Supplement 3 for ASH Guidelines for Sickle Cell Disease: Management of Acute and Chronic Pain: Disclosure of Interest Forms of the Systematic Review Team

Jingyi Ding

Magdoleen Farah

Bashar Hasan

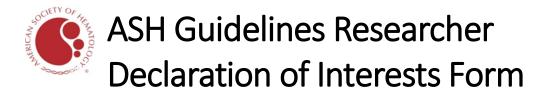
Patricia Barrionuevo Moreno

M. Hassan Murad

Larry Prokop

Mohamed Seisa

Nayfeh Tarek



Part A. Material Interests in Companies

			٠.	
	\sim		14	- 1
_				- \ /
_	u	u	ıι	. v
_	-1		-	- 1

Equity						
develop treat, m	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	⊠ No					
☐ Yes,	as described b	elow:				
Add rov	s as needed fo	or each equity interest.				
Company	Company Description Date Divested For ASH Internal Use					
2. Do you any intercondition☑ No☐ Yes, and any intercondition	any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?					
Add row	Add rows as needed for each patent or royalty interest.					
Company	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 described below:					
	Column 1	1 Name the company.				
	Column 2	employme	the activity for which you received income or other remuneration, e.g., nent, consultancy, speakers bureau involvement, service on an advisory ee or board, expert testimony.			
	Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")				has 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	ompany		Description	End Date	For ASH Internal Use	
In	ndustry-Funded Research					

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	⊠ 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	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.				
Col	mpany	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 Pain 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?

 \boxtimes No

Patricia Barrionuevo Moreno, MD (Mayo Clinic Evidence-based Practice Center)

	☐ Yes, as described below:				
	Column 1	Name the	entity funding the research	ch.	
	 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 lo investigator. If other than these options, please describe. 				
	Column 4		when your involvement end dicate "current" or "ongoin		involvement has not yet
	Add rows	as needed f	or each research project.		
F	under		Description of Research	My Role	End Date
5.	consulting, topic? □ Don't kn	testifying,	nues for your institution or writing, or otherwise shari		vity, teaching, speaking, nions about this guideline
	☐ Yes				
	If yes, plea	se explain:			
		·			
6.	Could your		benefit or be harmed by r	ecommendations of guide	elines on this topic?
6.	Could your	institution	benefit or be harmed by r	ecommendations of guide	elines on this topic?
6.	·	institution	benefit or be harmed by r	ecommendations of guide	elines on this topic?
6.	☐ Don't kı	institution	benefit or be harmed by r	ecommendations of guide	elines on this topic?

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.

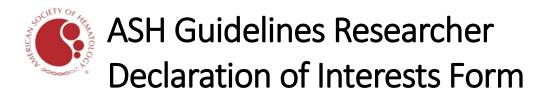
Guideline topic:	ASH Guideline Panel on Sickle Cell Disease-Related Pain (systematic
	reviews)

Approved to participate?	Reviewer name and date	Notes
Yes	Webb 7/28/18	
Yes	Webb 6/25/19	On June 25, 2019 Dr. Barrionuevo Moreno 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 be	elow:				
Add rows as needed fo	or each equity interest.				
Company Description Date Divested For ASH Internal Use					
2. Do you currently or in	any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health				
⊠ No					
\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 use 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 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	is needed fo	or each activity.			
	To report a	ctivities tha	at generate revenues	s for your institution,	, see Part B,	Question 5.
C	ompany		Description	End Date		For ASH Internal Use
ما	ductor F	undad D	locoarch			

dustry-F	Funded Research				
(e.g., in ki 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	\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

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 Pain 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

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

 \boxtimes No

Jingyi (Francess) Ding, MD (Mayo Clinic Evidence-based Practice Center)

	☐ Yes, as described below:					
	Column 1	Column 1 Name the entity funding the research.				
	Column 2	nn 2 Describe the research project.				
	Column 3	Dlumn 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 a	as needed f	for each research project.			
Fι	ınder		Description of Research	My Role	End Date	
 4. 5. 	No.					
	☐ Yes					
	If yes, pleas	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

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.

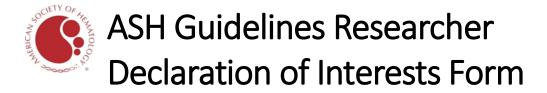
Guideline topic:	ASH Guideline Panel on Sickle Cell Disease-Related Pain (systematic
	reviews)

Approved to participate?	Reviewer name and date	Notes
Yes	Webb 7/28/18	
Yes	Webb 6/25/19	On June 25, 2019 Dr. Ding 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 for	or each equity interest.						
Cc	Company Description Date Divested For ASH Internal Use							
Pa	tents and Royalt	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.							
Сс	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 company that develops, produces, markets, or distributes drugs, devices, services, or the to diagnose, treat, monitor, manage, or alleviate health conditions?					vel) from any for-profit
⊠ 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 employment, consultancy, speakers bureau involvement, service on an adv 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	is needed fo	or each activity.		
	To report activities that generate revenues for your institution, see Part B, Question 5.				
C	Сотрапу		Description	End Date	For ASH Internal Use

Ind	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 heal 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

My	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.					
Col	mpany	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 Pain 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

 \boxtimes No

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?

Magdoleen Eltayeb Farah, MBBS (Mayo Clinic Evidence-based Practice Center)

	☐ 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 a	as needed f	for each research project.		
F	under		Description of Research	My Role	End Date
 4. 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 				
	If yes, pleas	se explain:			
6.	Could your institution benefit or be harmed by recommendations of guidelines on this topic?				
	□ Don't know				
			benefit or be harmed by re	ecommendations of guide	lines on this topic?
	⊠ No		benefit or be harmed by re	ecommendations of guide	lines on this topic?
	⊠ No □ Yes		benefit or be harmed by re	ecommendations of guide	lines on this topic?

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

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.

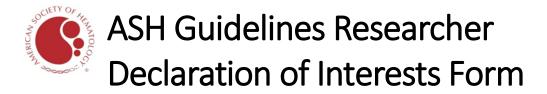
Guideline topic:	ASH Guideline Panel on Sickle Cell Disease-Related Pain (systematic
	reviews)

Approved to participate?	Reviewer name and date	Notes
Yes	Webb 7/28/18	
Yes	Webb 6/25/19	On June 25, 2019 Dr. Farah 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

Eq	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.		
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, treat, monitor, manage, or alleviate health conditions?				
	⊠ No				
	☐ Yes, as o	described b	elow:		
	Column 1	Column 1 Name the company.			
	Column 2	employme	he 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 as needed for 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

4.

dustry-F	dustry-Funded 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 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 5.	Ay 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.				
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 Pain 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?

 \boxtimes No

	☐ Yes, as described below:				
	Column 1	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 loca investigator. If other than these options, please describe.				
	Column 4		rhen 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
1. 5.	No. Do you ger	salary be a nerate rever testifying, v	ffected by recommendation or writing, or otherwise shari	employer by clinical activ	
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

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
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?
	□ 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?
	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

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 Pain (systematic
	reviews)

Approved to participate?	Reviewer name and date	Notes
Yes	Webb 7/28/18	
Yes	Webb 6/25/19	On June 25, 2019 Dr. Hasan 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. Direct Financial Interests in or Relationships With Companies				
	 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			
	☐ Yes, as described below:			
	Add rows as needed for each employment relationship.			
Ci	ompany	Description	End Date	For ASH Internal Use
Ec	quity			
2.	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 each equity interest.			

		I			
Company		Description	Date Divested	For ASH Internal Use	
Patents, R	oyalties,	, and Other Inte	ellectual Propert	ty	
any intelle	3. 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 o	described b	elow:			
Add rows a	s needed fo	or each patent or roya	alty interest.		
Company		Description	Date Divested	For ASH Internal Use	
Personal II	ncome c	or Other Direct	Transfers of Val	lue	
4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit 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	☐ Yes, as described below:				
Column 1	Column 1 Name the company.				
Column 2	Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, 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.

Сотрапу	Description	End Date	For ASH Internal Use
Company	Description	Liid Date	Tor Asir internal ose

M [*] 5.	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 below:			
	Add rows as needed for each interest.			
Co	отрапу	Description	End Date	For ASH Internal Use

Part B. Indirect Financial Interests in or Relationships With Companies

Industry-Funded Institutional Research

Add rows as needed for each research project.

1.	Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any forprofit 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.")				

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	⊠ No					
	☐ Yes, as o	described be	low:				
	Column 1	Name the	organization. If known to yo	u, describe a	ny industry f	funding or support.	
	Column 2		cribe your activity and role, nteer services.	e.g., employr	nent, service	e on board of directors,	
	Column 3	Indicate if y	our activity was paid or vol	unteered.			
	Column 4		nen your involvement with t ded, indicate "current" or "c	_	ion ended. (I	If your involvement has	
	Add rows a	s needed fo	r each organization.				
0	Organization Description and role Unpaid? End Date For ASH Internal Use						
Ot 3.	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	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?

- 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	olumn 1 Name the entity funding the research.					
	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 a	as needed f	or each research project.				
Fı	under		Description of Research	My Role	End Date		
ln 4.	stitution		onships ffected by recommendation	ons on this tonic?			
٠.	□ Don't kr	•	nected by recommendation	on this topic.			
	⊠ No	1011					
	□ Yes						
	If yes, pleas	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, pleas	se explain:					

6.	6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?					
	☑ Don't know					
	□ 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 work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?					
	Very suppo	ortive.				
lr 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					
	Column 1	Name the	organization.			
Column 2 Describe or reference any policy position of the organization that is related to the of these guidelines.				rganization that is related to the topic		
	Column 3 Describe your role at the organization, including your involvement in deciding, promoting, or implementing relevant positions.					
	Add rows as needed for each organization.					
(Organization		Relevant Policy Position	Your Role		
	RARE-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

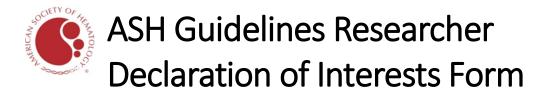
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Webb 3/1/17; Panepinto 3/17/17; Kunkle 1/23/18; Panepinto 1/24/18	No	No	
Webb 4/16/19	No	No	On April 6, 2019, Dr. Murad confirmed all information in this form.

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.						
Add rows as needed for each equity interest. Company		⊠ No						
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:		\square Yes, as described b	elow:					
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	or each equity interest.					
 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: 	Co	Company Description Date Divested For ASH Internal Use						
 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 10 W3 d3 Needed 101 eddin patent of 10 yaity interest.	_							
Company Description Date Divested For ASH Internal Use	Ca	отрапу	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 described below:						
	Column 1	Name the	company.				
	Column 2	employme	he 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.")					nas not yet ended,	
	Add rows a	s needed fo	or each activity.				
	To report a	ctivities tha	at generate revenue	es for yo	our institution, see I	Part B,	Question 5.
C	ompany		Description		End Date		For ASH Internal Use
In	odustry Fundad Rosaarah						

Ind

4.

dustry-Fi	unded Research						
(e.g., in kin	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 c	\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

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.						
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:

ASH Guideline Panel on Sickle Cell Disease-Related Pain 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?

 \boxtimes No

	☐ Yes, as described below:						
	Column 1	nn 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 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")						
	Add rows a	as needed f	or each research project.				
Fu	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 □ No □ Yes If yes, please explain:						
6.	 Could your institution benefit or be harmed by recommendations of guidelines on this topic? □ Don't know ⋈ No □ Yes If yes, please explain: 						

Career Advancement

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

Advocacy and Policy Positions

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	ofessional Specialty
€.	What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
10.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:

Expected Interests

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

Part C. Summary (ASH Internal Use)

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

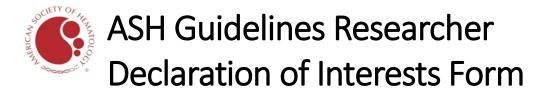
Guideline topic:	ASH Guideline Panel on Sickle Cell Disease-Related Transplantation
	(systematic reviews)

	oproved to articipate?	Reviewer name and date	Notes
Ye	2 S	6.25.19	On June 25, 2019 Larry Prokop 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	quity					
develop treat, m	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 row	s as needed fo	or each equity interest.				
Company		Description	Date Divested	For ASH Internal Use		
2. Do you any inte	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	⊠ No					
☐ Yes,	\square Yes, as described below:					
Add rows as needed for each patent or royalty interest.						
Company	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	lumn 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.					
C	ompany		Description	End Date	For ASH Internal Use	
In	ndustry-Funded Research					

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		
\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

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.						
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:

ASH Guideline Panel on Sickle Cell Disease-Related Pain
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

No

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?

Mohamed Seisa, MD (Mayo Clinic Evidence-based Practice Center)

	☐ Yes, as described below:						
	Column 1 Name the entity funding the research.						
	Column 2	umn 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 "ongoir	ded, if applicable. (If your ing.")	nvolvement has not yet		
	Add rows a	as needed f	or each research project.				
F	under		Description of Research	My Role	End Date		
 4. 5. 	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 kr	now					
	⊠ No						
	☐ Yes						
	If yes, please 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	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) publicly available.

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

Approved to participate?	Reviewer name and date	Notes
Yes	Webb 7/28/18	
Yes	Webb 6/25/19	On June 25, 2019 Dr. Seisa 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

ЕC	<u>-quity</u>				
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	ompany	Description	Date Divested	For ASH Internal Use	
		1	1		

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., ment, consultancy, speakers bureau involvement, service on an advisory ttee or board, expert testimony.		
	Column 3	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	Funded Research			
(e.g., in ki 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	\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

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.				
C	Company Description End Date For ASH Internal Use				
		Bescription	Liiu Dutc	10171011 Internal Osc	

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 Pain 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?

 \boxtimes No

	Column 1	Name the	entity funding the research	ch.		
	Column 2 Describe the research project.					
	Column 3	steering c	your role: (a) national or own or own or own or own or own or own or or own or	does not have a p	rincipal in	
	Column 4		when your involvement end dicate "current" or "ongoin		. (If your in	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 kn	nerate reven testifying,	ffected by recommendation of the state of th	r employer by clii	nical activ	
	☐ Yes					
	If yes, plea	se explain:				
6.	Could your	institution	benefit or be harmed by r	ecommendations	s of guidel	ines on this topic?
	☐ Don't kı	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				

Career Advancement

If yes, please explain:

	reer /tavarreement
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 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

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

Approved to participate?	Reviewer name and date	Notes
Yes	Webb 7/28/18	
Yes	Webb 6/25/19	On June 25, 2019 Dr. Tarek confirmed all information in this form.

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:			