F Do you cur (e.g., in kin drugs, devi conditions	rently or in d support) ces, service ? described b	Research the past 24 months have by any for-profit companyes, or therapies used to dia	you been involved in resea that develops, produces, r gnose, treat, monitor, mai	rch funded or supported markets, or distributes

- 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

My Partner's or Spouse's Interests

IVI	y Farther 3 of Spouse 3 litterests
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?
	⊠ No
	☐ Yes, as described below:
	Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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	Guideline Panel on Prevention and Treatment
cancer	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:
Pr	reviously 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.

Funder	Description of Research	My Role	End Date
CIHR	Individual patient data meta- analysis antithrombotics in cancer	PI	Mach 2016

Institutional Relationships

П	stitutional Relationships
1.	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
	\square No
	□ Yes
	If yes, please explain:
	reer Advancement 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
Ac 7.	vocacy and Policy Positions 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?
	\square 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
Ex	pected 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 ves. 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.

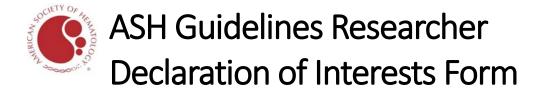
Name of guideline panel(s)	VTE Guideline Coordination Panel Guideline Panel on Diagnosis of VTE Guideline Panel on Prevention of VTE in Medical Hospitalized
	Patients Guideline Panel on Prevention and Treatment of VTE in Patients with Cancer

Approved to participate?	Status	Recusal may be required?	Date reviewed by ASH staff	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:		



Part A. Material Interests in Companies

Ec 1.	Quity 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				
	\square Yes, as described b	elow:			
	Add rows as needed for	or each equity interest.			
C	Company Description Date Divested For ASH Internal Use				
Pa 2.	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.				
C	ompany	Description	Date Divested	For ASH Internal Use	

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 o	described b	elow:		
	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.")				as not yet ended,
	Add rows as needed for each activity.				
	To report activities that generate revenues for your institution, see Part B, Question 5.				
Co	ompany		Description	End Date	For ASH Internal Use

Ind	dustry-Fi	unded Research		
4.	(e.g., in kin	rently or in the past 24 months have you been involved in research funded or supported d support) by any for-profit company that develops, produces, markets, or distributes ces, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health		
⊠ No				
	☐ Yes, as described below:			
Column 1 Name the company funding or supporting the research.		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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

My Partner's or Spouse's Interests					
Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?					
⊠ No	⊠ No				
\square Yes, as described b	☐ Yes, as described below:				
Add rows as needed for each interest.					
Сотрапу	Description	End Date	For ASH Internal Use		
	1				

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
	Personal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr 2.	eviously Published Opinions 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?
	esearch
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 researc	h.	
	Column 2	Describe t	he research project.		
	Column 3	steering co	our role: (a) national or over ommittee of a study that dor. If other than these opti	oes not have a principal in	
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet
	Add rows a	as needed f	or each research project.		
Fι	ınder		Description of Research	My Role	End Date
	No Do you gen	salary be a erate rever testifying,	onships ffected by recommendation nues for your institution or writing, or otherwise shari	employer by clinical activ	
	☐ Yes				
	If yes, pleas	se explain:			
ŝ.	Could your	institution	benefit or be harmed by re	ecommendations of guide	lines on this topic?
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, pleas	se explain:			

☐ Yes

If yes, please explain:

Ca	reer 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
Ac	Ivocacy 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
	\square No
	□ Yes
	If yes, please explain:
Pr	ofessional 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

Ex	spected 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.

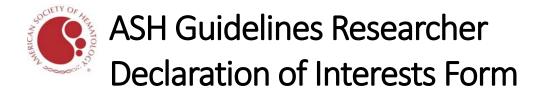
Guideline topic:	VTE in the context of pregnancy (systematic reviews)
------------------	--

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	On 7/8/2018, Nicole Schwab confirmed all information in this form.

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:			



Part A. Material Interests in Companies								
Equity L. 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 be	elow:							
·	or each equity interest.							
Company	Company Description Date Divested For ASH Internal Use							
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.								

Company	Description	Date Divested	For ASH Internal Use

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.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

 \boxtimes No

 \square Yes, as described below:

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 o	described be	elow:				
	Column 1	Name the	company funding or suppo	rting the rese	earch.		
	Column 2		cribe the research project. institution.	Indicate if fu	nding or supp	oport goes to you directly	
	Column 3	mn 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 a	is needed fo	or each research project.				
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use	
				<u> </u>	1		
		or in the pas	ouse's Interests t 24 months has your partr	ner or spouse	had any of th	e interests described in	

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
	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?
Re	esearch
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 l	pelow:			
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. 					
Add rows	as needed f	or each research project.			
Funder		Description of Research	My Role	End Date	
no Do you ger	salary be a nerate rever testifying,	ffected by recommendation or	r employer by cl	? inical activity, teaching, speakir dge or opinions about this guid	_
⊠ No					
□ Yes					
If yes, plea	se explain:				
. Could your	· institution	benefit or be harmed by r	ecommendation	ns of guidelines on this topic?	
□ Don't k	now				
⊠ No					
☐ Yes					
If yes, plea	se 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

	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:
	ofessional Specialty 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

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)

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

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part A. Material Interests in Companies

rait A. Materiai 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 b	elow:				
	Add rows as needed for	or each equity interest.				
Со	mpany	Description	Date Divested	For ASH Internal Use		
Pa	tents and Royali	ties				
2.		the past 24 months have y	•	•		
	⊠ No					
	☐ Yes, as described below:					
	Add rows as needed for	or each patent or royalty in	nterest.			

Company	Description	Date Divested	For ASH Internal Use
	<u>·</u>		

P∈ 3.	ersonal Income or Other Remuneration 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 o	described b	elow:			
	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 a	s needed fo	or each activity.			
	To report a	ctivities tha	at generate revenues for y	our institution, see Part B,	Question 5.	
Co	ompany		Description	End Date	For ASH Internal Use	
	ndustry-Funded Research 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?				narkets, or distributes	
	⊠ No					
\square Yes, as described below:						

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

Column 1 Name the company funding or supporting the research.

- 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

My Darthar's or Spauso's Interests

IVI	y Partner's or Sp	ouse's interests			
5.	5. Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described questions 1-4?				
	⊠ No				
	\square Yes, as described below:				
	Add rows as needed for each interest.				

Company	Description	End Date	For ASH Internal Use

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Ре 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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
	\square Yes If yes, what were those views and where were they made?
Re 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 investigator. If other than these options, please describe. 					
	Column 4		vhen your involvement end dicate "current" or "ongoir		nvolvement has not yet	
	Add rows	as needed f	for each research project.			
Fı	under		Description of Research	My Role	End Date	
 4. 5. 	No					
	☐ Yes	co ovalaja:				
6.	□ Don't know □ No					
	☐ Yes					
		se 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.

Ac	dvocacy 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:
	ofessional Specialty 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

Ex	pe	cted 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?				
	\boxtimes	No				
		Yes				
	If y	es, please describe:				

If yes, please explain:

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

Notes:			

Part A. Material Interests in Companies

Ec 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				
	\square Yes, as described b	elow:			
	Add rows as needed for	or each equity interest.			
C	ompany	Description	Date Divested	For ASH Internal Use	
Pa 2.	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.				
Company Description Date Divested For ASH Inter			For ASH Internal Use		

Personal Income or Other Remuneration

	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 use to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes, as o	described b	elow:			
	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		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,	
	Add rows a	s needed fo	or each activity.			
	To report activities that generate revenues for your institution, see Part B, Question 5.				Question 5.	
Company Description End Date For ASH Internal U						

In

In	dustry-Fi	unded 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 o	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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

	My Partner's or Spouse's Interests . 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.							
Co	Company Description End Date For ASH Internal Use							

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 l	pelow:			
	Column 1	Name the	entity funding the researc	h.		
	Column 2	Describe t	he research project.			
	Column 3	steering c	your role: (a) national or ow ommittee of a study that o or. If other than these opti	loes not have a principal in		
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet	
	Add rows	as needed f	or each research project.			
Fı	under		Description of Research	My Role	End Date	
	 nstitutional Relationships Could your salary be affected by recommendations on this topic? 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 kr	now				
	⊠ No					
	□ Yes					
	If yes, please explain:					
ŝ.	Could your institution benefit or be harmed by recommendations of guidelines on this topic?					
	☐ Don't kr	now				
	⊠ No					

	□ Yes
	If yes, please explain:
Са 7.	areer Advancement 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
_	dvocacy 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:
Pr	rofessional 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

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

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:			

Part A. Material Interests in Companies

ĒQ L.	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 b	elow:					
	Add rows as needed for	or each equity interest.					
С	Company Description Date Divested For ASH Internal Use						
Pa	tents and Royal	ties					
2.	•	the past 24 months have y rty or product used to diag	•	•			
	⊠ No						
	☐ Yes, as described below:						
	Add rows as needed for each patent or royalty interest.						
Co	Company Description Date Divested For ASH Internal Use						

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 o	described b	elow:		
	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 a	s needed fo	or each activity.		
	To report a	ctivities tha	at generate revenues for yo	our institution, see Part B,	Question 5.
Co	Company Description End Date For ASH Internal Use				
n	ndustry-Funded Research				

dustry-F	unded Research					
(e.g., in kin drugs, devi	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	⊠ No					
☐ Yes, as o	\square 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

	Ty Partner's or Spouse's Interests 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.					
Со	Company Description End Date For ASH Internal Use					

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:

Ve	nous thromboembolism
or o	questions that follow are designed to elicit information about personal beliefs, intellectual positions pinions, institutional relationships, and other interests that are not mainly financial and that may be want to guidelines on the above topic.
	rsonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pre	eviously Published Opinions
	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 l	pelow:		
	Column 1	Name the	entity funding the researc	h.	
	Column 2	Describe t	he research project.		
Column 3 Describe your role: (a) national or overall principal investigator, (b) r steering committee of a study that does not have a principal investigator. If other than these options, please describe.					
	Column 4		hen your involvement end dicate "current" or "ongoir	ded, if applicable. (If your ing.")	nvolvement has not yet
	Add rows a	as needed f	or each research project.		
Fı	under		Description of Research	My Role	End Date
	stitutions Could your No.		onships ffected by recommendatio	ons 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?				
	topic?		writing, or otherwise sharr		-
	topic?	ıow	whiting, or otherwise sharr		
	-	now	whiting, or otherwise sharr		
	☐ Don't kr	now	whiting, or otherwise sharr		
	□ Don't kr		whiting, or otherwise sharr		
ō.	☐ Don't kr ☑ No ☐ Yes If yes, pleas	se explain:		ecommendations of guidel	
ō.	☐ Don't kr ☑ No ☐ Yes If yes, pleas	se explain: institution		ecommendations of guidel	

	⊠ No
	□ Yes
	If yes, please explain:
Ca	reer 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.
Ac	Ivocacy 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

Notes:		

Part A. Material Interests in Companies

quity			
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			
\square Yes, as described b	elow:		
Add rows as needed for	or each equity interest.		
Company Description Date Divested For ASH Internal Use			
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.			
отрапу	Description	Date Divested	For ASH Internal Use
	Do you currently or in develops, produces, m treat, monitor, manag other ownership inter No Yes, as described b Add rows as needed for the company atents and Royal Do you currently or in any intellectual prope conditions? No Yes, as described b Add rows as needed for the conditions?	Do you currently or in the past 24 months have y develops, produces, markets, or distributes drug treat, monitor, manage, or alleviate health condition other ownership interests but excludes diversified. ☑ No ☐ Yes, as described below: Add rows as needed for each equity interest. Description Description Atents and Royalties Do you currently or in the past 24 months have y any intellectual property or product used to diag conditions? ☑ No ☐ Yes, as described below: Add rows as needed for each patent or royalty in the patent or royal	Do you currently or in the past 24 months have you had equity in any for-p develops, produces, markets, or distributes drugs, devices, services, or the treat, monitor, manage, or alleviate health conditions? Equity includes store other ownership interests but excludes diversified mutual fund shares. ☑ No ☐ Yes, as described below: Add rows as needed for each equity interest. Date Divested Intents and Royalties Do you currently or in the past 24 months have you owned patents for or reany intellectual property or product used to diagnose, treat, monitor, man conditions? ☑ No ☐ Yes, as described below: Add rows as needed for each patent or royalty interest.

Personal Income or Other Remuneration

 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. 	
 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. 	
 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. 	
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.	
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.	
Company Description End Date For ASH Internal Us	
	e

Ind

4.

dustry-Funded Research			
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?			
☐ Yes, as described below:			
Name the company funding or supporting the research.			
Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.			
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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

My Partner's or Spouse's Interests			
Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?			
⊠ No			
\square Yes, as described b	elow:		
Add rows as needed for each interest.			
Сотрапу	Description	End Date	For ASH Internal Use
	1		

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
P∈ 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	No □ Yes
	If yes, please explain:
Pr 2.	eviously Published Opinions 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?
R€ 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 l	pelow:		
	Column 1	Name the	entity funding the research	h.	
	Column 2	Describe t	he research project.		
	Column 3	steering c	vour role: (a) national or over committee of a study that o or. If other than these opti	loes not have a principal in	
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet
	Add rows	as needed f	or each research project.		
Fι	ınder		Description of Research	My Role	End Date
	Do you ger	salary be a nerate rever testifying,	onships ffected by recommendation nues for your institution or writing, or otherwise shari	employer by clinical activ	
ō.	Could your ☐ Don't kr ☐ No ☐ Yes If yes, pleas	now	benefit or be harmed by re	ecommendations of guide	lines on this topic?

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

ΑL	ivocacy 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:
Pr	ofessional 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:

Ex	spected 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

Notes:		

Part A. Material Interests in Companies

Ec	luity			
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			
	\square Yes, as described b	elow:		
	Add rows as needed for	or each equity interest.		
Company Description Date Divested For ASH Inter		For ASH Internal Use		
Pæ	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 to	or each patent or royalty ir	iterest.	
Co	ompany	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

			or other nemanere		
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 o	described b	elow:		
	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.")				as not yet ended,
	Add rows as needed for each activity.				
	To report activities that generate revenues for your institution, see Part B, Question 5.			Question 5.	
Co	ompany		Description	End Date	For ASH Internal Use

Ind	dustry-Fเ	unded Research			
4. Do you currently or in the past 24 months have you been involved in research funded or supp (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributures, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate h conditions?					
	⊠ No				
	☐ Yes, as described below:				
Column 1 Name the company funding or supporting the research.		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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

M	My Partner's or Spouse's Interests			
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?			
	⊠ No			
	☐ Yes, as described below:			
	Add rows as needed for	or each interest.		
Co	отрапу	Description	End Date	For ASH Internal Use

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:

V	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Ре 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions 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
	\square Yes If yes, what were those views and where were they made?
Re 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 l	below:		
	Column 1	Name the	entity funding the researc	h.	
	Column 2	Describe t	the research project.		
	Column 3	steering c	your role: (a) national or over ommittee of a study that o or. If other than these opti	loes not have a principal in	
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet
	Add rows	as needed f	for each research project.		
Fı	under		Description of Research	My Role	End Date
4 .	No. Do you ger consulting, topic? □ Don't kr	nerate revei testifying,	iffected by recommendation of writing, or otherwise shari	employer by clinical activ	
	⊠ No				
	☐ Yes				
	If yes, plea	se explain:			
6.			benefit or be harmed by re	ecommendations of guide	lines on this topic?
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se 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.

Ac	lvocacy 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:
Pr	ofessional 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:

Notes:		

Dart A Material Interests in Companies

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.							
Company Description Date Divested For ASH Internal U							
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.							
Company Description Date Divested For ASH Internal							

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 o	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 a	s needed for each activity.

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

Company	Description	End Date	For ASH Internal Use
Company	Description	Liid Date	Tot Astrinternal ose

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?



	VΔc	20	descr	hadi	hal	OW.
	165.	as	uesu	ID-U	Dei	UVV.

- 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.

Company	Description of Research	My Role	End Date	For ASH Internal Use

My Partner's or Spouse's Interests

5.	Currently or in the past 24 months has your partner or spouse	had	l any o	f the	interests	descri	bed	in
	questions 1-4?							

|--|

 \square Yes, as described below:

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

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 No No No No No No N
□ 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 No No No No No No N								
☐ 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 f	for each research project.					
F	Funder Description of Research My Role End Date							
n 1.	NO Do you ger	salary be a	onships ffected by recommendation nues for your institution or writing, or otherwise shari	employer by clinical activ				
	topic?			ng your knowledge or op.	nons about this galdeline			
	☐ Don't kr	now						
	⊠ No							
	☐ Yes		□ Yes					
	If yes, plea	se explain:						
ô.	Could your	institution	benefit or be harmed by r	ecommendations of guide	lines on this topic?			

	No No No No No No No N
	□ Yes
	If yes, please explain:
Ca	areer 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.
Ac	dvocacy 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 No No No No No No N
	☐ 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 address these guidelines?	sed by
No No No No No No No N	
□ Yes	
If yes, please explain:	
Expected Interests	
11. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines already declared in Part A or Part B of this form?	not
No 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)
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Approved to participate?	Reviewer name and date	Notes
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:

Company	Description	Disclosure Date	ASH Notes

Notes:			