

NOTE: The disclosure forms for Drs. Aamodt, Ahlen, Holme, Munthe, Schultz, and Sørvoll were updated on April 15, 2021. Both the original and revised disclosure forms are included here.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

1. Identifying information.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anne Hege

2. Surname (Last Name)
Aamodt

3. Date
14-April-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Pål Andre Holme

5. Manuscript Title
Thrombosis and Thrombocytopenia after ChAdOx1 nCoV-19 Vaccination

6. Manuscript Identifying Number (if you know it)
21-04882

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture: thrombectomy, visual impairment after stroke
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture anticoagulation treatment
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture, moderator: thrombectomy, headache
Allergan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture: headache
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture: headache
Teva	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	moderator: headache

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Aamodt reports personal fees from Bayer, personal fees from Boehringer Ingelheim, personal fees from Roche, personal fees from Allergan, personal fees from Novartis, personal fees from Teva, outside the submitted work; .

Evaluation and Feedback

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1. Given Name (First Name)
Anne Hege

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Aamodt

3. Date
07-April-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Pål Andre Holme

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Aamodt has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maria Therese

2. Surname (Last Name) Ahlen

3. Date 14-April-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name Pål Andre Holme

5. Manuscript Title Thrombosis and Thrombocytopenia after ChAdOx1 nCoV-19 Vaccination

6. Manuscript Identifying Number (if you know it) 21-04882

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ArcticZymes Technologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	shareowner
Vaccibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	shareowner
Exact Therapeutics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	shareowner
Photocure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	shareowner
Viramabs Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	shareowner (company is non-listed)

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ahlen reports other from ArcticZymes Technologies, other from Vaccibody, other from Exact Therapeutics, other from Photocure, other from Viramabs Inc , outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maria Therese	2. Surname (Last Name) Ahlen	3. Date 07-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pål Andre Holme
5. Manuscript Title Thrombosis and thrombocytopenia after ChAdOx1 nCov-19 vaccination		
6. Manuscript Identifying Number (if you know it) 21-04882		

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1. Given Name (First Name)

Pål Andre

2. Surname (Last Name)

Holme

3. Date

14-April-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Thrombosis and Thrombocytopenia after ChAdOx1 nCoV-19 Vaccination

6. Manuscript Identifying Number (if you know it)

21-04882

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture honoraria, advisory boards in the area of bleeding disorders
SOBI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant within area of bleeding disorders to institution; Lecture honorari, advisory board sin the area of bleeding disorders
Bayer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant within area of bleeding disorders to institution; Lecture honoraria, advisory boards in the area of bleeding disorders

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant support for developing register within area of bleeding disorders to institution; Lecture honoraria in the area of bleeding disorders
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory boards in the area of bleeding disorders
Octapharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture honoraria in the area of bleeding disorders
NovoNordisk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board in the area of bleeding disorders
CSL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture honoraria, advisory boards in the area of bleeding disorders
BMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture honoraria, in the area of bleeding disorders

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 6. Disclosure Statement

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Dr. Holme reports personal fees from Takeda, grants and personal fees from SOBI, grants and personal fees from Bayer , grants and personal fees from Pfizer, personal fees from Roche, personal fees from Octapharma, personal fees from NovoNordisk, personal fees from CSL, personal fees from BMS, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pål Andre

2. Surname (Last Name)
Holme

3. Date
07-April-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Thrombosis and thrombocytopenia after ChAdOx1 nCov-19 vaccination

6. Manuscript Identifying Number (if you know it)
21-04882

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Holme has nothing to disclose.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Fridtjof

2. Surname (Last Name)
Lund-Johansen

3. Date
07-April-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Pål Andre Holme

5. Manuscript Title
Thrombosis and thrombocytopenia after ChAdOx1 nCov-19 vaccination

6. Manuscript Identifying Number (if you know it)
21-04882

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Helse SorOst	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant to Lund-Johansen for developing COVID-19 serology

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Lund-Johansen reports grants from Helse SorOst, outside the submitted work; .

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Annika Elisabet

2. Surname (Last Name)
Michelsen

3. Date
07-April-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Pål Andre Holme

5. Manuscript Title
Thrombosis and thrombocytopenia after ChAdOx1 nCov-19 vaccination

6. Manuscript Identifying Number (if you know it)
21-04882

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Michelsen has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ludvig A

2. Surname (Last Name) Munthe

3. Date 14-April-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name Pål Andre Holme

5. Manuscript Title Thrombosis and Thrombocytopenia after ChAdOx1 nCoV-19 Vaccination

6. Manuscript Identifying Number (if you know it) 21-04882

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gilead-Novartis-Jansen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture in 2017 (CLL haematology forum) and 2019 (CLL-ALL-MM treatment options) - meetings sponsored by three companies

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Munthe reports personal fees from Gilead-Novartis-Jansen, meeting sponsored by three companies, personal fees from Gilead-Novartis-Jansen, meeting sponsored by three companies, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ludvig A

2. Surname (Last Name)

Munthe

3. Date

07-April-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Pål Andre Holme

5. Manuscript Title

Thrombosis and thrombocytopenia after ChAdOx1 nCov-19 vaccination

6. Manuscript Identifying Number (if you know it)

21-04882

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Munthe has nothing to disclose.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nina Haagenrud	2. Surname (Last Name) Schultz	3. Date 14-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pål Andre Holme
5. Manuscript Title Thrombosis and Thrombocytopenia after ChAdOx1 nCoV-19 Vaccination		
6. Manuscript Identifying Number (if you know it) 21-04882		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BMS/Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal fees for lectures about anticoagulation and bleeding in 2019 and 2020; Personal fee for attending an advisory board meeting about anticoagulation and bleeding in 2019.
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal fee for a lecture about anticoagulation and bleeding in 2019.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Schultz reports personal fees from BMS/Pfizer, personal fees from Bayer, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Nina Haagenrud

2. Surname (Last Name)

Schultz

3. Date

07-April-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Pål Andre Holme

5. Manuscript Title

Thrombosis and thrombocytopenia after ChAdOx1 nCov-19 vaccination

6. Manuscript Identifying Number (if you know it)

21-04882

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Dr. Schultz has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Thor Håkon

2. Surname (Last Name)

Skattør

3. Date

07-April-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Pål Andre Holme

5. Manuscript Title

Thrombosis and thrombocytopenia after ChAdOx1 nCov-19 vaccination

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21-04882

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Are there any relevant conflicts of interest?

 Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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Dr. Skattør has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ingvild Hausberg	2. Surname (Last Name) Sørvoll	3. Date 14-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pål Andre Holme
5. Manuscript Title Thrombosis and Thrombocytopenia after ChAdOx1 nCoV-19 Vaccination		
6. Manuscript Identifying Number (if you know it) 21-04882		

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My spouse is the CFO in ArcticZymes Technologies.

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Section 6. Disclosure Statement

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Dr. Sørvoll reports that her spouse is the CFO in Arcticzymes Technologies.

Evaluation and Feedback

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Ingvild Hausberg

2. Surname (Last Name)
Sørvoll

3. Date
07-April-2021

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Yes No

Corresponding Author's Name
Pål Andre Holme

5. Manuscript Title
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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Geir Erland

2. Surname (Last Name)

Tjønnfjord

3. Date

06-April-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Pål Andre Holme

5. Manuscript Title

Thrombosis and thrombocytopenia after ChAdOx1 nCov-19 vaccination

6. Manuscript Identifying Number (if you know it)

21-04882

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Tjønnfjord has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Markus

2. Surname (Last Name)

Wiedmann

3. Date

07-April-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Pål Andre Holme

5. Manuscript Title

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Dr. Wiedmann has nothing to disclose.

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