

# Supplement 3. Disclosure of Interest Forms, Methods Team for the ASH ISTH NHF WFH Guidelines on the Diagnosis of Von Willebrand Disease

Omar Abughanimeh

Abdalla Alayli

Osama Diab

Ahmad Dimassi

Nedaa Husainat

Mohamad A. Kalot

Bader Madoukh

Reem A. Mustafa

Aref Qureini

Sammy Tayiem



# ASH Guideline Panel Declaration of Interests Form

## 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### 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 each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents, Royalties, and Other Intellectual Property

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 described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Direct Transfers of Value

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 for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

# Part B. Indirect Financial Interests in or Relationships With Companies

## Industry-Funded Institutional Research

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 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.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.

Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.

Column 3 Indicate if your activity was paid or volunteered.

Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease  
ASH ISTH NHF WFH Guidelines on the Management of von Willebrand 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).

### 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?

### 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 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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

## Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

## Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution? Good support, Would help to proceed with more support in other aspects for research.

## Involvement in Organizations With Relevant 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, as described below:

Column 1 Name the organization.

Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.

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.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

## Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Hematology-Oncology at University of Nebraska Medical Center.

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:

During my practice I get exposed to patients with VWD

## Expected 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:

## Part D. New Declarations (ASH Internal Use)

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

## Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease ASH ISTH NHF WFH Guidelines on the Management of von Willebrand Disease
----------------------------	---

### Summary of ASH Judgments About Financial Conflicts

<i>Reviewer name and date</i>	<i>Direct Financial Conflicts?</i>	<i>Indirect Financial Conflicts?</i>	<i>Management Notes</i>
Castano, 07/13/2020	No	No	Mr. Abughanimeh does not have any direct or indirect financial conflicts with companies that may be affected by the guidelines. On July 10 Mr. Abughanimeh confirmed all information on this form.

### Summary of Direct Financial Conflicts

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

### Other Notes

Mr. Abughanimeh is a member of the evidence review team.



# ASH Guideline Panel Declaration of Interests Form

## 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### 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 each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents, Royalties, and Other Intellectual Property

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 described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Direct Transfers of Value

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 for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

My Partner’s or Spouse’s Interests

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

- No
- Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## Part B. Indirect Financial Interests in or Relationships With Companies

### Industry-Funded Institutional Research

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 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.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### 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 described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.

Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.

Column 3 Indicate if your activity was paid or volunteered.

Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease  
ASH ISTH NHF WFH Guidelines on the Management of von Willebrand 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).

### 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?

### 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 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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

## Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

### Involvement in Organizations With Relevant 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, as described below:

Column 1 Name the organization.

Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.

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.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

## Clinical 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:

## Expected 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:

## Part D. New Declarations (ASH Internal Use)

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

## Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease ASH ISTH NHF WFH Guidelines on the Management of von Willebrand Disease
----------------------------	---

### Summary of ASH Judgments About Financial Conflicts

<i>Reviewer name and date</i>	<i>Direct Financial Conflicts?</i>	<i>Indirect Financial Conflicts?</i>	<i>Management Notes</i>
Castano, 7/26/2020	No	No	Dr. Alayli does not have any direct or indirect conflicts with companies that may be affected by the guidelines. On July 24, 2020 Dr. Alayli confirmed all information on this form.

### Summary of Direct Financial Conflicts

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

### Other Notes

Dr. Alayli is a member of the evidence review team.



# ASH Guideline Panel Declaration of Interests Form

## 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### 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 each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents, Royalties, and Other Intellectual Property

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 described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Direct Transfers of Value

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 for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
JANSSEN BIOTECH, INC.	Food and beverages	6/26/2019	<b>Not a COI.</b> Janssen does not make any products for the diagnosis and management of VWD

### My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

# Part B. Indirect Financial Interests in or Relationships With Companies

## Industry-Funded Institutional Research

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 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.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.

Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.

Column 3 Indicate if your activity was paid or volunteered.

Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand 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).

### 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?

### 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 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each research project.

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

## Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

## Career Advancement

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

## Involvement in Organizations With Relevant 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, as described below:

Column 1 Name the organization.

Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.

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.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

## Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Hematology and Oncology

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:

I am a Hematology and Oncology fellow

## Expected 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:

## Part D. New Declarations (ASH Internal Use)

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

## Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease
----------------------------	--

### Summary of ASH Judgments About Financial Conflicts

<i>Reviewer name and date</i>	<i>Direct Financial Conflicts?</i>	<i>Indirect Financial Conflicts?</i>	<i>Management Notes</i>
Castano, 7/27/2020	No	No	Dr. Diab does not have any direct or indirect conflicts of interest with companies that may be affected by the guidelines. On July 24, 2020 Dr. Diab confirmed all information on this form.

### Summary of Direct Financial Conflicts

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

### Other Notes

Dr. Diab is a member of the evidence review team.
---



# ASH Guideline Panel Declaration of Interests Form

## 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### 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 each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents, Royalties, and Other Intellectual Property

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 described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Direct Transfers of Value

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 for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

# Part B. Indirect Financial Interests in or Relationships With Companies

## Industry-Funded Institutional Research

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 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.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.

Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.

Column 3 Indicate if your activity was paid or volunteered.

Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease  
ASH ISTH NHF WFH Guidelines on the Management of von Willebrand 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).

### 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?

### 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 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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

## Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

## Career Advancement

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

My institution is very supportive in my work and participation in the any research field.

## Involvement in Organizations With Relevant 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, as described below:

Column 1 Name the organization.

Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.

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.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

## Clinical 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:

## Expected 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:

## Part D. New Declarations (ASH Internal Use)

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

## Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease ASH ISTH NHF WFH Guidelines on the Management of von Willebrand Disease
----------------------------	---

### Summary of ASH Judgments About Financial Conflicts

<i>Reviewer name and date</i>	<i>Direct Financial Conflicts?</i>	<i>Indirect Financial Conflicts?</i>	<i>Management Notes</i>
Castano, 7/26/2020	No	No	Mr. Dimassi does not have any direct or indirect financial conflicts with companies that can be affected by the guidelines. On July 24, 2020 Mr. Dimassi confirmed all information on this form.

### Summary of Direct Financial Conflicts

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

### Other Notes

Mr. Dimassi is a member of the evidence review team.



# ASH Guideline Panel Declaration of Interests Form

## 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### 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 each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents, Royalties, and Other Intellectual Property

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 described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Direct Transfers of Value

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 for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

# Part B. Indirect Financial Interests in or Relationships With Companies

## Industry-Funded Institutional Research

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 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.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.

Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.

Column 3 Indicate if your activity was paid or volunteered.

Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease  
ASH ISTH NHF WFH Guidelines on the Management of von Willebrand 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).

### 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?

### 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 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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

## Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

### Involvement in Organizations With Relevant 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, as described below:

Column 1 Name the organization.

Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.

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.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

## Clinical 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:

## Expected 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:

## Part D. New Declarations (ASH Internal Use)

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

## Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease ASH ISTH NHF WFH Guidelines on the Management of von Willebrand Disease
----------------------------	---

### Summary of ASH Judgments About Financial Conflicts

<i>Reviewer name and date</i>	<i>Direct Financial Conflicts?</i>	<i>Indirect Financial Conflicts?</i>	<i>Management Notes</i>
Castano, 1/19/2019	No	No	Dr. Husainat does not have any direct or indirect conflicts of interest with companies that may be affected by the guidelines.
Castano, 7/31/2020	No	No	On July 31, 2020 Dr. Husainat confirmed all information on this form.

### Summary of Direct Financial Conflicts

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

### Other Notes

Dr. Husainat is a member of the evidence review team.



# ASH Guideline Panel Declaration of Interests Form

## 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### 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 each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents, Royalties, and Other Intellectual Property

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 described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Direct Transfers of Value

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 for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

# Part B. Indirect Financial Interests in or Relationships With Companies

## Industry-Funded Institutional Research

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 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.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.

Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.

Column 3 Indicate if your activity was paid or volunteered.

Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease  
ASH ISTH NHF WFH Guidelines on the Management of von Willebrand 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).

### 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?

### 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 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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

## Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

## Career Advancement

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

## Involvement in Organizations With Relevant 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, as described below:

Column 1 Name the organization.

Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.

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.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

## Clinical 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:

## Expected 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:

## Part D. New Declarations (ASH Internal Use)

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

## Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease ASH ISTH NHF WFH Guidelines on the Management of von Willebrand Disease
----------------------------	---

### Summary of ASH Judgments About Financial Conflicts

<i>Reviewer name and date</i>	<i>Direct Financial Conflicts?</i>	<i>Indirect Financial Conflicts?</i>	<i>Management Notes</i>
Castano, 9/19/2018	No	No	Dr. Kalot does not have any direct or indirect conflicts of interest with companies that may be affected by the guidelines.
Castano, 7/31/2020	No	No	On July 31, 2020 Dr. Kalot confirmed all information on this form.

### Summary of Direct Financial Conflicts

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

### Other Notes

Dr. Kalot is a member of the Methods team.
--



# ASH Guideline Panel Declaration of Interests Form

## 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### 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 each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents, Royalties, and Other Intellectual Property

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 described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Direct Transfers of Value

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 for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Amgen Inc.	Attendance at educational talk.	9/10/2019	<b>Not a COI.</b> Amgen is not an affected company.

### My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

# Part B. Indirect Financial Interests in or Relationships With Companies

## Industry-Funded Institutional Research

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 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.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.

Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.

Column 3 Indicate if your activity was paid or volunteered.

Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand 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).

### 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?

### 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 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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

## Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

## Career Advancement

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

I do not know.

## Involvement in Organizations With Relevant 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, as described below:

Column 1 Name the organization.

Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.

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.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

## Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Internal Medicine

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:

## Expected 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:

## Part D. New Declarations (ASH Internal Use)

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

## Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease
----------------------------	--

### Summary of ASH Judgments About Financial Conflicts

<i>Reviewer name and date</i>	<i>Direct Financial Conflicts?</i>	<i>Indirect Financial Conflicts?</i>	<i>Management Notes</i>
Castano, 07/27/2020	No	No	Dr. Madoukh does not have any direct or indirect financial conflicts with companies that may be affected by the guidelines. On July 27,2020 Dr. Madoukh confirmed all information on this form.

### Summary of Direct Financial Conflicts

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

### Other Notes

Dr. Madoukh is a member of the evidence review team.
--



# ASH Guideline Panel Declaration of Interests Form

## 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### 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 each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents, Royalties, and Other Intellectual Property

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 described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Direct Transfers of Value

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 for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

# Part B. Indirect Financial Interests in or Relationships With Companies

## Industry-Funded Institutional Research

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 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.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.

Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.

Column 3 Indicate if your activity was paid or volunteered.

Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease  
ASH ISTH NHF WFH Guidelines on the Management of von Willebrand 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).

### 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?

### 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 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each research project.

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

## Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

I suspect they will be supportive but I don't really know.

### Involvement in Organizations With Relevant 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, as described below:

Column 1 Name the organization.

Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.

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.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

## Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Nephrologist

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:

## Expected 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:

## Part D. New Declarations (ASH Internal Use)

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

## Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease ASH ISTH NHF WFH Guidelines on the Management of von Willebrand Disease
----------------------------	---

### Summary of ASH Judgments About Financial Conflicts

<i>Reviewer name and date</i>	<i>Direct Financial Conflicts?</i>	<i>Indirect Financial Conflicts?</i>	<i>Management Notes</i>
Kunkle, 3/16/18; Lottenberg, 5/10/2018	No	No	Dr. Mustafa has no direct or indirect conflict of interests with companies that can be affected by the guidelines.
Castano, 7/31/2020	No	No	On July 31, 2020 Dr. Mustafa confirmed all information on this from.

### Summary of Direct Financial Conflicts

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

### Other Notes

Dr. Mustafa is a nephrologist and methodologist. In her clinical practice, she does not diagnose or treat patients with von Willebrand disease. Under an agreement between ASH and the University of Kansas Medical Center, she is leading systematic reviews of available evidence for these guidelines.



# ASH Guideline Panel Declaration of Interests Form

## 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### 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 each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents, Royalties, and Other Intellectual Property

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 described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Direct Transfers of Value

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 for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

# Part B. Indirect Financial Interests in or Relationships With Companies

## Industry-Funded Institutional Research

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 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.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.

Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.

Column 3 Indicate if your activity was paid or volunteered.

Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand 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).

### 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?

### 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 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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

## Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

## Career Advancement

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

Unsure, going to different institution. I don't think it will raise concerns.

## Involvement in Organizations With Relevant 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, as described below:

Column 1 Name the organization.

Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.

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.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

## Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Internal Medicine

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:

## Expected 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:

## Part D. New Declarations (ASH Internal Use)

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

## Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease
----------------------------	--

### Summary of ASH Judgments About Financial Conflicts

<i>Reviewer name and date</i>	<i>Direct Financial Conflicts?</i>	<i>Indirect Financial Conflicts?</i>	<i>Management Notes</i>
Castano, 7/22/2020	No	No	Dr. Qureini does not have any direct or indirect conflicts with companies that may be affected by the guidelines. On July 14, 2020 Dr. Qureini confirmed all information on this from.

### Summary of Direct Financial Conflicts

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

### Other Notes

Dr. Qureini is a member of evidence review team.
--



# ASH Guideline Panel Declaration of Interests Form

## 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### 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 each equity interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Patents, Royalties, and Other Intellectual Property

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 described below:

Add rows as needed for each patent or royalty interest.

<i>Company</i>	<i>Description</i>	<i>Date Divested</i>	<i>For ASH Internal Use</i>

### Personal Income or Other Direct Transfers of Value

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 for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received 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.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

### My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Optum Rx	Pharmacist	Present	

# Part B. Indirect Financial Interests in or Relationships With Companies

## Industry-Funded Institutional Research

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 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.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.

Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.

Column 3 Indicate if your activity was paid or volunteered.

Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>

## 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 ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand 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).

### 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?

### 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 Name the entity funding the research.

Column 2 Describe the research project.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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

## Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

### Career Advancement

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

Strong support system

### Involvement in Organizations With Relevant 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, as described below:

Column 1 Name the organization.

Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.

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.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>

## Clinical 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:

Yes, if I were to have a suspicion for a bleeding disorder.

## Expected 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:

## Part D. New Declarations (ASH Internal Use)

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

## Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease
----------------------------	--

### Summary of ASH Judgments About Financial Conflicts

<i>Reviewer name and date</i>	<i>Direct Financial Conflicts?</i>	<i>Indirect Financial Conflicts?</i>	<i>Management Notes</i>
Castano, 07/13/2020	No	No	Dr. Tayiem does not have any direct or indirect financial conflicts with companies that can be affected by the guidelines. On July 13, 2020 Dr. Tayiem confirmed all information on this form.

### Summary of Direct Financial Conflicts

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

### Other Notes

Dr. Tayiem is a member evidence review team.
--