

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Jenna | 2. Surname (Last Name) Clark | 3. Date 03-August-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Stephen Rappaport |
| 5. Manuscript Title Anti-FXa activity with intermediate dose thromboprophylaxis in COVID-19 | | |
| 6. Manuscript Identifying Number (if you know it) Blue-202006-2511LE | | |

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Samantha

2. Surname (Last Name)
Delibert

3. Date
03-August-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Stephen Rappaport

5. Manuscript Title
Anti-FXa activity with intermediate dose thromboprophylaxis in COVID-19

6. Manuscript Identifying Number (if you know it)
Blue-202006-2511LE

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Dr. Delibert has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Christine

2. Surname (Last Name)

Groth

3. Date

03-August-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Stephen Rappaport

5. Manuscript Title

Anti-FXa activity with intermediate dose thromboprophylaxis in COVID-19

6. Manuscript Identifying Number (if you know it)

Blue-202006-2511LE

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) David | 2. Surname (Last Name) Kaufman | 3. Date 03-August-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Stephen Rappaport |
| 5. Manuscript Title Anti-FXa activity with intermediate dose thromboprophylaxis in COVID-19 | | |
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| | | |
|--|---|--|
| 1. Given Name (First Name) Kaylee | 2. Surname (Last Name) Maynard | 3. Date 03-August-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Stephen Rappaport |
| 5. Manuscript Title Anti-FXa activity with intermediate dose thromboprophylaxis in COVID-19 | | |
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Section 1. Identifying Information

1. Given Name (First Name)
Anthony

2. Surname (Last Name)
Pietropaoli

3. Date
03-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Stephen Rappaport

5. Manuscript Title
Anti-FXa activity with intermediate dose thromboprophylaxis in COVID-19

6. Manuscript Identifying Number (if you know it)
Blue-202006-2511LE

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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name)
Paritosh

2. Surname (Last Name)
Prasad

3. Date
03-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Stephen Rappaport

5. Manuscript Title
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| | | |
|--|---|--|
| 1. Given Name (First Name) Caroline | 2. Surname (Last Name) Quill | 3. Date 03-August-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Stephen Rappaport |
| 5. Manuscript Title Anti-FXa activity with intermediate dose thromboprophylaxis in COVID-19 | | |
| 6. Manuscript Identifying Number (if you know it) Blue-202006-2511LE | | |

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Section 1. Identifying Information

1. Given Name (First Name)
Stephen

2. Surname (Last Name)
Rappaport

3. Date
03-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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