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.



Instructions

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



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Anne Hege	2. Surname (Last Nar Aamodt	me)	3. Date 14-April-2021	
4. Are you the corresponding author?	Yes 🗸 No	Correspond Pål Andre	ding Author's Name Holme	
5. Manuscript Title Thrombosis and Thrombocytopenia afte	er ChAdOx1 nCoV-19	9 Vaccination		
6. Manuscript Identifying Number (if you kn 21-04882	ow it)			
Section 2. The Work Under Co				
The Work Under Co	onsideration for P	ublication		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to gran	nts, data monitoring	g board, study design, manuscript preparati	
Section 3. Relevant financial	activities outside	the submitted	work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructio port relationships tha	ns. Use one line fo	or each entity; add as many lines as you	need by
If yes, please fill out the appropriate info				
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
Bayer			lecture: thrombectomy, visual impairment after stroke	
Boehringer Ingelheim			lecture anticoagulation treatmer	nt
Roche			lecture, moderator: thrombector headache	ny,
Allergan			lecture: headache	
Novartis			lecture: headache	
Teva			moderator: headache	



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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?
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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; .

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Section 2. The Work Under Co	onsideration for Public	cation		
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,		
Section 3. Relevant financial a	activities outside the s	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 Vo				
Section 4. Intellectual Proper	ty Patents & Copyric	nhts		
Do you have any patents, whether plans				



Section 5.	
	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Section 6.	
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Aamodt has	nothing to disclose.

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patent



Section 1. Identifying Infor	mation		
1. Given Name (First Name) Maria Therese	2. Surname (Last Name Ahlen		Date -April-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Pål Andre Holme	
5. Manuscript Title Thrombosis and Thrombocytopenia a	fter ChAdOx1 nCoV-19 V	accination	
6. Manuscript Identifying Number (if you l 21-04882	know it)		
Section 2. The Work Under (Consideration for Pul	olication	
Did you or your institution at any time recany aspect of the submitted work (includir statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants	, data monitoring board, study desigr	
Section 3. Relevant financia	l activities outside th	e submitted work.	
Place a check in the appropriate boxes of compensation) with entities as described clicking the "Add +" box. You should refer there any relevant conflicts of intelligence of the second control of the appropriate in the app	ribed in the instructions eport relationships that wrest?	. Use one line for each entity; add were present during the 36 mon	as many lines as you need by
Name of Entity	Grant? Personal Fees?	Non-Financial Support? Other? Comm	ents
Arctic Zymes Technologies		shareown	ner
Vaccibody		shareown	ner
Exact Therapeutics		shareown	ier
Photocure		shareowr	ier
Viramabs Inc		shareown	ner (company is non-listed)



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
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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.

Evaluation and Feedback

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Dr. Ahlen has nothing to disclose.

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Are there any relevant conflicts of interes	st? 🗸 Ye	s	No		
If yes, please fill out the appropriate info	rmation bel	ow.			
Name of Entity	Grant? P	Personal Fees	Non-Financial Support?	Other?	Comments
Fakeda		✓			Lecture honoraria, advisory boards in the area of bleeding disorders
SOBI	✓	✓			Research grant within area of bleeding disorders to institution; Lecture honorari, advisory board sin the area of bleeding disorders
Bayer	✓	✓			Research grant within area of bleeding disorders to institution; Lecture honoraria, advisory boards in the area of bleeding disorders



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	✓	✓			Grant support for developing register within area of bleeding disorders to institution; Lecture honoraria in the area of bleeding disorders
Roche		✓			Advisory boards in the area of bleeding disorders
Octapharma		✓			Lecture honoraria in the area of bleeding disorders
NovoNordisk		✓			Advisory board in the area of bleeding disorders
CSL		✓			Lecture honoraria, advisory boards in the area of bleeding disorders
BMS		✓			Lecture honoraria, in the area of bleeding disorders
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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;

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



Section 1. Identifying Inform	nation	
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 aft	er ChAdOx1 nCov-19 vaccination	
6. Manuscript Identifying Number (if you kr 21-04882	now it)	
Section 2. The Work Under C	onsideration for Publication	
	vive payment or services from a third party (government, congress) gout not limited to grants, data monitoring board, study doest?	
Section 3. Relevant financial	activities outside the submitted work.	
of compensation) with entities as descr	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were present during the 36 r est?	add as many lines as you need by
Section 4. Intellectual Branch		
Intellectual Proper	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	?



Section 5.							
	Relationships not covered above						
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?						
Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):						
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest						
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.						
Section 6.							
Section 6.	Disclosure Statement						
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box						
Dr. Holme has no	othing to disclose.						

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Lund-Johansen 1



Section 1. Identifying Inform	ation			
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 afte	er ChAdOx1 nCov-19 vacc	ination		
6. Manuscript Identifying Number (if you kr 21-04882	ow it)			
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Section 2. The Work Under Co	onsideration for Public	ation		
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere		ta monitoring board, stu	idy design, manuscript preparation,	
Section 3. Relevant financial	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us	e one line for each en	tity; add as many lines as you need by	
Are there any relevant conflicts of interes				
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Grant? Personal Nor	n-Financial other?	Comments	
Helse SorOst	V		Grant to Lund-Johansen for developing COVID-19 serology	
Section 4. Intellectual Proper	ty Patents & Copyrig	ıhts		
			work? Vos. (Ale	
Do you have any patents, whether plan	nea, penaing or issued, br	oadly relevant to the V	work?	

Lund-Johansen 2



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

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Lund-Johansen 3



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Michelsen 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Annika Elisabet	rst Name)	2. Surname (Last Name) Michelsen	3. Date 07-April-2021
4. Are you the corr	responding author?	Yes ✓ No	Corresponding Author's Name Pål Andre Holme
5. Manuscript Title Thrombosis and		er ChAdOx1 nCov-19 vacc	ination
6. Manuscript Ider 21-04882	ntifying Number (if you kr	now it)	
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any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
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Section 4.	Intellectual Proper	ty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Michelsen 2



Section 5.						
Section 5.	Relationships not covered above					
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?					
Yes, the follo	Yes, the following relationships/conditions/circumstances are present (explain below):					
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest					
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Dr. Michelsen ha	as nothing to disclose.					

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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Ludvig A	2. Surname (Last Name) Munthe		3. Date 14-April-2021	
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Pål Andre Holme		
5. Manuscript Title Thrombosis and Thrombocytopenia aft	er ChAdOx1 nCoV-19 Vacc	ination		
6. Manuscript Identifying Number (if you kn 21-04882	now it)			
Section 2. The Work Under Co	onsideration for Public	cation		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	. , .	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,	
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us	se one line for each er	ntity; add as many lines as you need by	
Are there any relevant conflicts of interes	est? ✓ Yes No			
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Grant? Personal Nor	n-Financial other?	Comments	
Gilead-Novartis-Jansen			Lecture in 2017 (CLL haematology forum) and 2019 (CLL-ALL-MM treatment options) - meetings sponsored by three companies	
Section 4. Intellectual Proper	ty Patents & Copyric	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? Yes V No	



Section 5.	
Section 5.	Relationships not covered above
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Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
•	orts personal fees from Gilead-Novartis-Jansen, meeting sponsored by three companies, personal fees from Jansen, meeting sponsored by three companies, outside the submitted work; .

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4. Are you the co	responding author?	hor?				's Name
5. Manuscript Titl Thrombosis and	e Thrombocytopenia aft	ter ChAdOx1	nCoV-19 \	Vaccination		
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any aspect of the s statistical analysis, Are there any re	submitted work (including	g but not limite	ed to grant	s, data monitoring	•	nt, commercial, private foundation, etc.) for dy design, manuscript preparation,
Section 3.	Relevant financial	activities o	utside tl	ne 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 If yes, please fill out the appropriate information below.						
Name of Entity			ersonal Fees	Non-Financial Support?	Other?	Comments
BMS/Pfizer			✓		a a a	Personal fees for lectures about inticoagulation and bleeding in 2019 and 2020; Personal fee for attending in advisory board meeting about inticoagulation and bleeding in 1019.
Bayer			✓			Personal fee for a lecture about nticoagulation and bleeding in



Section 4.	Intellectual Property Patents & Copyrights
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Schultz repor	ts personal fees from BMS/Pfizer, personal fees from Bayer, outside the submitted work; .

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$



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Section 1. Identifying Inform	nation	
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 aft	er ChAdOx1 nCov-19 vacc	ination
6. Manuscript Identifying Number (if you kr 21-04882	now it)	
Section 2. The Work Under Co	onsideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
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Section 4. Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Schultz 2



Section 5. Polationships not severed above
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Dr. Schultz has nothing to disclose.

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Skattør 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Thor Håkon	rst Name)	2. Surname (Last Name) Skattør	3. Date 07-April-2021
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Pål Andre Holme
5. Manuscript Title Thrombosis and		er ChAdOx1 nCov-19 vacc	ination
6. Manuscript Ider 21-04882	ntifying Number (if you kr	now it)	
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any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Section 4.	Intellectual Proper	ty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Skattør 2



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Definitions.

Sørvoll

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

1

supplied by the entity, travel paid by the entity, writing assistance,



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Ingvild Hausberg	·	2. Surname (Last Name) Sørvoll	3. Date 14-April-2021
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Pål Andre Holme
5. Manuscript Title Thrombosis and		er ChAdOx1 nCoV-19 Vacc	ination
6. Manuscript Ide 21-04882	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Section 4.	Intellectual Proper	rty Patents & Copyrig	ghts
Do you have any		, , , , , , , , , , , , , , , , , , , ,	oadly relevant to the work? Yes V No



Section 5. Relationships not sovered above
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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My spouse is the CFO in ArcticZymes Technologies.
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Dr. Sørvoll reports that her spouse is the CFO in Arcticzymes Technologies.

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Section 1. Ide	entifying Informat	ion	
1. Given Name (First Na Ingvild Hausberg	,	2. Surname (Last Name) Sørvoll	3. Date 07-April-2021
4. Are you the correspo	nding author?	Yes 🗸 No	Corresponding Author's Name Pål Andre Holme
5. Manuscript Title Thrombosis and thro	mbocytopenia after C	ChAdOx1 nCov-19 vac	cination
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Section 4. Into	ellectual Prop <u>erty</u>	Patents & Copyri	ights
			proadly relevant to the work? Yes V No



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Tjønnfjord 1



Section 1.	Identifying Inform	ation	
1. Given Name (Firs Geir Erland	st Name)	2. Surname (Last Name) Tjønnfjord	3. Date 06-April-2021
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Pål Andre Holme
5. Manuscript Title Thrombosis and t	:hrombocytopenia afte	er ChAdOx1 nCov-19 vacc	ination
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Tjønnfjord 2



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Section 6. Disalogues Statement			
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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.

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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Section 1. Identifying Inform	mation	
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 Thrombosis and thrombocytopenia af	ter ChAdOx1 nCov-19 vacc	ination
6. Manuscript Identifying Number (if you k 21-04882	know it)	_
Section 2. The Work Under 0	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financia	l activities outside the s	ubmitted work.
of compensation) with entities as desc	ribed in the instructions. Us eport relationships that wer —	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication .
Section 4. Intellectual Prope	erty Patents & Copyric	yhts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

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Section 5.	Relationships not covered above	
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?	
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):	
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest	
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 abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Wiedmann h	as nothing to disclose.	

Evaluation and Feedback

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