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

M. Hassan Murad

Lubna Daraz

Ahmad Kunbaz

Abdul M. Majzoub

Oscar Ponce

Part A. Direct Financial Interests in or Relationships With Companies						
that develops, produc	Employment 1. Are you currently or in the past 24 months have you been an employee of any 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 b	elow:					
Add rows as needed for	or each employment relati	onship.				
Company	Description	End Date	For ASH Internal Use			
 Equity 2. 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	Add rows as needed for each equity interest.					

Company		Description	Date Divested	For ASH Internal Use
Patents, R	oyalties,	and Other Intelle	ctual Property	
•	ctual prope	•	you owned patents for or r gnose, treat, monitor, man	•
⊠ No				
☐ Yes, as o	described b	elow:		
Add rows a	as needed fo	or each patent or royalty	interest.	
Сотрапу		Description	Date Divested	For ASH Internal Use
4. Do you cur transfers o profit com	rently or in f value (e.g pany that d	., honoraria, gifts, travel s evelops, produces, marke	ansfers of Value you received any personal upport, meeting registratio ts, or distributes drugs, dev nage, or alleviate health cor	n, meals) from any for- ices, services, or
1. Do you cur transfers o profit com	rently or in f value (e.g pany that d	the past 24 months have ., honoraria, gifts, travel s evelops, produces, marke	you received any personal upport, meeting registratiots, or distributes drugs, dev	n, meals) from any for- ices, services, or
I. Do you cur transfers o profit com therapies u ⊠ No	rently or in f value (e.g pany that d	the past 24 months have ., honoraria, gifts, travel s evelops, produces, marke gnose, treat, monitor, man	you received any personal upport, meeting registratiots, or distributes drugs, dev	n, meals) from any for- ices, services, or
 Do you cur transfers o profit com therapies u No 	rently or in f value (e.g pany that d used to diag	the past 24 months have ., honoraria, gifts, travel s evelops, produces, marke gnose, treat, monitor, man	you received any personal upport, meeting registratiots, or distributes drugs, dev	n, meals) from any for- ices, services, or

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.

Сотрапу	Description	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 or relationships described in questions 1-4?						
⊠ No							
☐ Yes,	as described b	elow:					
Add ro	ws as needed fo	or each interest.					
Company Description End Date For ASH Internal Use							
			·				

Part B. Indirect Financial Interests in or Relationships With Companies

1. Through your institution, do you currently or in the past 24 months have you been involved in

Industry-Funded Institutional Research

research funded or supported (e.g., in kind support, such as provision of a study drug) 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 described below:							
Column 1	Name the company funding or supporting the research.						
Column 2	Briefly 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.

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

Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded 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	low:			
	Column 1	Name the	organization. If known to yo	ou, describe a	ny industry f	funding or support.
	Column 2		cribe your activity and role, nteer services.	e.g., employr	ment, service	e on board of directors,
	Column 3	Indicate if y	your activity was paid or vol	lunteered.		
	Column 4		nen your involvement with the ded, indicate "current" or "c		ion ended. (If your involvement has
	Add rows a	s needed fo	r each organization.			
0	rganization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use
	Other 3. Do you have other indirect interests in or relationships with any 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 If yes, please explain:					

Part C. Relevant Other 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):

ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease

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).

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?				

- NHLBI guidelines and another paper with NHLBI panel on gaps in SCD research.
- RARE-Best practices

Non-Industry Supported 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 B, Question 1, 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	umn 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 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
۱		-l D-l-+:			
IN 4.	stitution Could your		ONSNIPS Iffected by recommendation	ons on this topic?	
	□ Don't kr	,	,	·	
	⊠ No				
	□ Yes				
	If yes, plea	se 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 kr	now			
	⊠ No				
	□ 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					
	□ Yes					
	If yes, please explain:					
Ca	reer Advancem	ent				
7.	or other entities if you	cterize the support you would receive four work on this panel or authorship of the utside your institution?	• • •			
	Very supportive.					
Inv 8.	nvolvement in Organizations With Relevant 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					
		pelow:				
	Column 1 Name the	e organization.				
		or reference any policy position of the oguidelines.	rganization that is related to the topic			
		your role at the organization, including y g, or implementing relevant positions.	your involvement in deciding,			
	Add rows as needed for each organization.					
0	rganization	Relevant Policy Position	Your Role			
<u>R</u>	ARE-Best practices	Pilot on SCD guidelines as a rare disease	Panelist			

Cl	inical Practice
9.	Do you see patients clinically?
	□ No
	⊠ Yes
	If yes, what is your primary specialty or subspecialty?
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Ex	spected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	⊠ Yes
	If yes, please describe:
	My program will conduct systematic reviews to support this guideline commissioned by ASH.

Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular
	Disease

Summary of ASH Judgments About Financial Conflicts

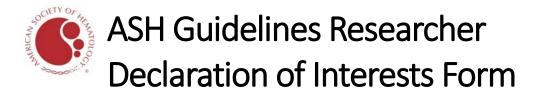
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Webb 3/1/17; Panepinto 3/17/17; Kunkle 1/23/18; Panepinto 1/24/18	No	No	
Webb 4/16/19	No	No	On April 6, 2019, Dr. Murad confirmed all information in this form.

Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

Other Notes

Dr. Murad is conducting systematic reviews to support these guidelines under a contract with ASH. He previously supported the development of guidelines on SCD published by the National Heart, Lung and Blood Institute, including the development of a paper on gaps in SCD research. He also served on a guideline panel on SCD for RARE-Bestpractices, a pilot project funded by the European Union to explore methods for developing guidelines on rare diseases.



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			
☐ Yes, as descri	bed below:		
Add rows as nee	ded for each equity inter	est.	
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			
☐ Yes, as descri	\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 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., rement, consultancy, speakers bureau involvement, service on an advisory ttee or board, expert testimony.		
	Column 3	olumn 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
In	ndustry-Funded Research				

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				
☐ 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	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.			
Co	отрапу	Description	End Date	For ASH Internal Use

Part B. Interests That Are Not Mainly Financial

ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease

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:

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

rel	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 No

	□ Yes, as	described	below:			
	Column 1	Name the	entity funding the research	h.		
Column 2 Describe			cribe 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 pr	rincipal in	
	Column 4		vhen your involvement end dicate "current" or "ongoin		(If your in	volvement has not yet
	Add rows	as needed f	for each research project.			
Fı	under		Description of Research	My Role		End Date
5.		testifying,	nues for your institution of writing, or otherwise shari			
	□ Yes					
	If yes, plea	se explain:				
6.	Could your institution benefit or be harmed by recommendations of guidelines on this topic?				ines on this topic?	
	☐ Don't kı	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				

Career Advancement

If yes, please explain:

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution? N/A Advocacy and Policy Positions 8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony? ⊠ No ☐ Yes. Name of organization(s): ____ If yes, are you involved in formulating or voting for positions? □ No ☐ Yes If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow? ☐ Don't know or not applicable □ No ☐ Yes If yes, please explain: **Professional Specialty** 9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty? Don't see patients clinically. 10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines? \boxtimes No ☐ Yes

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) publicly available.

Guideline topic:	ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular
	Disease (systematic reviews)

Approved to participate?	Reviewer name and date	Notes
Yes	Webb 7/28/18	
Yes	Webb 6/24/19	On June 12, 2019 Dr. Daraz 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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ĒC	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	itents and Royali	ties				
2.						
	⊠ No					
	\square 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 o	described b	elow:				
	Column 1	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 a	ctivities tha	at generate revenues fo	or your institution, see Part I	3, Question 5.		
Сс	ompany		Description	End Date	For ASH Internal Use		
	,		esearch the past 24 months ha	ve you been involved in rese	earch funded or supported		

Do you cur (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 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

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 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:

ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease

The 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

Ahmad Kunbaz (Mayo Clinic Evidence-based Practice Center)

	☐ Yes, as	described b	pelow:		
	Column 1	Name the entity funding the research.			
	Column 2	Describe t	he research project.		
	Column 3	steering co	our role: (a) national or over committee of a study that o or. If other than these opti	loes not have a principal ir	r, (b) member of a nvestigator, (c) site or local
	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? 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 kr	now			
	⊠ No				
	☐ Yes				
	If yes, pleas	se explain:			
6.	Could your ☐ Don't kr ☒ No ☐ Yes		benefit or be harmed by re	ecommendations of guide	lines on this topic?
	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?
	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?
	\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?
	Don't see patients clinically.
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) publicly available.

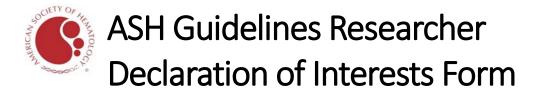
Guideline topic:	ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular
	Disease (systematic reviews)

Approved to participate?	Reviewer name and date	Notes
Yes	Webb 6/25/19	On June 25, 2019 Ahmad Kunbaz 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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Fo	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.			
Сс	ompany	Description	Date Divested	For ASH Internal Use	
Pa	tents and Royal	ties			
<u>2</u> .					
	⊠ No				
	☐ Yes, as described b	elow:			
	Add rows as needed for	or each patent or royalty ir	nterest.		
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 used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes, as c	lescribed b	elow:			
	Column 1	Name the	company.			
	Column 2	employme	e the activity for which you received income or other remuneration, e.g., ment, consultancy, speakers bureau involvement, service on an advisory tee 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.					
Ci	отрапу		Description	End Date	For ASH Internal Use	

Ind	dustry-Fi	unded Research					
4.	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 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

Му	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				
	☐ Yes, as described below:				
A	Add rows as needed for each interest.				
Con	npany	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:

ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease

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

	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, as described below:							
	Column 1	ımn 1 Name the entity funding the research.						
	Column 2	Describe the research project.						
	Column 3	steering c	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		vhen your involvement end dicate "current" or "ongoin		your involvement has not yet			
	Add rows	as needed f	for each research project.					
Fı	under		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							
	☐ Yes							
	If yes, plea	se explain:						
6.	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?
	N/A
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?
	Don't see patients clinically.
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) publicly available.

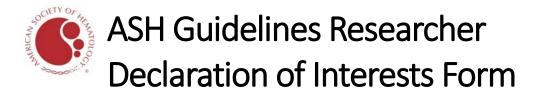
Guideline topic:	ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular
	Disease (systematic reviews)

Approved to participate?	Reviewer name and date	Notes
Yes	Webb 6/25/19	On June 25, 2019 Dr. Majzoub 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	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	Company Description Date Divested For ASH Internal Use					
Pa	tents and Royal	ties				
2.	Do you currently or in	the past 24 months have y	•	•		
	⊠ No					
	\square Yes, as described b	elow:				
	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		when the activity er current" or "ongoin		ne activity has not yet ended,	
	Add rows a	s needed fo	or each activity.			
	To report a	ectivities tha	at generate revenu	es for your institution,	see Part B, Question 5.	
С	ompany		Description	End Date	For ASH Internal Use	
n	dustry-F	unded R	Research			

Do you cur (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	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

	ly 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.					
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:

ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular Disease

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.

rel	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	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 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	
	 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? 					
5.	Do you ger consulting,					
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, plea	testifying, inow		ng your knowledge or opi	nions about this guideline	
	Do you ger consulting, topic? Don't kr No Yes If yes, plea	testifying, now se explain:	writing, or otherwise shari	ng your knowledge or opi	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	ng your knowledge or opi	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	ng your knowledge or opi	nions about this guideline	

Career Advancement

If yes, please explain:

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution? N/A Advocacy and Policy Positions 8. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony? ⊠ No ☐ Yes. Name of organization(s): ____ If yes, are you involved in formulating or voting for positions? □ No ☐ Yes If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow? ☐ Don't know or not applicable □ No ☐ Yes If yes, please explain: **Professional Specialty** 9. What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty? Don't see patients clinically. 10. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines? \boxtimes No ☐ Yes

Exp	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) publicly available.

Guideline topic:	ASH Guideline Panel on Sickle Cell Disease-Related Cerebrovascular		
	Disease (systematic reviews)		

Approved to participate?	Reviewer name and date	Notes
Yes	Webb 6/25/19	On June 25, 2019 Dr. Ponce confirmed all information in this form.

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:			