

Instructions

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4. Intellectual Property.

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

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Aaron	rst Name)	2. Surname (Last Name) Aday	3. Date 23-April-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title	2		
Therapeutic anti	coagulation in non-c	ritically ill patients with CO	VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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✓ No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Janssen Research & Development					l current serve as the site principal investigator of PREVENT-HD, a trial of low-dose Xarelto vs. placebo in patients with COVID not requiring hospitalization.	

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. Aday reports other from Janssen Research & Development, outside the submitted work; .

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. Given Name (First Name) arah	2. Surname (Last Name) Al-Beidh	3. Date 15-January-2021
. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
. Manuscript Title herapeutic anticoagulation in non-(critically ill patients with CO	DVID-19
5. Manuscript Identifying Number (if yoι 21-05911	ı know it)	

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row	٧.
Excess rows can be removed by pressing the "X" button.	

Name of Institution/Company	Grant?	Personal Fees [?]	Non-Financial Support <mark>?</mark>	Other?	Comments	
H2020 RECOVER grant agreement No 101003589	\checkmark					

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Dr. Al-Beidh reports grants from H2020 RECOVER grant agreement No 101003589, during the conduct of the study; .

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1. Given Name (Fin Derek	rst Name)	2. Surname (Last Name) Angus	3. Date 15-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title	2		
Therapeutic anti	coagulation in non-c	ritically ill patients with CC	VID-19
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Are there any relevant conflicts of interest? Yes No

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NIH	\checkmark					
Translational Breast Cancer Foundation	\checkmark					

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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

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Dr. Angus reports grants from NIH, grants from Translational Breast Cancer Foundation, during the conduct of the study; .

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1. Given Name (First Name) Djillali	2. Surname (Last Name) Annane	3. Date 15-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulation in non-o	ritically ill patients with CC	WID-19
6. Manuscript Identifying Number (if you 21-05911	know it)	

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H2020 RECOVER grant agreement No 101003589	\checkmark					

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Dr. Annane reports grants from H2020 RECOVER grant agreement No 101003589, during the conduct of the study; .

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Section 1.	Identifying Infor	mation		
1. Given Name (First Yaseen	t Name)	2. Surname (Last Name) Arabi		3. Date 19-January-2021
4. Are you the corre	sponding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Title Therapeutic antico	pagulation in non-cr	itically ill patients with CC	OVID-19	
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Are there any relevant conflicts of interest?		Yes	\checkmark	1
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		•	



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Dr. Arabi has nothing to disclose.

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4. Are you the corresponding author?		✓ No	Corresponding Author's Na Ryan Zarychanski	ame
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Section 2. **The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest? ✓ Yes No

f yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row	Ν.
Excess rows can be removed by pressing the "X" button.	

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Wellcome Trust Innovations Project	\checkmark					

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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



Section 5. Relationships not covered above

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Dr. Aryal reports grants from Wellcome Trust Innovations Project, during the conduct of the study; .

Evaluation and Feedback



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Name)	2. Surname (Last Name Baumann Kreuziger	2)	3. Date 18-January-2021	
4. Are you the corresponding author? Yes 🖌 No		Corresponding Author's Name Ryan Zarychanski		
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Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
National Institutes of Health	\checkmark					

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No

Are there any relevant conflicts of interest? \checkmark Yes

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Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
CSL Behring		\checkmark			Advisory Board honorarium	
Quercegen Pharmaceuticals		\checkmark			Advisory Board honorarium	



Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Baumann Kreuziger reports grants from National Institutes of Health, during the conduct of the study; personal fees from CSL Behring, personal fees from Quercegen Pharmaceuticals, outside the submitted work; .

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Section 1.	Identifying Infor	mation	
1. Given Name (Fin Abi	rst Name)	2. Surname (Last Name) Beane	3. Date 17-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		itically ill patients with CO	VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you l	know it)	

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
Minderoo Foundation	\checkmark					
Wellcome	\checkmark					

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Are there any relevant conflicts of interest?

Yes 🖌 No

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🖌 No



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Dr. Beane reports grants from Minderoo Foundation, grants from Wellcome, during the conduct of the study;.

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1. Given Name (Fin Jeffrey	rst Name)	2. Surname (Last Name) Berger		3. Date 18-January-2021
4. Are you the corresponding author? Yes 🗸		Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
National Institutes of Health - NHLBI	\checkmark					

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Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Astra ZenecA		\checkmark			honorarium
Jannssen		\checkmark			honorarium
Amgen		\checkmark			honorarium



Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Berger reports grants from National Institutes of Health - NHLBI, during the conduct of the study; personal fees from Astra ZenecA, personal fees from Jannssen, personal fees from Amgen, outside the submitted work; .

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5. Manuscript Title Therapeutic anti	e coagulation in non-criti	ically ill pa	tients with COV	ID-19	
6. Manuscript Ider	ntifying Number (if you kn	ow it)			

21-05911

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Are there any relevant conflicts of interest? \checkmark Yes \square No

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Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
PREPARE Network. European Commission through University Antwerp	\checkmark				Statistical design and analysis of REMAP-CAP trial	
OPTIMISE-CAP. Australia Funding through Monash University.	\checkmark				Statistical design and analysis of REMAP-CAP trial	
REMAP-CAP. New Zealand Funding through Medical Research Institute of New Zealand.	\checkmark				Statistical design and analysis of REMAP-CAP trial	
Global Coalition for Adaptive Research (GCAR). United States Funding.	\checkmark				Statistical design and analysis of REMAP-CAP trial	
ATTACC Canada funding, University Health Network	\checkmark				Statistical design and analysis of ATTACC	
ACTIV-4 IP funding, University of Pittsburgh	\checkmark				Statistical consulting for ACTIV-4	

Section 3.

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Dr. Berry reports grants from PREPARE Network. European Commission through University Antwerp, grants from OPTIMISE-CAP. Australia Funding through Monash University., grants from REMAP-CAP. New Zealand Funding through Medical Research Institute of New Zealand., grants from Global Coalition for Adaptive Research (GCAR). United States Funding., grants from ATTACC Canada funding, University Health Network, grants from ACTIV-4 IP funding, University of Pittsburgh, during the conduct of the study;.

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Section 1.	Identifying Inform	nation			
1. Given Name (Fi Scott	rst Name)	2. Surnan Berry	ne (Last Name)		3. Date 21-January-2021
4. Are you the corresponding author?		Yes	✓ No	Corresponding Author's Na Ryan Zarychanski	ame
5. Manuscript Title Therapeutic anti	e coagulation in non-cri	tically ill pa	tients with CO	/ID-19	
6. Manuscript Ider	ntifying Number (if you k	now it)			

21-05911

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
PREPARE Network. European Commission	\checkmark				Statistical Design and analysis of REMAP-CAP	
Optimise-CAP. Australia Funding.	\checkmark				Statistical Design and analysis of REMAP-CAP	
REMAP-CAP. Australia Funding.	\checkmark				Statistical Design and analysis of REMAP-CAP	
GCAR. USA Funding.	\checkmark				Statistical Design and analysis of REMAP-CAP	
University Health Network. Canada Funding.	\checkmark				Statistical Design and analysis of ATTACC	
University of Pittsburgh. USA Funding	\checkmark				Statistical Design and analysis of ACTIV-4A Trial	



Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? \Box Yes \checkmark No

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?

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Section 6. Disclosure Statement

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Dr. Berry reports grants from PREPARE Network. European Commission, grants from Optimise-CAP. Australia Funding., grants from REMAP-CAP. Australia Funding., grants from GCAR. USA Funding., grants from University Health Network. Canada Funding., grants from University of Pittsburgh. USA Funding, during the conduct of the study;.



Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Zahra	rst Name)	2. Surname (Last Name Bhimani)	3. Date 18-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Nar Ryan Zarychanski	ne
5. Manuscript Title Therapeutic anti		ritically ill patients with C	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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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	Do you have any	patents, whethe	r planned, pending	g or issued, broa	adly relevant to †	the work? 🗌	Yes	🖌 No	С
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Dr. Bhimani has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Infor	mation			
1. Given Name (Fi Shailesh	rst Name)	2. Surname (Last Nam Bihari	e)	3. Date 15-January-2021	
4. Are you the corresponding author?		Yes 🖌 No	Yes 🖌 No Corresponding Author's Na Ryan Zarychanski		
5. Manuscript Title Therapeutic anti		ritically ill patients with (COVID-19		
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)			

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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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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	
bo you have any patents, whether planned, penaing of issued, broadly relevant to the work.	1.05		



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Dr. Bihari has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Henny	rst Name)	2. Surname (Last Name) Billett		3. Date 13-January-2021
4. Are you the corresponding author?		Yes 🖌 No	ne	
5. Manuscript Title Therapeutic anti		ritically ill patients with Co	OVID-19	
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)		

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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
---	--	-----

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
---	--	-----	--------------	--

Section 4. Intellectual Property -- Patents & Copyrights

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



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Dr. Billett has nothing to disclose.

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Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Lindsay	2. Surname (Last Name) Bond	3. Date 15-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulation in non	-critically ill patients with CO	DVID-19
6. Manuscript Identifying Number (if yo 21-05911	ou know it)	

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Are there any relevant conflicts of interest? \checkmark Yes \square No

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Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Ozmosis Research Inc.				\checkmark	Ozmosis Research Inc. is the CRO responsible for the project management of the study and receive payment for work completed/services provided.	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes 🖌 No

Intellectual Property -- Patents & Copyrights

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

Section 4.



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Dr. Bond reports other from Ozmosis Research Inc., during the conduct of the study; .

Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Marc	rst Name)	2. Surname (Last Name) Bonten	3. Date 14-June-2021	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title	2			
Therapeutic anti	coagulation in non-cr	itically ill patients with CC	VID-19	
6. Manuscript Ider 21-05911	ntifying Number (if you l	know it)		

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Name of Institution/Company	Grant?	Personal Fees [?]	Non-Financial Support <mark>?</mark>	Other?	Comments	
European Union's FP7 grant PREPARE (602525)	\checkmark					
European Union's H2020 grant RECOVER (101003589)	\checkmark					

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Section 4. Intellectual F

Intellectual Property -- Patents & Copyrights

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Dr. Bonten reports grants from European Union's FP7 grant PREPARE (602525), grants from European Union's H2020 grant RECOVER (101003589), during the conduct of the study; .Dr. Bonten reports grants from European Union's FP7 grant PREPARE (602525), grants from European Union's H2020 grant RECOVER (101003589), during the conduct of the study; .

Evaluation and Feedback



Instructions

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4. Intellectual Property.

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

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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



Section 1.	Identifying Infor	mation		
1. Given Name (Fin Charlotte	rst Name)	2. Surname (Last Name) Bradbury	3. Date 14-January-2021	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title	2			
Therapeutic anti	coagulation in non-cr	itically ill patients with CO	VID-19	
6. Manuscript Ider 21-05911	ntifying Number (if you l	know it)		

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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.)?

🖌 No

Are there any relevant conflicts of interest? Yes

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**.

No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
BMS pfizer		\checkmark			Speaker honoraria	
Amgen			\checkmark		Conference attendance	
Bayer		\checkmark	\checkmark		Speaker fees and conference attendance	
Novartis		\checkmark	\checkmark		Speaker fees, advisory and conference attendance	
Janssen		\checkmark			Speaker fees	
Portola		\checkmark			Advisory	
Ablynx		\checkmark			Advisory	



Section 4. Intellectual Property -- Patents & Copyrights

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

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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Section 6. Disclosure Statement

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Dr. Bradbury reports personal fees from BMS pfizer, non-financial support from Amgen, personal fees and non-financial support from Bayer, personal fees and non-financial support from Novartis, personal fees from Janssen, personal fees from Portola, personal fees from Ablynx, outside the submitted work; .

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Section 1.	dentifying Infor	mation	
1. Given Name (First Maria	Name)	2. Surname (Last Nam Brooks	ae) 3. Date 18-January-2021
4. Are you the corres	ponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic antico	agulation in non-c	ritically ill patients with (COVID-19
6. Manuscript Identil 21-05911	fying Number (if you	know it)	

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
NHLBI	\checkmark					

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Are there any relevant conflicts of interest? Yes 🗸 No

Section 4.	
	Intellectual Property Patents & Copyrights
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🗸 No



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Dr. Brooks reports grants from NHLBI, during the conduct of the study; .

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1. Given Name (First Name) Frank	2. Surname (Last Name) Brunkhorst) 3. Date 15-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulation in non-	critically ill patients with C	OVID-19
6. Manuscript Identifying Number (if yo 21-05911	u know it)	

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Name of Institution/Company	Grant?	Personal Fees [?]	Non-Financial Support <mark>?</mark>	Other?	Comments	
H2020 RECOVER grant agreement No 101003589	\checkmark					

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

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Dr. Brunkhorst reports grants from H2020 RECOVER grant agreement No 101003589, during the conduct of the study; .

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Section 1.	Identifying Infor	mation	
1. Given Name (Fin Meredith	rst Name)	2. Surname (Last Name) Buxton	3. Date 20-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with CC	VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Breast Cancer Research Foundation	\checkmark					

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Eisai Inc.					contract for REMAP-COVID Immune modulation 2 domain
Amgen					contract for REMAP-COVID Immune modulation 2 domain



Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Dr. Buxton reports grants from Breast Cancer Research Foundation, during the conduct of the study; other from Eisai Inc., other from Amgen, outside the submitted work; .

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1. Given Name (Fii Ovidiu Adrian	rst Name)	2. Surname (Last Name Buzgau		Date 3-January-2021
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🖌 No

Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
---	--	-----	--------------

Section 4. Intellectual Property -- Patents & Copyrights

bo you have any patents, whether planned, pending of issued, broadily relevant to the work: res y no	you have any patents, whether planned, pending or issued, broadly relevant to the	work? Yes	🖌 No
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Dr. Buzgau has nothing to disclose.

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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



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Marc	rst Name)	2. Surname (Last Name) Carrier	3. Date 02-November-2018
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with Co	DVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
Pfizer	\checkmark					
Canadian Institutes of Health Research	\checkmark					
BMS	\checkmark					

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Leo Pharma	\checkmark	\checkmark			Research Support PERIOP 01 trial. Honoraria, not taken as salary.	



Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments
Bristol-Myers Squibb	\checkmark	\checkmark			Research Support AVERT Trial. Honoraria, not taken as salary.
Bayer	\checkmark	\checkmark			Research Support MARINER Trial. Honoraria, not taken as salary.
Sanofi Aventis		\checkmark			Honoraria, not taken as salary
Pfizer		\checkmark			Honoraria, not taken as salary

Section 4.

Intellectual Property -- Patents & Copyrights

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

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

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. Carrier reports grants from Pfizer, grants from Canadian Institutes of Health Research, grants from BMS, during the conduct of the study; grants and personal fees from Leo Pharma, grants and personal fees from Bristol-Myers Squibb, grants and personal fees from Bayer, personal fees from Sanofi Aventis, personal fees from Pfizer, outside the submitted work; .

🖌 No



Evaluation and Feedback



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Section 1.	Identifying Infor	mation			
1. Given Name (First Lana	Name)	2. Surnan Castelluc	ne (Last Name) :ci		3. Date 14-January-2021
4. Are you the corres	sponding author?	Yes	✓ No	Corresponding Author's N Ryan Zarychanski	ame
5. Manuscript Title Therapeutic antico	agulation in non-c	ritically ill pat	tients with CC	WID-19	

21-05911

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BMS		\checkmark			Honoraria	
Pfizer		\checkmark			Honoraria	
The Academy		\checkmark			Honoraria	
Amag Pharmaceuticals		\checkmark			Honoraria	

Section 3. Relevant financial activities outside the submitted work.

Yes

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Are there any relevant conflicts of interest?

🖌 No



Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Castellucci reports personal fees from BMS, personal fees from Pfizer, personal fees from The Academy, personal fees from Amag Pharmaceuticals, during the conduct of the study; .

Evaluation and Feedback



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Section 1. Identi	ifying Information	
1. Given Name (First Name) Sweta	2. Surname (Last Nan Chekuri	ne) 3. Date 20-January-2020
4. Are you the correspondir	ng author? Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic heparin in no	on-critically ill patients hospitalized	for Covid-19
6. Manuscript Identifying N 21-05911	lumber (if you know it)	

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?	Y	es
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, penuing of issued, broadly relevant to the work? res \mathbf{v} no	e 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. Chekuri has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Inform	nation		
1. Given Name (Fin Jen-Ting	rst Name)	2. Surname (Last Name) Chen		3. Date 14-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Nam Ryan Zarychanski	e
5. Manuscript Title Therapeutic anti		tically ill patients with CO	VID-19	
6. Manuscript Ider 21-05911	ntifying Number (if you k	now it)	_	

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✓ No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Gilead US Medical Affairs Virtual Advisory Program on COVID-19 and Gilead Medical Affairs Sentinel Panel		\checkmark			USD 2800	

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. Chen reports personal fees from Gilead US Medical Affairs Virtual Advisory Program on COVID-19 and Gilead Medical Affairs Sentinel Panel, outside the submitted work; .

Evaluation and Feedback



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Section 1. Identifying Info	rmation		
1. Given Name (First Name) Allen	2. Surname (Last Name) Cheng	3. Date 19-Jar	e nuary-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title Therapeutic anticoagulation in non-	critically ill patients with CC	OVID-19	
6. Manuscript Identifying Number (if you 21-05911	ı know it)		

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🖌 No

Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
---	--	-----	--------------	--

Section 4. Intellectual Property -- Patents & Copyrights

\mathbf{v}	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
--------------	---	-----	------	--



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Dr. Cheng has nothing to disclose.

Evaluation and Feedback



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	Identifying Infor	mation		
1. Given Name (F Tamta	irst Name)	2. Surname (Last Name) Chkhikvadze)	3. Date 18-January-2021
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		ritically ill patients with Co	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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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	
bo you have any patents, whether planned, penaing of issued, broadly relevant to the work.	1.05		



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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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. Chkhikvadze has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (F Benjamin	irst Name)	2. Surname (Last Name Coiffard	2)	3. Date 15-January-2021
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Nan Ryan Zarychanski	ne
5. Manuscript Titl Therapeutic ant		ritically ill patients with C	COVID-19	
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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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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	Do you have any	patents, whethe	r planned, pending	g or issued, broa	adly relevant to t	the work? 🗌	Yes	🖌 No	2
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Dr. Coiffard has nothing to disclose.

Evaluation and Feedback



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Section 1.	dentifying Infor	mation		
1. Given Name (First Todd	Name)	2. Surname (Last Nam Costantini	e)	3. Date 14-January-2021
4. Are you the corres	ponding author?	Yes 🖌 No	Corresponding Author's Nar Ryan Zarychanski	ne
5. Manuscript Title Therapeutic antico	agulation in non-c	ritically ill patients with (COVID-19	
6. Manuscript Identif 21-05911	ying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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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	Do you have any	patents, whethe	r planned, pending	g or issued, broa	adly relevant to t	the work? 🗌	Yes	🖌 No	2
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Dr. Costantini has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fir Mary	rst Name)	2. Surname (Last Name) Cushman	3. Date 15-January-2021
4. Are you the corr	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with CO	DVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?	\checkmark	Yes		No
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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
NIH		\checkmark			For committee sevice	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? \Box Yes \checkmark No

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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Dr. Cushman reports personal fees from NIH, during the conduct of the study; .

Evaluation and Feedback



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1. Given Name (Fir Lennie	rst Name)	2. Surname (Last Name) Derde		3. Date 15-January-2021
4. Are you the corr	responding author?	Yes 🖌 No	Corresponding Author's Nan Ryan Zarychanski	ne
5. Manuscript Title Therapeutic antic		tically ill patients with CO\	/ID-19	
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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
EU FP7-HEALTH-2013-INNOVATION-1, grant number 602525	\checkmark					
H2020 RECOVER grant agreement No 101003589	\checkmark					

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Are there any relevant conflicts of interest? Yes

No	
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
COVID-19 guideline committee SCCM/ESICM/ SSC				\checkmark	member, unpayed position	



Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments
ESICM COVID-19 taskforce				\checkmark	member, unpayed position
Dutch intensivists (NVIC) taskforce infectious threats				\checkmark	chair, unpayed position

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Dr. Derde reports grants from EU FP7-HEALTH-2013-INNOVATION-1, grant number 602525, grants from H2020 RECOVER grant agreement No 101003589, during the conduct of the study; other from COVID-19 guideline committee SCCM/ESICM/SSC, other from ESICM COVID-19 taskforce, other from Dutch intensivists (NVIC) taskforce infectious threats, outside the submitted work; .



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Section 1.	Identifying Infor	mation			
1. Given Name (Firs Michelle	t Name)	2. Surnam Detry	e (Last Name)		3. Date 19-January-2021
4. Are you the corre	esponding author?	Yes	✓ No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Title Therapeutic antic	oagulation in non-cr	itically ill pat	ients with CO	/ID-19	

21-05911

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
PREPARE Network. European Commission	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
OPTIMISE-CAP. Australia Funding.	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
REMAP-CAP. New Zealand Funding	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
Global Coalition for Adaptive Research (GCAR). United States Funding.	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
University Health Network, Canada Funding	\checkmark				Statistical Analysis of ATTACC trial	
University of Pittsburgh, USA Funding	\checkmark				Statistical Analysis of ACTIV-4 trial	

Section 3.

Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes V No



Section 4. Intellectual Property -- Patents & Copyrights

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

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. Detry reports grants from PREPARE Network. European Commission, grants from OPTIMISE-CAP. Australia Funding., grants from REMAP-CAP. New Zealand Funding, grants from Global Coalition for Adaptive Research (GCAR). United States Funding., grants from University Health Network, Canada Funding, grants from University of Pittsburgh, USA Funding, during the conduct of the study; .

Evaluation and Feedback



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Section 1. Identifying In	ormation	
1. Given Name (First Name) Abhijit	2. Surname (Last Name) Duggal	3. Date 19-January-202
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulation in no	n-critically ill patients with Co	OVID-19
6. Manuscript Identifying Number (if y 21-05911	ou know it)	

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🖌 No

Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?		Yes	\checkmark	
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Duggal has nothing to disclose.

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Section 1. Identifying Info	mation		
1. Given Name (First Name) Vladimir	2. Surname (Last Name) Dzavik		3. Date 13-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nan Ryan Zarychanski	ne
5. Manuscript Title Therapeutic anticoagulation in non-c	ritically ill patients with CC	OVID-19	
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	1
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\mathbf{v}	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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Section 1. Iden	tifying Information	
1. Given Name (First Name Mark B	e) 2. Surname (Last Na Effron	me) 3. Date 13-January-2021
4. Are you the correspond	ling author? Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagul	ation in non-critically ill patients with	h COVID-19
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✓ No

Are there any relevant conflicts of interest? Yes

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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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1. Given Name (Fi Jorge	rst Name)	2. Surname (Last Name) Escobedo		3. Date 13-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		ritically ill patients with CO	OVID-19	
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Are you the corresponding author?		Corresponding Author's Name Ryan Zarychanski			
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1.	Identifying Infor	mation		
1. Given Name (F Brendan	irst Name)	2. Surname (Last Name) Everett		ary-2021
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Titl Therapeutic ant		ritically ill patients with Co	DVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
NIH	\checkmark				Grant to support work on the ACTIV trial	

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**.

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Johnson & Johnson		\checkmark			Consulting
Gilead		\checkmark			Consulting
Merck and Company		\checkmark			Consulting



Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments
Amarin		\checkmark			Consulting
Amgen, Inc.		\checkmark			Consulting
Circulation Journal		\checkmark			Associate Editor
UpToDate		\checkmark			Peer Reviewer
Roche Diagnostics		\checkmark			Consulting
US Food and Drug Administration		\checkmark			Advisory committee service
NIDDK		\checkmark			DSMB

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. Everett reports grants from NIH, during the conduct of the study; personal fees from Johnson & Johnson, personal fees from Gilead, personal fees from Merck and Company, personal fees from Amarin, personal fees from Amgen, Inc., personal fees from Circulation Journal, personal fees from UpToDate, personal fees from Roche Diagnostics, personal fees from US Food and Drug Administration, personal fees from NIDDK, outside the submitted work; .

🖌 No



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Michael	rst Name)	2. Surname (Last Name) Farkouh	3. Date 21-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		itically ill patients with CO	/ID-19
6. Manuscript Ider 21-05911	ntifying Number (if you l	know it)	_

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Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Amgen	\checkmark				Research Grant	
Novo Nordisk	\checkmark				Research Grant	
Novartis	\checkmark				Research Grant	

Section 4.

Intellectual Property -- Patents & Copyrights

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



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Dr. Farkouh reports grants from Amgen, grants from Novo Nordisk, grants from Novartis, outside the submitted work; .

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Section 1.	Identifying Infor	mation		
1. Given Name (F Dean	irst Name)	2. Surname (Last Name) Fergusson		3. Date 14-January-2021
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		ritically ill patients with CO	DVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest? \Box Yes \checkmark 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. Fergusson has nothing to disclose.

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Section 1.	Identifying Infor	mation			
1. Given Name (Fir Mark	st Name)	2. Surnan Fitzgeral	ne (Last Name) d		3. Date 17-January-2021
4. Are you the corresponding author?		✓ No	Corresponding Author's Na Ryan Zarychanski	me	
5. Manuscript Title Therapeutic antie	coagulation in non-ci	ritically ill pat	tients with CC	VID-19	

21-05911

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. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
PREPARE Network, European Commission	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
OPTIMISE-CAP, Australia Funding	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
REMAP-CAP, New Zealand Funding	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
GCAR, United States Funding	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
ATTACC, Canada Funding	\checkmark				Statistical analysis of multiple platform trial	
ACTIV-4 IP, United States Funding	\checkmark				Statistical analysis of multiple platform trial	



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Are there any relevant conflicts of interest? \Box Yes \checkmark No

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

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Dr. Fitzgerald reports grants from PREPARE Network, European Commission , grants from OPTIMISE-CAP, Australia Funding, grants from REMAP-CAP, New Zealand Funding, grants from GCAR, United States Funding, grants from ATTACC, Canada Funding, grants from ACTIV-4 IP, United States Funding, during the conduct of the study; .



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Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?		Yes	\checkmark
---	--	-----	--------------

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, penuing of issued, broadly relevant to the work? res \mathbf{v} no	e any patents, whether planned, pending or issued, broadly relevant to	the work?	Yes	🖌 No
--	--	-----------	-----	------



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Section 1.	lentifying Infor	mation			
1. Given Name (First N Jean Philippe	lame)	2. Surname Galanaud	(Last Name)		3. Date 15-January-2021
4. Are you the corresp	onding author?	Yes	✓ No	Corresponding Author's Na Ryan Zarychanski	ame
5. Manuscript Title Therapeutic anticoa	gulation in non-c	ritically ill patie	ents with CO	/ID-19	
6. Manuscript Identify 21-05911	ing Number (if you	know it)			

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🖌 No

Are there any relevant conflicts of interest?	Yes
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Section 3. Relevant financial activities outside the submitted work.

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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	\checkmark	No



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Section 1.	Identifying Infor	mation		
1. Given Name (Firs Benjamin	t Name)	2. Surname (Last Name) Galen		3. Date 15-January-2021
4. Are you the corre	esponding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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Section 4. Intellectual Property -- Patents & Copyrights

\mathbf{v}	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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1. Given Name (First Nam Sheetal	e)	2. Surname (Last Nar Gandotra	ne) 3. Date 15-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagul	ation in non-c	ritically ill patients with	COVID-19
6. Manuscript Identifying 21-05911	Number (if you	know it)	

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Are there any re	elevant conflicts of interest?		Yes
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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Sebastián	rst Name)	2. Surname (Last Name) García-Madrona		3. Date 17-March-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		itically ill patients with CO	DVID-19	
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Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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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	



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Dr. García-Madrona has nothing to disclose.

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4. Are you the corre	sponding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
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Are there any relevant conflicts of interest?		Yes	\checkmark	
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Ewan	rst Name)	2. Surname (Last Name) Goligher	3. Date 14-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with CC	VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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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.)?

✓ No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest? 🖌 Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Getinge			\checkmark		Research equipment	
Timpel			\checkmark		Research equipment	

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):

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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. Goligher reports non-financial support from Getinge, non-financial support from Timpel, outside the submitted work; .

Evaluation and Feedback



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5. Manuscript Title Therapeutic anti		ritically ill patients with CC	DVID-19	
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Are there any relevant conflicts of interest? \checkmark Yes No

f yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row	Ν.
Excess rows can be removed by pressing the "X" button.	

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NHLBI	\checkmark				Funding to do the trial	

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Are there any relevant conflicts of interest? Yes 🗸 No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gong reports grants from NHLBI, during the conduct of the study; .

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1. Given Name (First Andrew	Name)	2. Surname (Last Name Goodman		iary-2021
4. Are you the corres	ponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title Therapeutic antico	agulation in non-c	ritically ill patients with 0	COVID-19	
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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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	
bo you have any patents, whether planned, penaing of issued, broadly relevant to the work.	1.05		



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Dr. Goodman has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Infor	mation	
1. Given Name (F Herman	irst Name)	2. Surname (Last Na Goossens	me) 3. Date 22-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Titl Therapeutic ant		ritically ill patients with	n COVID-19
	ntifying Number (if you	know it)	

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Are there any relevant conflicts of interest? \checkmark Yes \square No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
H2020 RECOVER grant agreement No 101003589	\checkmark					

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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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1. Given Name (Fin Anthony	rst Name)	2. Surname (Last Name) Gordon	3. Date 14-June-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with CC	IVID-19
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NIHR	\checkmark				Trial grant
NIHR Research Professorship (RP-2015-06-18)	\checkmark				Research grant, Research Professorship (RP-2015-06-18)
NIHR Clinical Research Network			\checkmark		Research support and study drug distribution
European Union FP7-HEALTH-2013- INNOVATION-1	\checkmark				FP7-HEALTH-2013-INNOVATION-1 (#602525)

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Are there any relevant conflicts of interest? ✓ Yes

If yes, please fill out the appropriate information below.



Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments
GlaxoSmithKline		\checkmark			Consulting fees paid to institution
Bristol Myers Squibb		\checkmark			Consulting fees paid to institution
30 Respiratory		\checkmark			Consulting fees paid to institution

Section 4.

Intellectual Property -- Patents & Copyrights

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

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Dr. Gordon reports grants from NIHR, grants from NIHR Research Professorship (RP-2015-06-18), non-financial support from NIHR Clinical Research Network, grants from European Union FP7-HEALTH-2013-INNOVATION-1, during the conduct of the study; personal fees from GlaxoSmithKline, personal fees from Bristol Myers Squibb, personal fees from 30 Respiratory, outside the submitted work; .

🖌 No



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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



Section 1.	Identifying Infor	mation			
1. Given Name (Fi Cameron	irst Name)	2. Surname (Last Name) Green		3. Date 17-January-2021	
4. Are you the corresponding author? Yes 🗸		Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	's Name	
5. Manuscript Titl Therapeutic ant		ritically ill patients with CC	DVID-19		
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)			

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.)?

✓ No

Are there any relevant conflicts of interest? Yes

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



Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Green has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Yonatan	rst Name)	2. Surname (Last Name Greenstein	3. Date 14-Janua	ary-2021
4. Are you the corresponding author? Yes 🖌 No		Corresponding Author's Name Ryan Zarychanski		
5. Manuscript Title Therapeutic anti		itically ill patients with Co	DVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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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	
bo you have any patents, whether planned, penaing of issued, broadly relevant to the work.	1.65		



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Dr. Greenstein has nothing to disclose.

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Section 1.	Identifying Inform	mation	
1. Given Name (Fin Peter	rst Name)	2. Surname (Last Nam Gross	e) 3. Date 13-January-2021
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title	2		
Therapeutic anti	coagulation in non-cr	itically ill patients with (COVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you k	xnow it)	

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Bristol Meyers Squibb		\checkmark			Speaker Fees	
Pfizer		\checkmark			Speaker Fees	
Bayer		\checkmark			Speaker Fees	
Leo Pharma		\checkmark			Speaker fees	
ACADEMY		\checkmark			Speaker fees	



Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gross reports grants from null, during the conduct of the study; personal fees from Bristol Meyers Squibb, personal fees from Pfizer, personal fees from Bayer, personal fees from Leo Pharma, personal fees from ACADEMY, outside the submitted work; .

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Section 1.	Identifying Inform	mation		
1. Given Name (Fir Naomi	st Name)	2. Surname (Last Name) Hamburg	3. Date 25-March-2021	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title Therapeutic antie		itically ill patients with CC	OVID-19	
6. Manuscript Ider 21-05911	itifying Number (if you k	now it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
NIH	\checkmark					

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Merck		\checkmark			Consulting fees less than \$5000	



Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Hamburg reports grants from NIH, during the conduct of the study; personal fees from Merck, outside the submitted work; .

Evaluation and Feedback



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st Name)	2. Surname (Last Name) Haniffa	3. Date 20-January-2021
esponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
	ritically ill patients with C	DVID-19
tifying Number (if you	know it)	
	responding author? coagulation in non-c	esponding author?

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Wellcome Trust	\checkmark				Innovations Grant for Critical Care Asia- grant mentioned under REMAP funding disclosures	

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Are there any relevant conflicts of interest? Yes

s 🖌 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. Haniffa reports grants from Wellcome Trust, during the conduct of the study; .

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Section 1.	Identifying Infor	mation	
1. Given Name (Fir George	st Name)	2. Surname (Last Name Hanna	e) 3. Date 13-May-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
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🖌 No

Are there any relevant conflicts of interest?	Y	es
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Are there any relevant conflicts of interest?		Yes	\checkmark
---	--	-----	--------------

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. Hanna has nothing to disclose.

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Section 1.	Identifying Infor	mation			
1. Given Name (Fi Nicholas	rst Name)	2. Surname (Last Name Hanna	e) 3. Date 01-April-2021		
4. Are you the corresponding author? Yes 🖌 No		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski		
5. Manuscript Titl Therapeutic ant		ritically ill patients with (COVID-19		
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)			

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✓ No

Are there any relevant conflicts of interest? Yes

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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. Hanna has nothing to disclose.

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Section 1. Identifying Info	ormation			
1. Given Name (First Name) Sheila	2. Surname (Last Name) Hegde		Date -January-2021	
4. Are you the corresponding author? Yes 🖌 No		Corresponding Author's Name Ryan Zarychanski		
5. Manuscript Title Therapeutic anticoagulation in non-	critically ill patients with C	DVID-19		
6. Manuscript Identifying Number (if yo 21-05911	u know it)			

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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	1
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Section 4. Intellectual Property -- Patents & Copyrights

\mathbf{v}	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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Dr. Hegde has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Carolyn	rst Name)	2. Surname (Last Name) Hendrickson	3. Date 18-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with CO	VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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🖌 No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Spring Discovery		✓			Consulting fees for clinical trial design related to ARDS. Fees totall approximately \$2000 to date. I do not have stock or other equity investment in this company or it's products.	



Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Dr. Hendrickson reports personal fees from Spring Discovery, outside the submitted work; .

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Section 1.	Identifying Infor	mation			
1. Given Name (Fi Alisa	rst Name)	2. Surname (Last Name) Higgins	3. Date 15-January-2021		
4. Are you the corresponding author? Yes 🖌 No		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski		
5. Manuscript Title Therapeutic anti		itically ill patients with CC	0VID-19		
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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
National Health and Medical Research Council	\checkmark					
Minderoo Foundation	\checkmark					

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Are there any relevant conflicts of interest?

./	No
V	110

Section 4. Intellectual Property -- Patents & Copyrights

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

Yes

🖌 No



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Dr. Higgins reports grants from National Health and Medical Research Council, grants from Minderoo Foundation, during the conduct of the study; .

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1. Given Name (First Name) Alexander	2. Surname (Last Name) Hindenburg		Date 3-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title Therapeutic anticoagulation in non-c	ritically ill patients with C	DVID-19	
6. Manuscript Identifying Number (if you 21-05911	know it)		

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Are there any relevant conflicts of interest?	Yes
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Are there any relevant conflicts of interest?		Yes	\checkmark
---	--	-----	--------------

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4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		lly ill patients with COVID-1	9
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	_

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
NHLBI	\checkmark				Sub-site for PETAL Network, primary center - NYU Grossman School of Medicine	

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Are there any relevant conflicts of interest? Yes

5 🖌 No

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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Dr. Hite reports grants from NHLBI, during the conduct of the study; .

Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Judith	irst Name)	2. Surname (Last Name) Hochman		3. Date 14-January-2021
4. Are you the con	rresponding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	ame
5. Manuscript Titl Therapeutic ant		ritically ill patients with CC	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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statistical analysis, etc.)?

Are there any relevant conflicts of interest?	\checkmark	Yes		No
---	--------------	-----	--	----

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NHLBI-University of Pittsburgh	\checkmark				Subaward	

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Are there any relevant conflicts of interest? Yes

✓ No

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



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Section 1. Identi	ifying Information	
1. Given Name (First Name) Aluko	2. Surname (Last Na Hope	me) 3. Date 19-January-2021
4. Are you the corresponding	ng author? Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulat	tion in non-critically ill patients with	n COVID-19
6. Manuscript Identifying N 21-05911	lumber (if you know it)	

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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	1
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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	\checkmark	No



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Dr. Hope has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi James	rst Name)	2. Surname (Last Name) Horowitz		3. Date 15-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Nar Ryan Zarychanski	me
5. Manuscript Title Therapeutic anti		ritically ill patients with C	DVID-19	
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	1
---	--	-----	--------------	---

Section 4. Intellectual Property -- Patents & Copyrights

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--	---	-----	------



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1. Given Name (Fi Christopher	rst Name)	2. Surname (Last Name Horvat) 3. Date 18-January-20	021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
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NICHD	\checkmark				1K23HD099331-01A1	

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Are there any relevant conflicts of interest?		Yes
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Section 1.	Identifying Inform	nation		
1. Given Name (Fin David	rst Name)	2. Surname (Last Name) Huang	3. Date 15-January-2021	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title Therapeutic anti		tically ill patients with CO	VID-19	
6. Manuscript Ider 21-05911	ntifying Number (if you k	now it)		
 Manuscript Title Therapeutic anti Manuscript Ider 	e coagulation in non-cri	tically ill patients with CO	Ryan Zarychanski	

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
NIH	\checkmark					

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? \Box Yes \checkmark No

Section 4.	
Section in	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. Huang reports grants from NIH, during the conduct of the study; .

Evaluation and Feedback



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Section 1. Identifying Info	rmation		
1. Given Name (First Name) Kristin	2. Surname (Last Name) Hudock		3. Date 20-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nan Ryan Zarychanski	ne
5. Manuscript Title Therapeutic anticoagulation in non-o	ritically ill patients with CO	DVID-19	
6. Manuscript Identifying Number (if you 21-05911	know it)		

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✓ No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? \Box Yes \checkmark 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. Hudock has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Beverley J	irst Name)	2. Surname (Last Name) Hunt		3. Date 15-January-2021
4. Are you the cor	rresponding author?	Yes 🖌 No	Corresponding Author's Nar Ryan Zarychanski	ne
5. Manuscript Titl Therapeutic ant		ritically ill patients with CO	DVID-19	
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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	1
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	\checkmark	No



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Dr. Hunt has nothing to disclose.

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1. Given Name (Fi Mansoor	rst Name)	2. Surname (Last Name Husain		Date -January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
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Are there any relevant conflicts of interest?		Yes	\checkmark
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Do you have any patents, whether planned, penuing of issued, broadly relevant to the work? res \mathbf{v} no	e any patents, whether planned, pending or issued, broadly relevant to	the work?	Yes	🖌 No
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1. Given Name (First Name) Vivek	2. Surname (Last Name) lyer	3. Date 24-April-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
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Are there any relevant conflicts of interest?		Yes	\checkmark	
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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?

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Section 6. Disclosure Statement

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Dr. lyer has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Jeffrey	irst Name)	2. Surname (Last Name Jacobson)	3. Date 19-January-2021
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		ritically ill patients with C	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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.)?

🖌 No

Are there any relevant conflicts of interest?	Y	es
---	---	----

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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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Do you have any patents, whether planned, penuing of issued, broadly relevant to the work? res \mathbf{v} no	e any patents, whether planned, pending or issued, broadly relevant to	the work?	Yes	🖌 No
--	--	-----------	-----	------



Section 5. Relationships not covered above

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Dr. Jacobson has nothing to disclose.

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4. Intellectual Property.

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Section 1.	Identifying Inform	nation	
1. Given Name (Fi Devachandran	rst Name)	2. Surname (Last Name Jayakumar) 3. Date 16-February-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		tically ill patients with Co	OVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you k	now it)	
-	ntifying Number (if you k	וow it)	

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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 connicts of interest: $ \mathbf{y} $ res $ \mathbf{y} $	Are there an	y relevant conflicts of interest?	\checkmark	Yes		No
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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Wellcome Trust Innovations Project	\checkmark					

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? ✓ No Yes



Section 5. Relationships not covered above

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Dr. Jayakumar reports grants from Wellcome Trust Innovations Project, during the conduct of the study; .

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Section 1.	Identifying Infor	mation		
1. Given Name (F Susan R	irst Name)	2. Surname (Last Name Kahn)	3. Date 13-January-2021
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Nai Ryan Zarychanski	ne
5. Manuscript Titl Therapeutic ant		ritically ill patients with C	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?	Y	es
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Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark
---	--	-----	--------------

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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Dr. Kahn has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Norma	rst Name)	2. Surname (Last Nam Keller	ne) 3. Date 14-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		itically ill patients with	COVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?	Yes
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Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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bo you have any patents, whether planned, pending of issued, broadily relevant to the work: res y no	you have any patents, whether planned, pending or issued, broadly relevant to the	work? Yes	🖌 No
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Dr. Keller has nothing to disclose.

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Section 1.	Identifying Inform	mation	
1. Given Name (Fi Akram	rst Name)	2. Surname (Last Name) Khan	3. Date 25-January-2021
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		itically ill patients with CC	VID-19
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Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
United Theraputics	\checkmark					
Reata Pharmaceuticals	\checkmark					
Johnson & Johnson	\checkmark					
Liquidia Pharmaceuticals	\checkmark					



Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Dr. Khan reports grants from United Theraputics, grants from Reata Pharmaceuticals, grants from Johnson & Johnson, grants from Liquidia Pharmaceuticals, outside the submitted work; .

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Section 1. Identifying Info	rmation	
1. Given Name (First Name) Keri	2. Surname (Last Name) Kim	3. Date 15-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulation in non-c	ritically ill patients with CC	VID-19
6. Manuscript Identifying Number (if you 21-05911	know it)	

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🖌 No

Are there any relevant conflicts of interest?		Yes
---	--	-----

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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
---	--	-----	--------------	--

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



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Dr. Kim has nothing to disclose.

Evaluation and Feedback



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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support	Other?	Comments	
NIH	\checkmark				Grant to support work on the ACTIV trial	

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Are there any relevant conflicts of interest? Yes 🗸 No

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



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Dr. Kim reports grants from NIH, during the conduct of the study; .

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1. Given Name (First Name) Andrei	2. Surname (Last Name Kindzelski		3. Date 15-March-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nam Ryan Zarychanski	e
5. Manuscript Title Therapeutic anticoagulation in non-	critically ill patients with Co	OVID-19	
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Are there any relevant conflicts of interest?		Yes	\checkmark	
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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	I 🖌 No
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Section 1.	Identifying Infor	mation		
1. Given Name (Firs Andrew	t Name)	2. Surname (Last Name) King		3. Date 15-January-2021
4. Are you the corre	sponding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Title Therapeutic antice	pagulation in non-c	ritically ill patients with CO	OVID-19	
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Are there any relevant conflicts of interest?		Yes	\checkmark	
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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	
		•	



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Manitoba University		\checkmark			Fees for services provided (Data management and statistical analysis	

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NIH - NHLBI	\checkmark					

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Are there any relevant conflicts of interest? \Box Yes \checkmark No

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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Section 6. Disclosure Statement

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Dr. Knudson reports grants from NIH - NHLBI, during the conduct of the study; .

Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Aaron	rst Name)	2. Surname (Last Name) Kornblith		3. Date 14-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		ritically ill patients with CO	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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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	
bo you have any patents, whether planned, penaing of issued, broadly relevant to the work.	1.05		



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Dr. Kornblith has nothing to disclose.

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Section 1. Id	entifying Infor	mation		
1. Given Name (First Na Lucy	ame)	2. Surname (La Kornblith	st Name)	3. Date 14-January-2021
4. Are you the corresponding author?		Yes 🖌	No Correspondir Ryan Zarych	ng Author's Name nanski
5. Manuscript Title Therapeutic anticoag	gulation in non-c	ritically ill patients	with COVID-19	
6. Manuscript Identifyi 21-05911	ng Number (if you	know it)		

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I.Given Name (First Name) /idya	2. Surname (Last Name) Krishnan		3. Date 15-March-2021
Are you the corresponding author?	Yes 🖌 No Corresponding Author's Nar Ryan Zarychanski		ne
anuscript Title rapeutic anticoagulation in non-c	ritically ill patients with CO	DVID-19	
Manuscript Identifying Number (if you -05911	know it)		

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Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, penuing of issued, broadly relevant to the work? res \mathbf{v} no	e any patents, whether planned, pending or issued, broadly relevant to	the work?	Yes	🖌 No
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Dr. Krishnan has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Anand	rst Name)	2. Surname (Last Name) Kumar	3. Date 21-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with CC	OVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Merck	\checkmark				unrestricted grant for professional society educational program	

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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. Kumar reports grants from Merck, outside the submitted work; .

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Matthew	rst Name)	2. Surname (Last Name) Kutcher		3. Date 18-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Nar Ryan Zarychanski	me
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Are there any relevant conflicts of interest?		Yes	\checkmark
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🛛 🗸 No	Do you have any	patents, whethe	r planned, pending	g or issued, broa	adly relevant to t	the work? 🗌	Yes	🖌 No	2
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Section 1.	Identifying Infor	mation	
1. Given Name (Fin Michael	rst Name)	2. Surname (Last Name) Laffan	3. Date 16-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		itically ill patients with CO	VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you l	know it)	

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.)?

✓ No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest? 🖌 Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Leopharma		\checkmark		\checkmark	Speaker fees. Manufacture heparin	

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



Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Laffan reports personal fees and other from Leopharma, outside the submitted work; .

Evaluation and Feedback



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1. Given Name (Fi	irst Name)	2. Surname (Last Name)	1	3. Date
Francois		Lamontagne		15-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Nam	ie
			Ryan Zarychanski	
5. Manuscript Titl Therapeutic ant		ritically ill patients with CO	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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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? res V No	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $$	Yes	🖌 No
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Dr. Lamontagne has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Inform	ation				
1. Given Name (Fii Patrick	rst Name)	2. Surnan Lawler	ne (Last Name)		3. Date 20-January-2021	
4. Are you the corresponding author?		Yes	✓ No	Corresponding Author's Name Ryan Zarychanski		
5. Manuscript Title Therapeutic anticoagulation in non-critically ill patients with COVID-19						
6. Manuscript Identifying Number (if you know it)						

21-05911

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. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
Canadian Institutes for Health Research	\checkmark					
LifeArc Foundation	\checkmark					
Peter Munk Cardiac Centre	\checkmark					
FastGrants (Thistledown Foundation)	\checkmark					
Province of Ontario	\checkmark					
National Institutes of Health	\checkmark					

Section 3.

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Novartis		\checkmark			Consulting fees	
Corrona Pharmacovigilance LLC		\checkmark			Endpoint adjudication services	
Brigham and Women's Hospital		\checkmark			Endpoint adjudication services	
McGraw-Hill Publishing		\checkmark			Royalties	

Section 4.

Intellectual Property -- Patents & Copyrights

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Section 5. Relationships not covered above

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Dr. Lawler reports grants from Canadian Institutes for Health Research, grants from LifeArc Foundation, grants from Peter Munk Cardiac Centre, grants from FastGrants (Thistledown Foundation), grants from Province of Ontario, grants from National Institutes of Health, during the conduct of the study; personal fees from Novartis, personal fees from Corrona Pharmacovigilance LLC, personal fees from Brigham and Women's Hospital, personal fees from McGraw-Hill Publishing, outside the submitted work; .

🖌 No



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Grégoire	rst Name)	2. Surname (Last Nam Le Gal	e)	3. Date 12-January-2021
4. Are you the corresponding author? Yes 🖌 No		Corresponding Author's Na Ryan Zarychanski	me	
5. Manuscript Title Therapeutic anti		ritically ill patients with (COVID-19	

21-05911

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Are there any relevant conflicts of interest? \checkmark Yes \square No

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Pfizer	\checkmark	\checkmark			Co-Investigator. Clinical trial	
Bristol-Myers Squibb	\checkmark	\checkmark			Co-Investigator. Clinical trial	
Pfizer		\checkmark			Honoraria, not taken as salary	
Sanofi		\checkmark			Honoraria, not taken as salary	
Leo Pharma		\checkmark			Honoraria, not taken as salary	

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Le Gal reports grants and personal fees from Pfizer, grants and personal fees from Bristol-Myers Squibb, personal fees from Pfizer, personal fees from Sanofi, personal fees from Leo Pharma, during the conduct of the study; .

Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Christine	rst Name)	2. Surname (Last Name Leeper	2)	3. Date 14-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Yes Vorresponding Author's Nar Ryan Zarychanski	
5. Manuscript Title Therapeutic anti		itically ill patients with C	OVID-19	
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)		

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Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?		Yes	\checkmark	
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Section 4. Intellectual Property -- Patents & Copyrights

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---	-----	------	--



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Section 1. Ide	ntifying Information	
1. Given Name (First Na Eric	me) 2. Surname Leifer	(Last Name) 3. Date 15-March-2021
4. Are you the corresponding author?		✓ No Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoag	ulation in non-critically ill patie	nts with COVID-19
6. Manuscript Identifyin 21-05911	g Number (if you know it)	

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Are there any relevant conflicts of interest? Yes

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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



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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Dr. Leifer has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Infor	mation	
1. Given Name (Fii Roger	rst Name)	2. Surname (Last Name) Lewis	3. Date 20-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title	2		
Therapeutic anti-	coagulation in non-c	ritically ill patients with CC	VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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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.)?

🖌 No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Berry Consultants, LLC		✓			Dr. Lewis is the Senior Medical Scientist at, and an employee of, Berry Consultants, LLC. Berry Consultants, LLC is a statistical consulting firm that specializes in the design, implementation, conduct, oversight, and interpretation of adaptive clinical trials including platform trials. Berry Consultants, LLC received support for this work from multiple agencies.	



Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Lewis reports personal fees from Berry Consultants, LLC, outside the submitted work; .

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi George	irst Name)	2. Surname (Last Name) Lim)	3. Date 18-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		ritically ill patients with CO	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lim has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Felipe	irst Name)	2. Surname (Last Name Lima)	3. Date 22-January-2021
4. Are you the cor	rresponding author?	Yes 🖌 No	Corresponding Author's Nar Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		ritically ill patients with C	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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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	
bo you have any patents, whether planned, penaing of issued, broadly relevant to the work.	1.05		



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Dr. Lima has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Kelsey	rst Name)	2. Surname (Last Name Linstrum	e) 3. Date 19-January	2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Titl Therapeutic ant		ritically ill patients with C	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
---	--	-----	--------------

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Dr. Linstrum has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Edward	rst Name)	2. Surname (Last Name) Litton		3. Date 15-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Title Therapeutic anti		ritically ill patients with CC	DVID-19	
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Are there any relevant conflicts of interest? Yes

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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. Litton has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Jose	rst Name)	2. Surname (Last Name Lopez-Sendon	e) 3. Date 22-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with C	COVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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.)?

🖌 No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Bayer	\checkmark				Institutional research grant	
Pfizer	\checkmark				Institutional research grant	
Boheringer Ingleheim	\checkmark				Institutional research grant	
Angem	\checkmark				Institutional research grant	
Menariny		\checkmark			Honoraria educational program	



Section 4. Intellectual Property -- Patents & Copyrights

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

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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Section 6. Disclosure Statement

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Dr. Lopez-Sendon reports grants from Bayer, grants from Pfizer, grants from Boheringer Ingleheim, grants from Angem, personal fees from Menariny, outside the submitted work; .

Evaluation and Feedback



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1. Given Name (First Name) Jose Luis	2. Surname (Last Name Lopez-Sendon Moren	
 Are you the corresponding author? Manuscript Title Therapeutic anticoagulation in non-c 	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski OVID-19
6. Manuscript Identifying Number (if you 21-05911	know it)	

The Work Under Consideration for Publication

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🖌 No

Are there any re	levant conflicts of inte	rest?	Yes
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Are there any relevant conflicts of interest? \Box Yes \checkmark 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. Lopez-Sendon Moreno has nothing to disclose.

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Section 1.	Identifying Information				
1. Given Name (Fi Elizabeth	rst Name)	2. Surname (Last N Lorenzi		Date -January-2021	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski		
5. Manuscript Title Therapeutic anti		ritically ill patients wit	th COVID-19		

21-05911

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
PREPARE in EU (University Antwerp)	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
OPTIMISE-CAP in Australia (Monash University)	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
REMAP-CAP in NZ (Medical Research Institute of New Zealand (MRINZ))	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
REMAP-COVID in US (GCAR)	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
ATTACC in Canada (University Health Network)	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
ACTIV-4 IP in US (Univsity of Pittsburgh)	\checkmark				Statistical Design and analysis of REMAP-CAP trial	



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Are there any relevant conflicts of interest? \Box Yes \checkmark No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lorenzi reports grants from PREPARE in EU (University Antwerp), grants from OPTIMISE-CAP in Australia (Monash University), grants from REMAP-CAP in NZ (Medical Research Institute of New Zealand (MRINZ)), grants from REMAP-COVID in US (GCAR), grants from ATTACC in Canada (University Health Network), grants from ACTIV-4 IP in US (Univsity of Pittsburgh), during the conduct of the study; .



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Section 1.	Identifying Infor	mation		
1. Given Name (Fir Sylvain	st Name)	2. Surname (Last Nam Lother	e)	3. Date 15-January-2021
4. Are you the corr	responding author?	Yes 🖌 No	Corresponding Author's Nan Ryan Zarychanski	ne
5. Manuscript Title Therapeutic antio		itically ill patients with (COVID-19	
6. Manuscript Ider 21-05911	tifying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?	Yes
---	-----

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, penuing of issued, broadly relevant to the work? res \mathbf{v} no	e 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. Lother has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Inform	nation		
1. Given Name (Fi Saurabh	rst Name)	2. Surname (Last Name) Malhotra		3. Date 15-March-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Nan Ryan Zarychanski	ne
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6. Manuscript Ider 21-05911	ntifying Number (if you k	now it)	_	

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✓ No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Pfizer		\checkmark			Speakers Bureau	
Akcea Therapeuics		\checkmark			Speakers Bureau	
Alnylam		\checkmark			Speakers Bureau	

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20			-

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. Malhotra reports personal fees from Pfizer, personal fees from Akcea Therapeuics, personal fees from Alnylam, outside the submitted work; .

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Section 1. 1. Given Name (F Miguel	Identifying Infor	2. Surname (Last Name Marcos) 3. Date 19-March-2021
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
•		ritically ill patients with Co	OVID-19
Section 2.	The Werk Under	Consideration for Pub	listion

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Fundación para la Investigación Biomédica del Hospital Universitario La Paz				\checkmark	Clinical Trial Budget	

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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 <mark>?</mark>	Other?	Comments	
Rovi			\checkmark		Registration fees and travel expenses	



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

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. Marcos reports other from Fundación para la Investigación Biomédica del Hospital Universitario La Paz, during the conduct of the study; non-financial support from Rovi, outside the submitted work; .

Evaluation and Feedback



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Section 1. Id	entifying Infor	mation		
1. Given Name (First Na John	ame)	2. Surname (Last Nam Marshall		Pate January-2021
4. Are you the correspo	onding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title Therapeutic anticoag	gulation in non-c	ritically ill patients with	COVID-19	
6. Manuscript Identifyi 21-05911	ng Number (if you	know it)		

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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
---	--	-----

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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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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	
---	-----	------	--



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Dr. Marshall has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (F Nicole	irst Name)	2. Surname (Last Name) Marten		3. Date 15-January-2021
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Nar Ryan Zarychanski	ne
5. Manuscript Titl Therapeutic ant		ritically ill patients with Co	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?		Yes
---	--	-----

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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
---	--	-----	--------------	--

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Γ	/es	✓ No	
	1 1			



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Andrea	irst Name)	2. Surname (Last Name) Martinez		3. Date 25-January-2021
4. Are you the cor	rresponding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		ritically ill patients with CO	DVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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.)?

✓ No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? \Box Yes \checkmark 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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Evaluation and Feedback



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Michael	rst Name)	2. Surname (Last Name) Matthay	3. Date 14-May-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title	2		
Therapeutic anti	coagulation in non-ci	ritically ill patients with CC	VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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🖌 No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Roche-Genetech	\checkmark				ARDS Observational research	
Novartis		\checkmark			ARDS Consultation	
Citius Pharmaceuticals		\checkmark			ARDS Consultation	
Pilot Therapeutics		\checkmark			ARDS Consultation	



Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Dr. Matthay reports grants from Roche-Genetech, personal fees from Novartis, personal fees from Citius Pharmaceuticals, personal fees from Pilot Therapeutics, outside the submitted work; .

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Section 1.	Identifying Infor	mation		
1. Given Name (F Colin	irst Name)	2. Surname (Last Name) McArthur		3. Date 19-January-2021
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		ritically ill patients with CO	DVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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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
---	---	-----	--	----

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row	1.
Excess rows can be removed by pressing the "X" button.	

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Health Research Council of New Zealand	\checkmark				Program Grant	

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Are there any relevant conflicts of interest? Yes

✓ No

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



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Dr. McArthur reports grants from Health Research Council of New Zealand, during the conduct of the study; .

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4. Intellectual Property.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fin Daniel F	rst Name)	2. Surname (Last Name) McAuley	3. Date 15-January-20	21
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title	2			
Therapeutic anti	coagulation in non-c	ritically ill patients with CC	VID-19	
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)		

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.)?

🖌 No

Are there any relevant conflicts of interest? Yes

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**.

No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Bayer		\checkmark			Consultancy for treatment of ARDS	
NIHR	\checkmark				Investigator in studies investigating new treatments in ARDS	
GlaxoSmithKline		\checkmark			Consultancy for treatments of ARDS and educational seminar speaker	
Boehringer Ingelheim		\checkmark			Consultancy for treatment of ARDS	
Novartis		\checkmark			Consultancy for treatment of COVID-19	
Eli Lilly		\checkmark			Consultancy for treatment of COVID-19	



Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments
Vir Biotechnology, Inc		\checkmark			Member DMEC
Wellcome Trust	\checkmark				Investigator in ARDS and COVID-19 studies
Innovate UK	\checkmark				Investigator in ARDS and COVID-19 studies
MRC	\checkmark				Investigator in ARDS studies
Northern Ireland HSC R&D Division	\checkmark				Investigator in ARDS and COVID-19 studies

Section 4.

Intellectual Property -- Patents & Copyrights

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
Patent for novel treatment for ARDS		\checkmark				Patent for novel treatment for ARDS - US8962032	

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No



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Dr. McAuley reports personal fees from Bayer, grants from NIHR, personal fees from GlaxoSmithKline, personal fees from Boehringer Ingelheim, personal fees from Novartis, personal fees from Eli Lilly, personal fees from Vir Biotechnology, Inc, grants from Wellcome Trust, grants from Innovate UK, grants from MRC, grants from Northern Ireland HSC R&D Division, outside the submitted work; In addition, Dr. McAuley has a patent Patent for novel treatment for ARDS issued to Queen's University Belfast.

Evaluation and Feedback



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1. Given Name (First Name) Emily	2. Surname (Last Name) McDonald		te inuary-2021
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title Therapeutic anticoagulation in non-o	critically ill patients with CO	OVID-19	
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Are there any relevant conflicts of interest?		Yes
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Dr. McDonald has nothing to disclose.

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Name) 3. Date 18-January-2021
lo Corresponding Author's Name Ryan Zarychanski
vith COVID-19
N

21-05911

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
PREPARE Network. European Commission	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
OPTIMISE-CAP. Australia Funding.	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
REMAP-CAP. New Zealand Funding.	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
GCAR, USA Funding	\checkmark				Statistical Design and analysis of REMAP-CAP trial	
University Health Network, Canada Funding	\checkmark				Statistical Design and analysis of ATTACC trial	
University of Pittsburgh, USA Funding	\checkmark				Statistical Design and analysis of ACTIV-4 trial	



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Are there any relevant conflicts of interest? \Box Yes \checkmark 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. McGlothlin reports grants from PREPARE Network. European Commission, grants from OPTIMISE-CAP. Australia Funding., grants from REMAP-CAP. New Zealand Funding., grants from GCAR, USA Funding, grants from University Health Network, Canada Funding, grants from University of Pittsburgh, USA Funding, during the conduct of the study; .



Evaluation and Feedback



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1. Given Name (First Name) Shay	2. Surname (Last Name McGuinness) 3. Date 18-January-2021
4. Are you the corresponding au	uthor? Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
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Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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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	I 🖌 No
--	-----	--------



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Dr. McGuinness has nothing to disclose.

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1. Given Name (Fi Zoe	rst Name)	2. Surname (Last Name) McQuilten		3. Date 19-January-2021
4. Are you the corresponding author?		Yes 🖌 No	me	
5. Manuscript Titl Therapeutic ant		ritically ill patients with CO	OVID-19	
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Are there any relevant conflicts of interest?		Yes
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1. Given Name (Fi Bryan	rst Name)	2. Surname (Last Name) McVerry	3. Date 16-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with CC	DVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
NIH: NHLBI	\checkmark					

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Bayer Pharmaceuticals, Inc.	\checkmark					



Section 4. Intellectual Property -- Patents & Copyrights

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

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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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. McVerry reports grants from NIH: NHLBI, during the conduct of the study; grants from Bayer Pharmaceuticals, Inc., outside the submitted work; .

Evaluation and Feedback



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1. Given Name (Fi Saskia	rst Name)	2. Surname (Last Name Middeldorp	e) 3. Date 15-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		itically ill patients with C	COVID-19
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🖌 No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Daiichy Sankyo	\checkmark	\checkmark			lecture and advisory board fees, paid to my institution	
Bayer	\checkmark	\checkmark			lecture, advisory board, DSMB fees, paid to my institution	
Pfizer	\checkmark	\checkmark			lecture and advisory board fees, paid to my institution	
Boehringer-Ingelheim	\checkmark	\checkmark			lecture and advisory board fees, paid to my institution	
Portola		\checkmark			lecture and advisory board fees, paid to my institution	



Name of Entity	Grant?	Personal Fees	Non-Financial Support [?]	Other?	Comments
Abbvie		\checkmark			adjudication committee honoraria, paid to my institution
BMS Pfizer		\checkmark			lecture and advisory board fees, paid to my institution

Section 4. Intellectual Property -- Patents & Copyrights

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

✓	Nc

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Middeldorp reports grants and personal fees from Daiichy Sankyo, grants and personal fees from Bayer, grants and personal fees from Portola, personal fees from Abbvie, personal fees from BMS Pfizer, outside the submitted work; .



Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Stephanie	rst Name)	2. Surname (Last Name Montgomery	,	. Date 0-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
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🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, penuing of issued, broadly relevant to the work? res \mathbf{v} no	e any patents, whether planned, pending or issued, broadly relevant to	the work?	Yes	🖌 No
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Dr. Montgomery has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Steven	rst Name)	2. Surname (Last Nam Moore	e) 3. Date 21-March-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with	COVID-19
6. Manuscript Idei 21-05911	ntifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?		Yes
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Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark
---	--	-----	--------------

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, penuing of issued, broadly relevant to the work? res \mathbf{v} no	e 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. Moore has nothing to disclose.

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1. Given Name (First Name) RAQUEL	2. Surname (Last Name) MORILLO	3. Date 15-March-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulation in non-c	ritically ill patients with CC	OVID-19
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Are there an	y relevant conflicts	of interest?	Yes	\checkmark	No
Ale there all	y relevant commets	or interest:	105	▼	110

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? \Box Yes \checkmark No

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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1. Given Name (Fin Paul	rst Name)	2. Surname (La Mouncey	ast Name)		3. Date 15-January-2021			
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5. Manuscript Title Therapeutic anti	e coagulation in non-cr	itically ill patients	s with COVIE	D-19				
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
European Commission FP7	\checkmark					
National Institute for Health Research	\checkmark					
H2020 RECOVER grant agreement No 101003589	\checkmark					

Section 3.

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Are there any relevant conflicts of interest? Yes

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



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Dr. Mouncey reports grants from European Commission FP7, grants from National Institute for Health Research, grants from H2020 RECOVER grant agreement No 101003589, during the conduct of the study; .

Evaluation and Feedback



Instructions

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Section 1.	entifying Infor	mation			
1. Given Name (First N Srinivas	ame)	2. Surname Murthy	e (Last Name)		3. Date 13-January-2021
4. Are you the corresponding author?		Yes	🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title Therapeutic anticoa	gulation in non-c	ritically ill patie	ents with CC	VID-19	
6. Manuscript Identify 21-05911	ing Number (if you	know it)			

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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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
---	--	-----

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark
---	--	-----	--------------

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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Dr. Murthy has nothing to disclose.

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Section 1. Identifying Info	rmation			
1. Given Name (First Name) Girish	2. Surname (Last Name) B. Nair		3. Date 13-January-2021	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nam Ryan Zarychanski	5	
5. Manuscript Title Therapeutic anticoagulation in non-	critically ill patients with C	OVID-19		
6. Manuscript Identifying Number (if yo 21-05911	u know it)			

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✓ No

Are there any relevant conflicts of interest? Yes

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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



Section 5. Relationships not covered above

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Dr. B. Nair has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (First Name) Matthew		2. Surname (Last Name Neal) 3. Date 19-March-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title			
Therapeutic anti	coagulation in non-c	ritically ill patients with C	OVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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🖌 No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Janssen Pharmaceuticals	\checkmark	\checkmark			Payment for consulting for a scientific advisory board	
Haima Therapeutics		\checkmark		\checkmark	Advisory Board, Equity stake	
Haemonetics	\checkmark	\checkmark			Honorarium for presentation at 2019 AAST meeting	
Instrumentation Laboratories	\checkmark					
Accriva	\checkmark					



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. Neal reports grants and personal fees from Janssen Pharmaceuticals, personal fees and other from Haima Therapeutics, grants and personal fees from Haemonetics, grants from Instrumentation Laboratories, grants from Accriva, outside the submitted work; .

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Section 1.	Identifying Infor	mation	
1. Given Name (Firs Alistair	t Name)	2. Surname (Last Name Nichol	e) 3. Date 16-January-2021
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic antice	oagulation in non-c	ritically ill patients with C	OVID-19
6. Manuscript Ident 21-05911	ifying Number (if you	know it)	

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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?	\checkmark	Yes		No
---	--------------	-----	--	----

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Health Research Board of Ireland	\checkmark				No restrictions	

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? ✓ No Yes



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Dr. Nichol reports grants from Health Research Board of Ireland, during the conduct of the study; .

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Section 1.	Identifying Infor	mation	
1. Given Name (Fin Jose Carlos	rst Name)	2. Surname (Last Name) Nicolau	3. Date 14-January-2020
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title	2		
Therapeutic anti	coagulation in non-c	ritically ill patients with CO	VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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🖌 No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
AMGEN		\checkmark			Consultant	
Astrazeneca	\checkmark				NLI different studies	
Bayer	\checkmark	\checkmark			PI Compass	
Esperion	\checkmark				NLI/SC Member Clear Outcomes	
CLS Behring	\checkmark				NLI/SC Member AEGIS-II	
Daiichi-Sankyo		\checkmark			Speaker	
Dalcor	\checkmark				NLI Dalgene	
Janssen	\checkmark				NLI/SC Member Redual	



Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments
Novartis	\checkmark	\checkmark			PI Paradise, consultant
NovoNordisk	\checkmark				PI Select
Sanofi	\checkmark	\checkmark			NLI Soloist; PI Odyssey; Advisory Board
Servier		\checkmark			Speaker, advisory board
Vifor	\checkmark				NLI Determine

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. Nicolau reports personal fees from AMGEN, grants from Astrazeneca, grants and personal fees from Bayer, grants from Esperion, grants from CLS Behring, personal fees from Daiichi-Sankyo, grants from Dalcor, grants from Janssen, grants and personal fees from Novartis, grants from NovoNordisk, grants and personal fees from Sanofi, personal fees from Servier, grants from Vifor, outside the submitted work; .

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Section 1.	Identifying Infor	mation		
1. Given Name (F Brenda	irst Name)	2. Surname (Last Name) Nunez-Garcia		3. Date 04-February-2021
4. Are you the corresponding author?		Yes 🖌 No Corresponding Author's Na Ryan Zarychanski		me
5. Manuscript Titl Therapeutic ant		ritically ill patients with CO	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? \Box Yes \checkmark No

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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Dr. Nunez-Garcia has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Inform	mation	
	<i>, , , ,</i>		
1. Given Name (Fir	rst Name)	2. Surname (Last Name)	3. Date
Ambarish		Pandey	22-March-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title			
Therapeutic anti	coagulation in non-cri	itically ill patients with CO	/ID-19
6. Manuscript Ider 21-05911	ntifying Number (if you k	now it)	

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Advisory Board / Roche Diagnostics			\checkmark		No financial compensation.	
Gilead Sciences	\checkmark					
Applied Therapeutics	\checkmark					

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Are there any relevant conflicts of interest?

Yes 🖌 No

Intellectual Property -- Patents & Copyrights

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

Section 4.

🖌 No



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Dr. Pandey reports non-financial support from Advisory Board / Roche Diagnostics, grants from Gilead Sciences , grants from Applied Therapeutics , during the conduct of the study; .

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Pauline	rst Name)	2. Surname (Last Name) Park	3. Date 24-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with CC	VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
NIH	\checkmark					

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments
Eli Lilly	\checkmark				
Department of Defense	\checkmark				
AtoxBio	\checkmark				



Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Marcus Foundation	\checkmark					
Bristol Myers Squibb	\checkmark					

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. Park reports grants from NIH, during the conduct of the study; grants from Eli Lilly, grants from Department of Defense, grants from AtoxBio, grants from Marcus Foundation, grants from Bristol Myers Squibb, outside the submitted work; .



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Section 1.	Identifying Info	rmation	
1. Given Name (Fi Rachael	irst Name)	2. Surname (Last Name) Parke	3. Date 17-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Titl Therapeutic ant		ritically ill patients with CC	OVID-19
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)	

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Health Research Council of New Zealand	\checkmark					

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Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Fisher and Paykel Healthcare Limited New Zealand	\checkmark				Unrestricted grant to support research in the Cardiothoracic and Vascular ICU	



Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Parke reports grants from Health Research Council of New Zealand, during the conduct of the study; grants from Fisher and Paykel Healthcare Limited New Zealand, outside the submitted work; .

Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Jane	rst Name)	2. Surname (Last Name) Parker		3. Date 16-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Title Therapeutic anti		ritically ill patients with CC	DVID-19	
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Are there any relevant conflicts of interest? Yes

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Dr. Parker has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Sam	rst Name)	2. Surname (Last Name Parnia)	3. Date 20-January-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Nar Ryan Zarychanski	ne
5. Manuscript Title Therapeutic anti		ritically ill patients with C	OVID-19	
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)		

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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
---	--	-----

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
---	--	-----	--------------	--

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, penuing of issued, broadly relevant to the work? res \mathbf{v} no	e 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?

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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. Parnia has nothing to disclose.

Evaluation and Feedback



Instructions

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Section 1. Identifyi	ng Information	
1. Given Name (First Name) Jonathon	2. Surname (Last Name Paul) 3. Date 15-January-2021
4. Are you the corresponding a	uthor? Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulation	in non-critically ill patients with C	OVID-19
6. Manuscript Identifying Num 21-05911	ber (if you know it)	

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🖌 No

Are there any relevant conflicts of interest?	Yes
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Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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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	\checkmark	No



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Dr. Paul has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Infor	mation	
1. Given Name (Fir Yessica	st Name)	2. Surname (Last Name Pérez) 3. Date 28-April-2021
4. Are you the corr	esponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic antic		ritically ill patients with C	OVID-19
6. Manuscript Iden 21-05911	tifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?	Yes
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Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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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	
		•	



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Section 1.	Identifying Infor	mation		
1. Given Name (Fire Mauricio	st Name)	2. Surname (Las Pompilio	t Name)	3. Date 14-January-2021
4. Are you the corre	esponding author?	Yes 🖌	No Corresponding A Ryan Zarychan	
5. Manuscript Title Therapeutic antic	oagulation in non-c	ritically ill patients	with COVID-19	
6. Manuscript Iden 21-05911	tifying Number (if you	know it)		

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Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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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	\checkmark	No



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Dr. Pompilio has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fin Matthew	rst Name)	2. Surname (Last Name Prekker) 3. Date 18-Marc	h-2021
4. Are you the corresponding author? Yes 🖌 No		Corresponding Author's Name Ryan Zarychanski		
5. Manuscript Title Therapeutic anti		ritically ill patients with C	OVID-19	
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Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes 🗸 No

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



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Dr. Prekker has nothing to disclose.

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Section 1.	Identifying Inform	nation		
1. Given Name (Fii John	rst Name)	2. Surname (Last Name) Quigley		3. Date 17-January-2021
4. Are you the corresponding author? \qquad Yes \checkmark No		Corresponding Author's Name Ryan Zarychanski		
5. Manuscript Title Therapeutic anti		tically ill patients with CO	/ID-19	
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
NYU	\checkmark					
NIH	\checkmark					

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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	
Pfizer	\checkmark				Support for Investigator-initiated leukemia trial	



Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Quigley reports grants from NYU, grants from NIH, during the conduct of the study; grants from Pfizer, outside the submitted work; .

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Section 1.	Identifying Inforr	nation		
1. Given Name (Fi Harmony	rst Name)	2. Surname (Last Name) Reynolds		3. Date 15-January-2021
4. Are you the corresponding author? Yes Ves		Corresponding Author's Name Ryan Zarychanski		
5. Manuscript Title Therapeutic anti		tically ill patients with CO	VID-19	
6. Manuscript Ider 21-05911	ntifying Number (if you k	now it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
National Heart, Lung and Blood Institute	\checkmark					

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Abbott Vascular			\checkmark		in kind donation for unrelated study	
BioTelemetry Inc			\checkmark		in kind donation for unrelated study	
Siemens			\checkmark		in kind donation for unrelated study	



Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Reynolds reports grants from National Heart, Lung and Blood Institute, during the conduct of the study; non-financial support from Abbott Vascular, non-financial support from BioTelemetry Inc, non-financial support from Siemens, outside the submitted work; .

Evaluation and Feedback



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1. Given Name (First Name) Robert	2. Surname (Last Name Rosenson		Date -January-2021
4. Are you the corresponding author? $ ightharpoondows$ Yes \checkmark No		Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title Therapeutic anticoagulation in non-c	critically ill patients with Co	OVID-19	
6. Manuscript Identifying Number (if you 21-05911	ı know it)		

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Are there any relevant conflicts of interest? Yes

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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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
EFSID 40934007	\checkmark					Biocellular immunnothrombosis	

No



Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Rosenson reports In addition, Dr. Rosenson has a patent EFSID 40934007 pending.

Evaluation and Feedback



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Section 1. Identifying Info	rmation		
1. Given Name (First Name) Natalia	2. Surname (Last Name) Rost		3. Date 13-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nar Ryan Zarychanski	ne
5. Manuscript Title Therapeutic anticoagulation in non-	ritically ill patients with CO	VID-19	
6. Manuscript Identifying Number (if you 21-05911	know it)		

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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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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. Rost has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Infor	mation	
1. Given Name (Fii Kathryn	rst Name)	2. Surname (Last Name) Rowan	3. Date 20-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title			N/ID 10
Therapeutic anti-	coagulation in non-cr	itically ill patients with CO	VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you l	know it)	

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees [?]	Non-Financial Support <mark>?</mark>	Other?	Comments	
European Union	\checkmark					
H2020 RECOVER grant agreement No 101003589	\checkmark					

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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. Rowan reports grants from European Union, grants from H2020 RECOVER grant agreement No 101003589, during the conduct of the study; .

Evaluation and Feedback



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Fernanda	rst Name)	2. Surname (Last Name) Santos		3. Date 15-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Title Therapeutic anti		ritically ill patients with C	OVID-19	
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Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
---	--	-----	--------------

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\;[$	Yes	🖌 No	
bo you have any patents, whether planned, penaing of issued, broadly relevant to the work.	1.05		



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Dr. Santos has nothing to disclose.

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Section 1. Identifying I	nformation	
1. Given Name (First Name) Marlene	2. Surname (Last Name) Santos	3. Date 15-January-202
 Are you the corresponding autho 	? Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulation in n	on-critically ill patients with C	OVID-19
6. Manuscript Identifying Number (i 21-05911	you know it)	

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.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
---	-----

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark
---	--	-----	--------------

Section 4. Intellectual Property -- Patents & Copyrights

by you have any patents, whether planned, pending of issued, broadly relevant to the work: res	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?

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Section 6. Disclosure Statement

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Dr. Santos has nothing to disclose.

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Section 1. Identifying Info	rmation		
1. Given Name (First Name) Mayler	2. Surname (Last Name) Santos		3. Date 22-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nam Ryan Zarychanski	e
5. Manuscript Title Therapeutic anticoagulation in non-	critically ill patients with CO	OVID-19	
6. Manuscript Identifying Number (if you 21-05911	ı know it)		

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✓ No

Are there any relevant conflicts of interest? Yes

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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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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Lewis	rst Name)	2. Surname (Last Name Satterwhite	e) 3. Date 19-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with C	OVID-19
6. Manuscript Idei 21-05911	ntifying Number (if you	know it)	

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Are there any relevant conflicts of interest?	\checkmark	Yes		No
---	--------------	-----	--	----

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
NIH	\checkmark				GR 15338	

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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? ✓ No Yes



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Dr. Satterwhite reports grants from NIH, during the conduct of the study; .

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Section 1.	Identifying Infor	mation	
1. Given Name (Fir Christina	st Name)	2. Surname (Last Nam Saunders	e) 3. Date 19-January-2021
4. Are you the corr	esponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic antie		itically ill patients with (COVID-19

21-05911

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Are there any relevant conflicts of interest? \checkmark Yes \square No

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Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
PREPARE Network. European Commision	\checkmark				Statistical Analysis of REMAP-CAP trial	
OPTIMISE-CAP. Australia Funding	\checkmark				Statistical Analysis of REMAP-CAP trial	
REMAP-CAP. New Zealand Funding	\checkmark				Statistical Analysis of REMAP-CAP trial	
GCAR, USA Funding	\checkmark				Statistical Analysis of REMAP-CAP trial	
University Health Network, Canada Funding	\checkmark				Statistical Analysis of REMAP-CAP trial	
University of Pittsburgh, USA Funding	\checkmark				Statistical Analysis of REMAP-CAP trial	

Section 3.

Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes \checkmark 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. Saunders reports grants from PREPARE Network. European Commision, grants from OPTIMISE-CAP. Australia Funding, grants from REMAP-CAP. New Zealand Funding, grants from GCAR, USA Funding, grants from University Health Network, Canada Funding, grants from University of Pittsburgh, USA Funding, during the conduct of the study; .

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1. Given Name (First Name)	2. Surname (Last Name) 3. Date
Roger	Schutgens	15-January-20
4. Are you the corresponding autho	? Yes 🖌 No	Corresponding Author's Name
		Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulation in n	on-critically ill patients with C	OVID-19
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🖌 No

Are there any relevant conflicts of interest?		Yes
---	--	-----

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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
---	--	-----	--------------	--

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Schutgens has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (First Name) Christopher		2. Surname (Last Name) Seymour	3. Date 14-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with CC	OVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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🖌 No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
NIH	\checkmark					
Beckman Coulter, Inc.		\checkmark			honorarium	

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. Seymour reports grants from NIH, personal fees from Beckman Coulter, Inc., outside the submitted work; .

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Section 1.	Identifying Infor	mation	
1. Given Name (First Name) Manu		2. Surname (Last Nam Shankar-Hari	a. Date 24-March-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		itically ill patients with	COVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you l	know it)	
Section 2.	The Work Under	Consideration for Pu	Iblication

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?	\checkmark	Yes		No
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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
National Institute For Health Research					NIHR Clinician Scientist Award (Personal Research Fellowship)	

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 Yes Yes



Section 5. Relationships not covered above

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Dr. Shankar-Hari reports other from National Institute For Health Research, during the conduct of the study; .

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Section 1.	Identifying Infor	mation		
1. Given Name (First Name) 2. Surname (L John Sheehan		2. Surname (Last Name Sheehan)	3. Date 25-March-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Nai Ryan Zarychanski	me
5. Manuscript Title Therapeutic antic	oagulation in non-c	ritically ill patients with C	OVID-19	
6. Manuscript Iden 21-05911	tifying Number (if you	know it)		

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees [?]	Non-Financial Support <mark>?</mark>	Other?	Comments	
VERSITI WISCONSIN	\checkmark				ACTIV 4 - Anti Coag Trial in COVID inpatients	

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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	
Bayer Corporation		\checkmark			Bayer US Hemophilia Council	
Genentech/Paul, Weiss, Rifkind, Wharton & Garrison LLP		\checkmark			Expert Witness	



Name of Entity	Grant?	Personal Fees [?]	Non-Financial Support?	Other?	Comments	
Bioverativ/Foley Hoag LLP		\checkmark			Expert Witness	

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sheehan reports grants from VERSITI WISCONSIN, during the conduct of the study; personal fees from Bayer Corporation, personal fees from Genentech/Paul, Weiss, Rifkind, Wharton & Garrison LLP, personal fees from Bioverativ/ Foley Hoag LLP, outside the submitted work; .

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✓ No



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Section 1.	Identifying Inform	mation	
1. Given Name (Fin Deborah	rst Name)	2. Surname (Last Name Siegal	3. Date 13-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title			
Therapeutic anti	coagulation in non-cri	itically ill patients with C	OVID-19
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🖌 No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Bayer		\checkmark			Honorarium for advisory board meeting	
BMS-Pfizer		\checkmark			Honorarium for advisory board meeting and presentation	
Aspen Pharma		\checkmark			Honorarium for advisory board meeting	
Leo Pharma		\checkmark			Honorarium for advisory board meeting	
Novartis		\checkmark			Honorarium for advisory board meeting	



Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments
Portola		\checkmark			Honorarium for advisory board meeting and presentation
Servier		\checkmark			Honorarium for advisory board meeting and presentation

Section 4. Intellectual Property -- Patents & Copyrights

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

✓	Nc

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Dr. Siegal reports personal fees from Bayer, personal fees from BMS-Pfizer, personal fees from Aspen Pharma, personal fees from Leo Pharma, personal fees from Novartis, personal fees from Portola, personal fees from Servier, outside the submitted work; .



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1. Given Name (First Delcio	Name)	2. Surnam Silva Juni	ne (Last Name) or		3. Date 20-January-2021
4. Are you the corres	ponding author?	Yes	✓ No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Title Therapeutic antico	agulation in non-ci	ritically ill pat	ients with CO	DVID-19	
6. Manuscript Identif 21-05911	ying Number (if you	know it)			

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No

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Dr. Silva Junior has nothing to disclose.

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1. Given Name (First Name) Aneesh	2. Surname (Last Name) Singhal		iary-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski	
5. Manuscript Title Therapeutic anticoagulation in non-o	critically ill patients with CO	DVID-19	
6. Manuscript Identifying Number (if you 21-05911	I know it)		

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Are there any relevant conflicts of interest?	Yes
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wife is employed by Biogen

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Dr. Singhal reports and wife is employed by Biogen.

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

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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



Section 1. Identifying Ir	formation	
1. Given Name (First Name) Arthur	2. Surname (Last Name) Slutsky	3. Date 16-January-2021
4. Are you the corresponding author	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulation in no	n-critically ill patients with Co	DVID-19
6. Manuscript Identifying Number (if 21-05911	you know it)	

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.)?

✓ No

Are there any relevant conflicts of interest? Yes

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



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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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. Slutsky has nothing to disclose.

Evaluation and Feedback



Instructions

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Section 1. Identifying Info	rmation	
1. Given Name (First Name) Dayna	2. Surname (Last Name) Solvason	3. Date 18-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulation in non-	critically ill patients with CO	VID-19
6. Manuscript Identifying Number (if you 21-05911	ı know it)	

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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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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	\checkmark	No



Section 5. Relationships not covered above

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Dr. Solvason has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (F Simon J	irst Name)	2. Surname (Last Name) Stanworth		3. Date 15-January-2021
4. Are you the co	responding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		ritically ill patients with CO)VID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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Section 4. Intellectual Property -- Patents & Copyrights

by you have any patents, whether planned, pending of issued, broadly relevant to the work: res	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

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Section 6. Disclosure Statement

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Dr. Stanworth has nothing to disclose.

Evaluation and Feedback



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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Tobias	2. Surname (Last Name) Tritschler	3. Date 14-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulation in non-c	ritically ill patients with CO	VID-19
6. Manuscript Identifying Number (if you 21-05911	know it)	

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🖌 No

Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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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	Do you have any	patents, whethe	r planned, pending	g or issued, broa	adly relevant to t	the work? 🗌	Yes	🖌 No	2
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Section 5. Relationships not covered above

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Dr. Tritschler has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Info	rmation	
1. Given Name (Fi Alexis	rst Name)	2. Surname (Last Name) Turgeon	3. Date 13-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with CC	DVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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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? $ \checkmark $ Ye	/es 🛛	No
---	-------	----

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row.
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Canadian Institutes of Health Research	\checkmark					

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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? ✓ No Yes



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Dr. Turgeon reports grants from Canadian Institutes of Health Research, during the conduct of the study; .

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oonding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
agulation in non-c	ritically ill patients with C	COVID-19
ying Number (if you	know it)	
	Name) conding author? agulation in non-c	Turner

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Are there any relevant conflicts of interest? ✓ Yes No

f yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row	Ν.
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Health Research Council of New Zealand	\checkmark					

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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



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. Turner reports grants from Health Research Council of New Zealand, during the conduct of the study; .

Evaluation and Feedback



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Wilma	rst Name)	2. Surname (Last Name) Van Bentum-Puijk	3. Date 15-June-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title	2		
Therapeutic anti	coagulation in non-c	ritically ill patients with CC)VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
H2020 RECOVER grant agreement no 101003589	\checkmark					
EU FP7-Health-2013-INNOVATION-1, grant number 602525	\checkmark					

Section 3.

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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. Van Bentum-Puijk reports grants from H2020 RECOVER grant agreement no 101003589, grants from EU FP7-Health-2013-INNOVATION-1, grant number 602525, during the conduct of the study; .

Evaluation and Feedback



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Frank	rst Name)	2. Surname (Last Name) van de Veerdonk	3. Date 19-January-2021
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		ritically ill patients with CC	VID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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🖌 No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
VIDI grant from ZonMW	\checkmark				On immunomodulation in Inlfuenza	

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



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Dr. van de Veerdonk reports grants from VIDI grant from ZonMW, outside the submitted work; .

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Section 1. Ident	ifying Infor	mation		
1. Given Name (First Name Sean	e)	2. Surname (Last Nam van Diepen	e)	3. Date 13-January-2021
4. Are you the correspondi	ing author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Title Therapeutic anticoagula	ition in non-c	ritically ill patients with (COVID-19	
6. Manuscript Identifying N 21-05911	Number (if you	know it)		

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.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
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Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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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	N/	0
	1 1			-



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Dr. van Diepen has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Gloria	irst Name)	2. Surname (Last Name) Vazquez-Grande		3. Date 14-January-2021
4. Are you the co	responding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		ritically ill patients with Co	OVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?	Y	es
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
---	--	-----	--------------

Section 4. Intellectual Property -- Patents & Copyrights

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



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ying Information	
2. Surname (Last N Wahid	Name) 3. Date 16-January-2021
author? Yes 🖌 No	o Corresponding Author's Name Ryan Zarychanski
on in non-critically ill patients w	ith COVID-19
mber (if you know it)	
9	2. Surname (Last N Wahid author? Yes ✔ No on in non-critically ill patients w

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NIH	\checkmark					

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Are there any relevant conflicts of interest? Yes 🗸 No

Section 4.		
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Dr. Wahid reports grants from NIH, during the conduct of the study; .

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

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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 Povalties: Funds are coming in to you or your institution due to you



Section 1. Identify	ing Information	
1. Given Name (First Name) Vanessa	2. Surname (Last Nam Wareham	ne) 3. Date 15-January-2021
4. Are you the corresponding a	author? Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anticoagulatior	n in non-critically ill patients with	COVID-19
6. Manuscript Identifying Num 21-05911	ber (if you know it)	

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? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
Ozmosis Research Inc.				\checkmark	Ozmosis Research Inc. is the CRO responsible for the project management of the study and receive payment for work completed/services provided.	

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

Intellectual Property -- Patents & Copyrights

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

Section 4.



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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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. Wareham reports other from Ozmosis Research Inc., during the conduct of the study; .

Evaluation and Feedback



Instructions

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Section 1.	Identifying Infor	mation	
1. Given Name (Fir Steve	rst Name)	2. Surname (Last Nam Webb	ne) 3. Date 17-January-2021
4. Are you the corr	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title			
Therapeutic anti-	coagulation in non-c	ritically ill patients with	COVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you	know it)	

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
National Health and Medical Research Council	\checkmark					
Minderoo Foundation	\checkmark					

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



Section 5. Relationships not covered above

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Dr. Webb reports grants from National Health and Medical Research Council, grants from Minderoo Foundation, during the conduct of the study; .

Evaluation and Feedback



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Bryan	rst Name)	2. Surname (Last Name Wells	e) 3. Date 26-April-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Ryan Zarychanski
5. Manuscript Title Therapeutic anti		itically ill patients with C	OVID-19
6. Manuscript Ider 21-05911	ntifying Number (if you l	know it)	

Section 2. The Work Under Consideration for Publication

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✓ No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Legal consulting		\checkmark				

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. Wells reports personal fees from Legal consulting, outside the submitted work; .

Evaluation and Feedback



Instructions

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Robert	rst Name)	2. Surname (Last Name) Widmer		3. Date 15-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Nar Ryan Zarychanski	ne
5. Manuscript Title Therapeutic anti		itically ill patients with CO	DVID-19	
6. Manuscript Ider 21-05911	ntifying Number (if you l	know it)		

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.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
---	-----

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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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

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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Section 6. Disclosure Statement

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Dr. Widmer has nothing to disclose.

Evaluation and Feedback



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Section 1. Iden	tifying Infor	mation			
1. Given Name (First Nam Jennifer	e)	2. Surnan Wilson	ne (Last Name)		3. Date 18-January-2021
4. Are you the corresponding author? Yes 🖌 No		✓ No	Corresponding Author's Name Ryan Zarychanski		
5. Manuscript Title Therapeutic anticoagul	ation in non-ci	ritically ill pat	tients with CO	DVID-19	
6. Manuscript Identifying 21-05911	Number (if you	know it)			

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🖌 No

Are there any relevant conflicts of interest?	Y	es
---	---	----

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No

Are there any relevant conflicts of interest?		Yes	\checkmark
---	--	-----	--------------

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, penuing of issued, broadly relevant to the work? res \mathbf{v} no	e any patents, whether planned, pending or issued, broadly relevant to	the work?	Yes	🖌 No
--	--	-----------	-----	------



Section 5. Relationships not covered above

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Dr. Wilson has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Eugene	rst Name)	2. Surname (Last Name) Yuriditsky		3. Date 14-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Ryan Zarychanski	me
5. Manuscript Titl Therapeutic ant		ritically ill patients with CC	DVID-19	
6. Manuscript Ide 21-05911	ntifying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?		Yes
---	--	-----

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Are there any relevant conflicts of interest? \Box Yes \checkmark No

Section 4. Intellectual Property -- Patents & Copyrights

\mathbf{v}	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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Dr. Yuriditsky has nothing to disclose.

Evaluation and Feedback



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.

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

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

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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 Penalties: Funds are coming in to you eryour institution due to you



Section 1.	Identifying Infor	mation			
1. Given Name (Fii Fernando	rst Name)	2. Surname (Last Name) Zampieri	3. Date 17-March-2021		
4. Are you the corresponding author? Yes Ves		Yes 🗸 No	Corresponding Author's Name Ryan Zarychanski		
5. Manuscript Title			N/D 10		
I nerapeutic anti-	coagulation in non-cr	itically ill patients with CO	VID-19		
	ntifying Number (if you l	know it)			
21-05911					

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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.)?

✓ No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Brazilian Ministry Of Health	\checkmark				Investigator Initiated Clinical Trials	
Ionis Pharmaceutical, USA	\checkmark				Investigator Initiated Clinical Trials	
Bactiguard, Sweden	\checkmark				Investigator Initiated Clinical Trials	

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Intellectual Property -- Patents & Copyrights

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



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Dr. Zampieri reports grants from Brazilian Ministry Of Health, grants from Ionis Pharmaceutical, USA, grants from Bactiguard, Sweden, outside the submitted work; .

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Section 1.	Identifying Information						
1. Given Name (First Name) Ryan		2. Surname (Last Name) Zarychanski	3. Date 15-January-2021				
4. Are you the corresponding author?		✓ Yes No					
5. Manuscript Title Therapeutic anti		itically ill patients with COVID-19					

6. Manuscript Identifying Number (if you know it)

21-05911

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Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support	Other?	Comments	
Canadian Institutes of Health Research	\checkmark					
LifeArc Foundation	\checkmark					
Research Manitoba	\checkmark					
Peter Munk Cardiac Centre	\checkmark					
Thistledown Foundation	\checkmark					
National Institutes of Health	\checkmark					

Section 3.

Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? \Box Yes \checkmark No



Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Zarychanski reports grants from Canadian Institutes of Health Research, grants from LifeArc Foundation, grants from Research Manitoba, grants from Peter Munk Cardiac Centre, grants from Thistledown Foundation, grants from National Institutes of Health, during the conduct of the study; .

Evaluation and Feedback