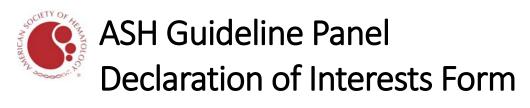
# Supplement 3. Disclosure of Interest Forms, Methods Team for the ASH ISTH NHF WFH Guidelines on the Management of Von Willebrand Disease

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Shaneela Shahid



Part A. Direct Financial Interests in or Relationships With Companies						
Employment  1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?						
⊠ No						
$\square$ Yes, as described b	$\square$ Yes, as described below:					
Add rows as needed for	Add rows as needed for each employment relationship.					
Company Description End Date For ASH Internal Use						
Equity  2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.  ☑ No  ☐ Yes, as described below:						
Add rows as needed for	Add rows as needed for each equity interest.					

Company		Description	Date Divested	For ASH Internal Use	
Patents, Royalties, and Other Intellectual Property  3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?  ☑ No ☐ Yes, as described below:  Add rows as needed for each patent or royalty interest.					
Company Description Date Divested For ASH Inter					
Personal Income or Other Direct Transfers of Value  4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
<ul> <li>No</li> <li>☐ Yes, as described below:</li> <li>Column 1 Name the company.</li> <li>Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee</li> </ul>					

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

### My Partner's or Spouse's Interests

Add rows as needed for each interest.					
Company	Description	End Date	For ASH Internal Use		

5. Currently or in the past 24 months has your partner or spouse had any of the interests or

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

1. Through your institution, do you currently or in the past 24 months have you been involved in

### Industry-Funded Institutional Research

Add rows as needed for each research project.

	research funded or supported (e.g., in kind support, such as provision of a study drug) by any for- profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?						
	⊠ No						
$\square$ Yes, as described below:							
	Column 1	Name the company funding or supporting the research.					
	Column 2	Briefly describe the research project.					
	Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.					
	Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")					

Company	Description of Research	My Role	End Date	For ASH Internal Use

### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

	markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes, as described below:					
	Column 1 Name the organization. If known to you, describe any industry funding or suppor					funding or support.
	Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors other volunteer services.					e on board of directors,
	Column 3	Indicate if y	your activity was paid or vo	lunteered.		
	Column 4		nen your involvement with ded, indicate "current" or "d	_	ion ended. (	If your involvement has
	Add rows a	s needed fo	r each organization.			
Organization Description and role Paid or Unpaid? End Date For ASH Internal C					For ASH Internal Use	
Ott 3.	produces, n	narkets, or o anage, or al	rect interests in or relations distributes drugs, devices, s leviate health conditions?		•	• • •

### Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

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

The questions that follow are designed to elicit information about personal beliefs, intellectual positions

	opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic(s).
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
2.	Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
No	on-Industry Supported Research
	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
	No     No

	☐ Yes, as described below:						
	Column 1	1 Name the entity funding the research.					
	Column 2	2 Describe the research project.					
	Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.						
	Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")						
	Add rows	as needed f	for each research project.				
Fι	ınder		Description of Research	My Role	End Date		
_	stitution			one on this toward			
4.	. Could your salary be affected by recommendations on this topic?						
	☐ Don't know						
	⊠ No						
	☐ Yes						
	If yes, please explain:						
5.	5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking,						
			-	ing your knowledge or opir			
	☐ Don't kr	now					
	⊠ No						
	☐ Yes						
	If yes, plea	se explain:					

6.	6. Could your institution benefit or be harmed by recommendations of guidelines on this topic?					
	☐ Don't kr	ow				
	⊠ No					
	☐ Yes					
	If yes, please explain:					
Ca	reer Adv	ancement				
7.	How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution? Good support, Would help to proceed with more support in other aspects for research.					
	nvolvement in Organizations With Relevant Policy Positions  Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?					
	⊠ No					
	☐ Yes, as described below:					
	Column 1	Name the organizati	organization.			
	Column 2	Describe or reference of these guidelines.	e any policy position of the or	rganization that is related to the topic		
	Column 3	•	t the organization, including y menting relevant positions.	our involvement in deciding,		
	Add rows a	s needed for each org	ganization.			
Oı	rganization	Relevant	Policy Position	Your Role		

### Clinical Practice

9.

9.	Do you see patients clinically?
	□ No
	⊠ Yes
	If yes, what is your primary specialty or subspecialty?
	Hematology-Oncology at University of Nebraska Medical Center.
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	□ No
	⊠ Yes
	If yes, please explain:
	During my practice I get exposed to patients with VWD
	pected Interests  De you expect new financial or perfinancial interests relevant to the tonic of these guidelines not
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	□ Yes
	If yes, please describe:

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

### Part E. Summary (ASH Internal Use)

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

### Summary of ASH Judgments About Financial Conflicts

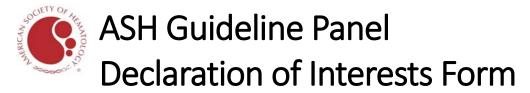
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 07/13/2020	No	No	Mr. Abughanimeh does not have any direct or indirect financial conflicts with companies that may be affected by the guidelines. On July 10 Mr. Abughanimeh confirmed all information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

### Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

#### Other Notes

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



	Part A. Direct Financial Interests in or Relationships With Companies					
	Employment  1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	$\square$ Yes, as described b	elow:				
	Add rows as needed for	or each employment relati	onship.			
Co	Company Description End Date For ASH Internal Use					
Ec	quity					
2.	2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.					
	⊠ No					
	☐ Yes, as described below:					
	Add rows as needed for each equity interest.					

Company		Description	Date Divested	For ASH Internal Use	
Patents, R	oyalties,	and Other Inte	ellectual Property		
•	ctual prope	•	ave you owned patents for odiagnose, treat, monitor, n	•	
⊠ No					
□ Yes as	described b	elow:			
Add rows a	as needed fo	or each patent or roya	alty interest.		
Company		Description	Date Divested	For ASH Internal Use	
			Transfers of Value vave you received any perso	nal income or other direct	
transfers o	transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any for- profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?				
⊠ No	⊠ No				
	☐ Yes, as described below:				
•					
Column 1		company.			
Column 2	Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee				

or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

### My Partner's or Spouse's Interests

5.	relationships described in questions 1-4?					
	⊠ No					
	☐ Yes, as described below:					
	Add rows as needed for each interest.					
С	ompany	End Date	For ASH Internal Use			

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

1. Through your institution, do you currently or in the past 24 months have you been involved in

### Industry-Funded Institutional Research

Add rows as needed for each research project.

research funded or supported (e.g., in kind support, such as provision of a study drug) by any for- profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
⊠ No					
☐ Yes, as described below:					
Column 1	Name the company funding or supporting the research.				
Column 2	Briefly describe the research project.				
Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.				
Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")				

Company	Description of Research	My Role	End Date	For ASH Internal Use

### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

# Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

ASH ISTH NHF WFH Guidelines on the Management of von Willebrand Disease

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

rele	evant to guidelines on the above topic(s).
Pe 1.	ersonal Beliefs  Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
	eviously Published Opinions  Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
No	on-Industry Supported Research
3.	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
	⊠ No
	☐ Yes, as described below:

			,				
	Column 2	mn 2 Describe the research project.					
	Column 3	Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or loca investigator. If other than these options, please describe.					
	Column 4	Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")					
	Add rows	as needed f	or each research project.				
Fι	under		Description of Research	My Role	End Date		
	nstitutional Relationships  Could your salary be affected by recommendations on this topic?  □ Don't know  ⋈ No □ Yes  If yes, please explain:						
5.	. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?						
	☐ Don't know						
	⊠ No						
	☐ Yes						
	If yes, plea	se explain:					

Column 1 Name the entity funding the research.

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

	□ Don't know				
	⊠ No				
	□ Yes				
	If yes, please explain:				
Ca	reer Adv	/anceme	ent		
7.	or other en	itities if you	cterize the support you would receive rule of the support you would receive of the support your institution?	from your primary mentor, institution, hese guidelines generated a strong	
	normal				
Inv	volveme	nt in Or	ganizations With Relevant I	Policy Positions	
8.	•	idelines, e.	e you a member of an organization wit g., position statement, editorial, blog, a	•	
	⊠ No				
	☐ Yes, as o	described b	elow:		
	Column 1	Name the	organization.		
	Column 2	Describe of these g		organization that is related to the topic	
	Column 3	•	your role at the organization, including g, or implementing relevant positions.	your involvement in deciding,	
	Add rows a	s needed fo	or each organization.		
Oi	rganization		Relevant Policy Position	Your Role	
			,		

### Clinical Practice

9. Do you see patients clinically?

Yazan Al Jabiri, MD (Specialty Hospital) Methods Team

	□ No
	⊠ Yes
	If yes, what is your primary specialty or subspecialty?
	I am an internal medicine resident
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Ex	pected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	□ Yes
	If yes, please describe:

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

### Part E. Summary (ASH Internal Use)

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

### Summary of ASH Judgments About Financial Conflicts

Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 07/13/2020	No	No	Dr. Al Jabiri does not have any direct or indirect financial conflicts with companies that may be affected by the guidelines. On July 12,2020 Dr. Al Jabiri confirm all information on this form.

### Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

#### Other Notes

Al Jabiri is a member of the evidence review team.



Part A. Direct Financial Interests in or Relationships With Companies				
that develops, produc	Employment  1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?			
⊠ No				
$\square$ Yes, as described b	elow:			
Add rows as needed for	or each employment relati	onship.		
Company	Description	End Date	For ASH Internal Use	
<ul> <li>Equity</li> <li>2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.</li> <li>☑ No</li> <li>☐ Yes, as described below:</li> <li>Add rows as needed for each equity interest.</li> </ul>				
Add rows as needed fo	Add rows as needed for each equity interest.			

Company		Description	Date Divested	For ASH Internal Use	
,					
3. Do you cur any intelled conditions   ☑ No	any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?				
Add rows a	as needed fo	or each patent or royalty i	nterest.		
Company		Description	Date Divested	For ASH Internal Use	
Personal Income or Other Direct Transfers of Value  4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?				n, meals) from any for- rices, services, or	
⊠ No	⊠ No				
☐ Yes, as o	$\square$ Yes, as described below:				
Column 1	Name the	company.			
Column 2	Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.				

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

### My Partner's or Spouse's Interests

5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?					
	⊠ No					
	☐ Yes, as described below:					
	Add rows as needed for each interest.					
Ci	ompany	Description	End Date	For ASH Internal Use		

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

1. Through your institution, do you currently or in the past 24 months have you been involved in

### Industry-Funded Institutional Research

Add rows as needed for each research project.

research funded or supported (e.g., in kind support, such as provision of a study drug) by any for- profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?				
⊠ No				
☐ Yes, as o	described below:			
Column 1	Name the company funding or supporting the research.			
Column 2	Briefly describe the research project.			
Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.			
Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")			

Company	Description of Research	My Role	End Date	For ASH Internal Use

### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
⊠ No					
s, as c	lescribed be	low:			
nn 1	Name the	organization. If known to	you, describe a	ny industry f	funding or support.
nn 2	•		le, e.g., employ	ment, servic	e on board of directors,
nn 3	Indicate if	your activity was paid or	volunteered.		
nn 4		•		ion ended. (	If your involvement has
ows a	s needed fo	r each organization.			
ation		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use
Other  3. Do you have other indirect interests in or relationships with any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?  □ No □ Yes  If yes, please explain:					
	ge, or s, as c nn 1 nn 2 nn 3 nn 4 ows a ation u hav aces, r cor, m	ge, or alleviate he so, as described be and 1. Name the connormal and 2. Briefly described be and 3. Indicate if your and 4. Indicate who have as needed for ation.  The source of the s	ge, or alleviate health conditions?  s, as described below:  nn 1 Name the organization. If known to nn 2 Briefly describe your activity and ro other volunteer services.  nn 3 Indicate if your activity was paid or nn 4 Indicate when your involvement wit not yet ended, indicate "current" or ows as needed for each organization.  ntion Description and role  tu have other indirect interests in or relation ices, markets, or distributes drugs, devices for, manage, or alleviate health conditions	ge, or alleviate health conditions?  s, as described below:  nn 1 Name the organization. If known to you, describe a nn 2 Briefly describe your activity and role, e.g., employ other volunteer services.  nn 3 Indicate if your activity was paid or volunteered.  nn 4 Indicate when your involvement with the organization not yet ended, indicate "current" or "ongoing.")  ows as needed for each organization.  Paid or Unpaid?  u have other indirect interests in or relationships with any ices, markets, or distributes drugs, devices, services, or the cor, manage, or alleviate health conditions?	ge, or alleviate health conditions?  s, as described below:  nn 1 Name the organization. If known to you, describe any industry in 2 Briefly describe your activity and role, e.g., employment, service other volunteer services.  nn 3 Indicate if your activity was paid or volunteered.  nn 4 Indicate when your involvement with the organization ended. (not yet ended, indicate "current" or "ongoing.")  nows as needed for each organization.  Description and role Paid or Unpaid? End Date  out have other indirect interests in or relationships with any for-profit of the ces, markets, or distributes drugs, devices, services, or therapies used for, manage, or alleviate health conditions?

### Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

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

The questions that follow are designed to elicit information about personal beliefs, intellectual positions

	opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic(s).
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
2.	Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
No	on-Industry Supported Research
3.	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g. a research project funded by a nonprofit or governmental organization?
	⊠ No

☐ Yes, as described below:						
	Column 1	lumn 1 Name the entity funding the research.				
	Column 2	Describe the research project.				
	Column 3	3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.				
	Column 4		when your involvement end dicate "current" or "ongoin		nvolvement has not yet	
	Add rows	as needed f	for each research project.			
Fι	ınder		Description of Research	My Role	End Date	
		15.1.4				
	stitution Could your		ONShips  Iffected by recommendation	ons on this tonic?		
٦.	□ Don't kr	•	meeted by recommendation	on this topic.		
	⊠ No					
	□ Yes					
		se evnlain:				
	If yes, please explain:					
5.	5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?					
	☐ Don't know					
	⊠ No					
	□ Yes					
	If yes, please explain:					

6.	Could your institution benefit or be harmed by recommendations of guidelines on this topic?						
	☐ Don't know						
	⊠ No						
	□ Yes						
	If yes, please explain:						
Ca	areer Adv	vanceme	ent				
7.	or other er	ntities if you	• • • • • • • • • • • • • • • • • • • •		om your primary mentor, institution, ese guidelines generated a strong		
In <sup>1</sup> 8.	Do you wo	rk for or are		on with	olicy Positions a stated position related to the topic micus brief, or legislature or legal		
	⊠ No						
	☐ Yes, as o	described b	elow:				
	Column 1	Name the	organization.				
	Column 2	Describe of these g		of the o	rganization that is related to the topic		
	Column 3 Describe your role at the organization, including your involvement in deciding, promoting, or implementing relevant positions.						
	Add rows a	is needed fo	or each organization.				
Organization Relevant Policy Position Your Role			Your Role				

Cl	inical Practice
9.	Do you see patients clinically?
	⊠ No
	□ Yes
	If yes, what is your primary specialty or subspecialty?
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Ex	pected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	□ Yes
	If yes, please describe:

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

### Part E. Summary (ASH Internal Use)

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

### Summary of ASH Judgments About Financial Conflicts

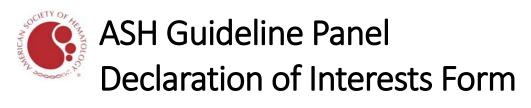
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 7/26/2020	No	No	Dr. Alayli does not have any direct or indirect conflicts with companies that may be affected by the guidelines. On July 24, 2020 Dr. Alayli confirmed all information on this form.

### Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

#### Other Notes

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



-	Part A. Direct Financial Interests in or Relationships With Companies					
	<ul> <li>Employment</li> <li>1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?</li> </ul>					
	⊠ No					
	$\square$ Yes, as described b	elow:				
	Add rows as needed for	or each employment relati	onship.			
Co	отрапу	Description	End Date	For ASH Internal Use		
Ec	quity					
2.	2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.					
	⊠ No					
	$\square$ Yes, as described b	elow:				
	Add rows as needed for each equity interest.					

Company		Description	Date Divested	For ASH Internal Use	
Patents, Royalties, and Other Intellectual Property  3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?  □ No □ Yes, as described below:  Add rows as needed for each patent or royalty interest.					
Company		Description	Date Divested For ASH Internal (		
Personal Income or Other Direct Transfers of Value  4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
⊠ No	⊠ No				
☐ Yes, as	described b	elow:			
Column 1	Name the	company.			
Column 2	Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.				

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

### My Partner's or Spouse's Interests

Company	Description	End Date	For ΔSH Internal Use	
Add rows as needed for	or each interest.			
$\square$ Yes, as described be	$\square$ Yes, as described below:			
⊠ No				
relationships described in questions 1-4?				

5. Currently or in the past 24 months has your partner or spouse had any of the interests or

Сотрапу	Description	End Date	For ASH Internal Use

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

1. Through your institution, do you currently or in the past 24 months have you been involved in

#### Industry-Funded Institutional Research

Add rows as needed for each research project.

research funded or supported (e.g., in kind support, such as provision of a study drug) by any for- profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?				
⊠ No				
$\square$ Yes, as described below:				
Column 1	Name the company funding or supporting the research.			
Column 2	Briefly describe the research project.			
Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.			
Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")			

Company	Description of Research	My Role	End Date	For ASH Internal Use

#### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

	markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes, as d	escribed be	low:			
	Column 1	Name the	organization. If known to yo	ou, describe a	ny industry f	funding or support.
	Column 2	•	cribe your activity and role, nteer services.	e.g., employr	ment, service	e on board of directors,
	Column 3	Indicate if y	our activity was paid or vol	lunteered.		
	Column 4		nen your involvement with the	_	ion ended. (	If your involvement has
	Add rows as	needed fo	r each organization.			
0	rganization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use
Ot 3.	produces, m	narkets, or o	rect interests in or relations distributes drugs, devices, so leviate health conditions?		•	• •

# Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

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

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

rel	evant to guidelines on the above topic(s).
	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	eviously Published Opinions
2.	Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
No	on-Industry Supported Research
3.	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
	No
	☐ Yes, as described below:

	Column 1	Name the	entity funding the research	ch.		
	Column 2	Describe t	the research project.			
	Column 3	steering c	your role: (a) national or or. If other than these opt	does not have a p	orincipal in	
	Column 4		when your involvement end dicate "current" or "ongoin		e. (If your in	nvolvement has not yet
	Add rows	as needed f	for each research project.			
Fι	ınder		Description of Research	My Role		End Date
In: 4.	stitution Could your □ Don't ki ☑ No □ Yes	salary be a	ionships Iffected by recommendation	ons on this topic	?	
	If yes, plea	se explain:				
5.			nues for your institution of writing, or otherwise shar			
	☐ Don't kı	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				

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

	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, pleas	se explain:			
Ca	reer Adv	/anceme	ent		
7.	or other en	itities if you	cterize the support you would receive for work on this panel or authorship of the state of the s		
	Strongly su	pportive			
Inv	volveme	nt in Or	ganizations With Relevant F	Policy Positions	
8.					
	⊠ No				
	$\square$ Yes, as described below:				
	Column 1	Name the	organization.		
	Column 2	Describe of these g	or reference any policy position of the cuidelines.	organization that is related to the topic	
	Column 3		your role at the organization, including g, or implementing relevant positions.	your involvement in deciding,	
	Add rows as needed for each organization.				
Oi	rganization		Relevant Policy Position	Your Role	

### Clinical Practice

9. Do you see patients clinically?

Hani, Alturkmani, MD (University of Arkansas for Medical Sciences)
Methods Team

	□ No
	⊠ Yes
	If yes, what is your primary specialty or subspecialty?
	Cardiology
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Ex	pected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	□ Yes
	If yes, please describe:

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

### Part E. Summary (ASH Internal Use)

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

#### Summary of ASH Judgments About Financial Conflicts

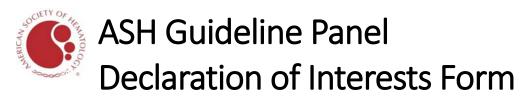
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, August 5, 2020	No	No	Dr. Alturkmani does not have any direct or indirect conflict of interest with indirect companies that can be affected by the guidelines. Dr. Alturkmani confirmed all information on this form.

#### Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes
	[Describe in plain language the personal income or direct transfer of value and the activity for which it was received. If relevant, describe the specific amount.]		[Describe why this direct financial interest or relationship is judged to be a conflict by ASH.]

#### Other Notes

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



Part A. Direct Financial Interests in or Relationships With Companies						
that develops, produc	Employment  1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
⊠ No						
$\square$ Yes, as described b	elow:					
Add rows as needed for	or each employment relati	onship.				
Company	Description	End Date	For ASH Internal Use			
<ul> <li>Equity</li> <li>2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.</li> <li>☑ No</li> <li>☐ Yes, as described below:</li> </ul>						
Add rows as needed for each equity interest.						

Company		Description	Date Divested	For ASH Internal Use	
Patents, Royalties, and Other Intellectual Property  3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?  □ No □ Yes, as described below:					
710010005	- Tecaca N	or each patent or royalty i	Terest.		
Company		Description	Date Divested	For ASH Internal Use	
<ul> <li>Personal Income or Other Direct Transfers of Value</li> <li>4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?</li> </ul>					
⊠ No	⊠ No				
☐ Yes, as o	$\square$ Yes, as described below:				
Column 1	Name the	company.			
Column 2	Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.				

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

### My Partner's or Spouse's Interests

5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?					
	⊠ No					
	$\square$ Yes, as described below:					
	Add rows as needed for each interest.					
Ci	Company Description End Date For ASH Internal Use					

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

1. Through your institution, do you currently or in the past 24 months have you been involved in

#### Industry-Funded Institutional Research

Add rows as needed for each research project.

research funded or supported (e.g., in kind support, such as provision of a study drug) by any for- profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?							
⊠ No							
$\square$ Yes, as described below:							
Column 1	Name the company funding or supporting the research.						
Column 2	Briefly describe the research project.						
Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.						
Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")						

Сотрапу	Description of Research	My Role	End Date	For ASH Internal Use

#### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

	markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes, as o	described be	low:			
	Column 1	Name the	organization. If known to yo	ou, describe a	ny industry f	funding or support.
	Column 2	•	cribe your activity and role, nteer services.	e.g., employr	ment, service	e on board of directors,
	Column 3	Indicate if y	your activity was paid or vol	lunteered.		
	Column 4		nen your involvement with the ded, indicate "current" or "c	_	ion ended. (	If your involvement has
	Add rows a	s needed fo	r each organization.			
0	rganization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use
Ot 3.	Other  3. Do you have other indirect interests in or relationships with any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?  □ Yes					
	If yes, plea	se explain:				

## Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

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

The questions that follow are designed to elicit information about personal beliefs, intellectual positions

	opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic(s).
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
2.	Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
No	on-Industry Supported Research
	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
	No     No

	☐ Yes, as described below:					
	Column 1 Name the entity funding the research.					
	Column 2	Describe the research project.				
	Column 3	steering c	your role: (a) national or over ommittee of a study that o or. If other than these opti	loes not have a principal in		
	Column 4		when your involvement end dicate "current" or "ongoin		nvolvement has not yet	
	Add rows	as needed f	for each research project.			
Fι	ınder		Description of Research	My Role	End Date	
	stitution		onships  Iffected by recommendation	ons on this tonic?		
4.	☐ Don't kr	•	mected by recommendation	ons on this topic:		
	⊠ No	IOW				
	☐ Yes					
	If yes, plea	se explain:				
5.	. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?					
	☐ Don't know					
	⊠ No					
	☐ Yes					
	If yes, please explain:					

6.	Could your institution benefit or be harmed by recommendations of guidelines on this topic?						
	☐ Don't know						
	⊠ No						
	☐ Yes						
	If yes, pleas	se explain:					
	or other en	I you charad	ent cterize the support you would receive f r work on this panel or authorship of th utside your institution?				
l w	ould have su	upport prov	ided from mentors and institution rega	rdless of peer reaction.			
	nvolvement in Organizations With Relevant Policy Positions  3. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?						
	⊠ No						
	☐ Yes, as o	described b	elow:				
	Column 1	Name the	organization.				
	Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.						
	Column 3 Describe your role at the organization, including your involvement in deciding, promoting, or implementing relevant positions.						
	Add rows as needed for each organization.						
Oı	Organization		Relevant Policy Position	Your Role			

### Clinical Practice

9.	Do you see patients clinically?
	□ No
	⊠ Yes
	If yes, what is your primary specialty or subspecialty?
	Internal medicine
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	□ No
	⊠ Yes
	If yes, please explain:
	Screening and diagnostic evaluations are made based on current guidelines; were these to change my clinical practice would shift to reflect those recommendations accordingly.
Ex	pected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	□ Yes
	If yes, please describe:

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

## Part E. Summary (ASH Internal Use)

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

#### Summary of ASH Judgments About Financial Conflicts

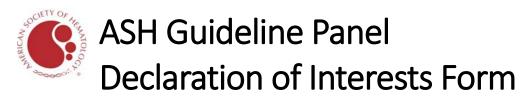
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 07/13/2020	No	No	Dr. Britt does not have any direct or indirect financial conflicts with companies that may be affected by the guidelines. On July 11, 2020 Dr. Britt confirmed all information on this form.

#### Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

#### Other Notes

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



Part A. Direct Financial Interests in or Relationships With Companies						
<ul> <li>Employment</li> <li>1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?</li> <li>☑ No</li> </ul>						
$\square$ Yes, as described b	elow:					
Add rows as needed for	Add rows as needed for each employment relationship.					
Сотрапу	Company Description End Date For ASH Internal Use					
Equity						
2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.						
⊠ No						
$\square$ Yes, as described b	elow:					
Add rows as needed for	or each equity interest.					

Company		Description	Date Divested	For ASH Internal Use
3. Do you cur	rently or in ctual prope	·	ctual Property you owned patents for or r gnose, treat, monitor, man	•
☐ Yes, as o	described b	elow:		
		or each patent or royalty i	nterest	
Add Tows	as needed n		interest.	
Company		Description	Date Divested	For ASH Internal Use
4. Do you cur transfers o profit com	rently or in f value (e.g pany that d	., honoraria, gifts, travel s evelops, produces, marke	you received any personal upport, meeting registration ts, or distributes drugs, deviage, or alleviate health cor	n, meals) from any for- rices, services, or
⊠ No				
☐ Yes, as o	$\square$ Yes, as described below:			
Column 1	Name the	company.		
Column 2	research,		received the income or oth reau involvement, service o	

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

### My Partner's or Spouse's Interests

Add rows as needed for each interest.					
Company	Description	End Date	For ASH Internal Use		

5. Currently or in the past 24 months has your partner or spouse had any of the interests or

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

1. Through your institution, do you currently or in the past 24 months have you been involved in

#### Industry-Funded Institutional Research

research funded or supported (e.g., in kind support, such as provision of a study drug) by any profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?			
	⊠ No		
	☐ Yes, as o	described below:	
	Column 1	Name the company funding or supporting the research.	
	Column 2	Briefly describe the research project.	
	Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.	
	Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")	

Add rows as needed for each research project.

Company	Description of Research	My Role	End Date	For ASH Internal Use

#### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

		drugs, devices, services, cealth conditions?	or therapies us	ed to diagno	se, treat, monitor,		
⊠ No	⊠ No						
☐ Yes, as	☐ Yes, as described below:						
Column 1	Name the organization. If known to you, describe any industry funding or support.						
Column 2		Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.					
Column 3 Indicate if your activity was paid or volunteered.							
Column 4 Indicate when your involvement with the organization ended. (If your in not yet ended, indicate "current" or "ongoing.")					If your involvement has		
Add rows a	s needed fo	r each organization.					
Organization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use		
produces,	markets, or o	rect interests in or relatio distributes drugs, devices, leviate health conditions?	services, or th				
⊠ No							
☐ Yes							
If yes, plea	se explain:						

## Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

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

The questions that follow are designed to elicit information about personal beliefs, intellectual positions

	opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic(s).
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
2.	Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
No	on-Industry Supported Research
	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g. a research project funded by a nonprofit or governmental organization?
	⊠ No

	☐ Yes, as described below:					
	Column 1	lumn 1 Name the entity funding the research.				
	Column 2	olumn 2 Describe the research project.				
	Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or loca investigator. If other than these options, please describe.					
	Column 4		when your involvement end dicate "current" or "ongoin	ded, if applicable. (If your ing.")	nvolvement has not yet	
	Add rows	as needed f	for each research project.			
Fι	ınder		Description of Research	My Role	End Date	
In:	stitution		onships  Iffected by recommendation	ons on this tonic?		
4.	☐ Don't kr		meeted by recommendation	ons on this topic:		
	⊠ No	IOW				
	□ Yes					
		co ovalaja:				
	If yes, plea	se expiaiii.				
5.	<ul> <li>Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guidelin topic?</li> </ul>					
	☐ Don't kr	now				
	⊠ No					
	□ Yes					
	If yes, plea	se explain:				

6.	Could your institution	n benefit or be harmed by recommenda	tions of guidelines on this topic?		
	☐ Don't know				
	⊠ No				
	☐ Yes				
	If yes, please explain				
Ca	nreer Advancem	nent			
7.	or other entities if yo	acterize the support you would receive our work on this panel or authorship of toutside your institution?			
	My institution is very	supportive in my work and participatio	n in the any research field.		
In <sup>,</sup> 8.	nvolvement in Organizations With Relevant Policy Positions  Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?				
	⊠ No				
	$\square$ Yes, as described below:				
	Column 1 Name th	e organization.			
		or reference any policy position of the guidelines.	organization that is related to the topic		
		your role at the organization, including ng, or implementing relevant positions.	your involvement in deciding,		
	Add rows as needed	for each organization.			
0	rganization	Relevant Policy Position	Your Role		

#### Clinical Practice

9.	Do you see patients clinically?
	⊠ No
	□ Yes
	If yes, what is your primary specialty or subspecialty?
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	□ No
	□ Yes
	If yes, please explain:
Ex	spected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	□ Yes
	If yes, please describe:

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

## Part E. Summary (ASH Internal Use)

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

#### Summary of ASH Judgments About Financial Conflicts

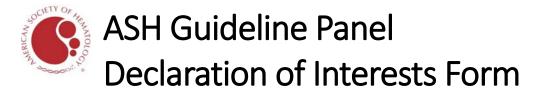
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 7/26/2020	No	No	Mr. Dimassi does not have any direct or indirect financial conflicts with companies that can be affected by the guidelines. On July 24, 2020 Mr. Dimassi confirmed all information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

#### Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

#### Other Notes

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



Part A. Direct Financial Interests in or Relationships With Companies					
that develops, produce					
⊠ No					
$\square$ Yes, as described be	elow:				
Add rows as needed for	or each employment relati	onship.			
Сотрапу	Description	End Date	For ASH Internal Use		
<ul> <li>Equity</li> <li>2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.</li> <li>☑ No</li> <li>☐ Yes, as described below:</li> </ul>					
Add rows as needed for	Add rows as needed for each equity interest.				

Company		Description	Date Divested	For ASH Internal Use
Patents. R	ovalties.	and Other Inte	llectual Property	
3. Do you cur	rently or in ctual prope	the past 24 months ha	ave you owned patents for o diagnose, treat, monitor, ma	•
⊠ No				
☐ Yes, as	described b	elow:		
Add rows a	as needed fo	or each patent or roya	lty interest.	
Company Descrip		Description	Date Divested	For ASH Internal Use
, ,		,		
Personal Ir	ncome c	or Other Direct	Franctors of Value	
Personal Income or Other Direct Transfers of Value  4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?				
⊠ No	⊠ No			
☐ Yes, as	☐ Yes, as described below:			
Column 1	Name the	company.		
Column 2	Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.			

### Hussein El-Khechen, BSc (University of Toronto), MSc (Candidate) (McMaster University) Methods Team

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

### My Partner's or Spouse's Interests

5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?					
⊠ No						
☐ Yes, as described below:						
	Add rows as needed for each interest.					
Co	отрапу	Description	End Date	For ASH Internal Use		
1						

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

1. Through your institution, do you currently or in the past 24 months have you been involved in

#### Industry-Funded Institutional Research

Add rows as needed for each research project.

research funded or supported (e.g., in kind support, such as provision of a study drug) by any for- profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?						
⊠ No						
$\square$ Yes, as described below:						
Column 1	Name the company funding or supporting the research.					
Column 2	Briefly describe the research project.					
Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.					
Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")					

Company	Description of Research	My Role	End Date	For ASH Internal Use

#### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

#### Hussein El-Khechen, BSc (University of Toronto), MSc (Candidate) (McMaster University) **Methods Team**

	markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?								
⊠ No	⊠ No								
☐ Yes, as o	$\square$ Yes, as described below:								
Column 1	Column 1 Name the organization. If known to you, describe any industry funding or support.								
Column 2 Briefly describe your activity and role, e.g., employment, service on board of director other volunteer services.									
Column 3	Column 3 Indicate if your activity was paid or volunteered.								
Column 4	Column 4 Indicate when your involvement with the organization ended. (If your involvement ha not yet ended, indicate "current" or "ongoing.")								
Add rows a	is needed fo	r each organization.							
Organization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use				
Other  3. Do you have other indirect interests in or relationships with any for-profit company that developroduces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treatment manage, or alleviate health conditions?									
⊠ No									
☐ Yes									
If yes, plea	se explain:								

## Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

ASH ISTH NHF WFH Guidelines on the Management of von Willebrand Disease

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

rele	evant to guidelines on the above topic(s).
Pe 1.	ersonal Beliefs  Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
	eviously Published Opinions  Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
No	on-Industry Supported Research
3.	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
	⊠ No
	☐ Yes, as described below:

Hussein El-Khechen, BSc (University of Toronto), MSc (Candidate) (McMaster University)

Methods Team

	Column 1 Name the entity funding the research.					
	Column 2 Describe the research project.					
	Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.					
	Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")					
	Add rows	as needed f	for each research project.			
Fı	ınder		Description of Research	My Role	End	d Date
4.	nstitutional Relationships  Could your salary be affected by recommendations on this topic?  □ Don't know  ☑ No  □ Yes					
	If yes, plea	se explain:				
	, 65, p.65	oo onpiaiiii				
5.	5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideling topic?					
	☐ Don't kı					
	⊠ No	now				
	△ NO	now				
	□ Yes	now				

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

### Hussein El-Khechen, BSc (University of Toronto), MSc (Candidate) (McMaster University) Methods Team

	⊠ Don't kr	now			
	□ No				
	☐ Yes				
	If yes, pleas	se explain:			
C	areer Adv	/ancem	ent		
7.	or other er	itities if you	cterize the support you would receive for work on this panel or authorship of the outside your institution?		
	•	•	titution will stand by our team and our beers outside your institution.	findings if these guidelines generated a	
	Do you wo	rk for or are idelines, e.	ganizations With Relevant F e you a member of an organization with g., position statement, editorial, blog, a	a stated position related to the topic	
	⊠ No				
	☐ Yes, as o	described b	elow:		
	Column 1	Name the	organization.		
	Column 2	Describe of these g	or reference any policy position of the ouidelines.	rganization that is related to the topic	
	Column 3 Describe your role at the organization, including your involvement in deciding, promoting, or implementing relevant positions.				
	Add rows a	s needed fo	or each organization.		
(	Organization		Relevant Policy Position	Your Role	
L					
1					

#### Clinical Practice

9.	Do you see patients clinically?
	⊠ No
	□ Yes
	If yes, what is your primary specialty or subspecialty?
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	□ No
	□ Yes
	If yes, please explain:
Ex	spected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	□ Yes
	If yes, please describe:

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes
NA	NA	NA	NA

### Part E. Summary (ASH Internal Use)

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

#### Summary of ASH Judgments About Financial Conflicts

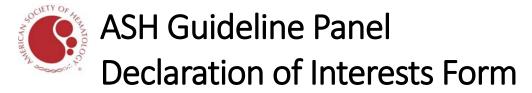
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 7/15/2020	No	No	Mr. El-Khechen does not have any direct or indirect conflicts of interest with companies that may be affected by the guidelines. On July 14, 2020 Mr. El-Khechen confirmed all information on this form.

#### Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

#### Other Notes

Mr. El-Khechen is a member of the evidence review team.



Part A. Direct Financial Interests in or Relationships With Companies					
that develops, produc	Employment  1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?				
⊠ No					
$\square$ Yes, as described b	elow:				
Add rows as needed for	or each employment relati	onship.			
Company	Description	End Date	For ASH Internal Use		
<ul> <li>Equity</li> <li>2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.</li> <li>☑ No</li> <li>☐ Yes, as described below:</li> <li>Add rows as needed for each equity interest.</li> </ul>					
Add rows as needed fo	or each equity interest.				

Company		Description	Date Divested	For ASH Internal Use	
,					
3. Do you cur any intelled conditions   ☑ No	any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?				
Add rows a	as needed fo	or each patent or royalty i	nterest.		
Company		Description	Date Divested	For ASH Internal Use	
Personal Income or Other Direct Transfers of Value  4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
⊠ No	⊠ No				
☐ Yes, as o	$\square$ Yes, as described below:				
Column 1	Name the	company.			
Column 2					

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

### My Partner's or Spouse's Interests

5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?					
	⊠ No					
	☐ Yes, as described below:					
	Add rows as needed for each interest.					
Co	Company Description End Date For ASH Internal Use					

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

1. Through your institution, do you currently or in the past 24 months have you been involved in

#### Industry-Funded Institutional Research

Add rows as needed for each research project.

	research funded or supported (e.g., in kind support, such as provision of a study drug) by any for- profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
$\square$ Yes, as described below:						
	Column 1	Name the company funding or supporting the research.				
	Column 2	Briefly describe the research project.				
	Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.				
	Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")				

Company	Description of Research	My Role	End Date	For ASH Internal Use

#### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

	markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
⊠ No	⊠ No					
☐ Yes, as o	described be	low:				
Column 1	Name the	organization. If known to yo	ou, describe a	ny industry f	funding or support.	
Column 2	Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors other volunteer services.					
Column 3	Indicate if y	your activity was paid or vo	lunteered.			
Column 4		nen your involvement with ded, indicate "current" or "		ion ended. (	If your involvement has	
Add rows a	s needed fo	r each organization.				
Organization Description and role Unpaid? End Date For ASH Internal					For ASH Internal Use	
Other  3. Do you have other indirect interests in or relationships with any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?						
⊠ No						
☐ Yes						
If yes, plea	se explain:					

## Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

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

The questions that follow are designed to elicit information about personal beliefs, intellectual positions

	opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic(s).
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	eviously Published Opinions
2.	Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
No	on-Industry Supported Research
3.	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
	⊠ No

	☐ Yes, as described below:						
	Column 1	Column 1 Name the entity funding the research.					
	Column 2 Describe the research project.						
	Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.						
	Column 4		when your involvement end dicate "current" or "ongoin	ded, if applicable. (If your ing.")	nvolvement has not yet		
	Add rows	as needed f	or each research project.				
Fu	ınder		Description of Research	My Role	End Date		
_	Institutional Relationships  4. Could your salary be affected by recommendations on this topic?  □ Don't know  ⋈ No						
	☐ Yes						
	If yes, please explain:						
5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guide topic?							
	☐ Don't kr	now					
	⊠ No						
	☐ Yes						
	If yes, please explain:						

6. Could your institution benefit or be harmed by recommendations of guidelines on this topi				ions of guidelines on this topic?
	☐ Don't kr	now		
	⊠ No			
	☐ Yes			
	If yes, pleas	se explain:		
Ca	reer Adv	/ancem	ent	
7.	or other en	itities if you	cterize the support you would receive for work on this panel or authorship of the utside your institution?	
<ul><li>Involvement in Organizations With Relevant Policy Positions</li><li>8. Do you work for or are you a member of an organization with a stated position related to the to of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?</li></ul>			a stated position related to the topic	
	⊠ No			
	☐ Yes, as o	described b	elow:	
	Column 1	Name the	organization.	
	Column 2	Describe of these g	or reference any policy position of the ouidelines.	rganization that is related to the topic
	Column 3		our role at the organization, including your role at the organization, including you	our involvement in deciding,
	Add rows a	s needed fo	or each organization.	
Oi	rganization		Relevant Policy Position	Your Role

Cli	inical Practice
9.	Do you see patients clinically?
	⊠ No
	□ Yes
	If yes, what is your primary specialty or subspecialty?
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	□ No
	□ Yes
	If yes, please explain:
Ex	pected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	□ Yes
	If yes, please describe:

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

### Part E. Summary (ASH Internal Use)

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

#### Summary of ASH Judgments About Financial Conflicts

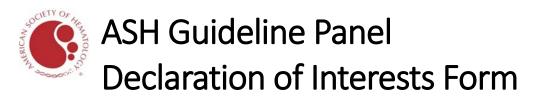
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 1/19/2019	No	No	Dr. Husainat does not have any direct or indirect conflicts of interest with companies that may be affected by the guidelines.
Castano, 7/31/2020	No	No	On July 31, 2020 Dr. Husainat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

#### **Summary of Direct Financial Conflicts**

Company	Description	Disclosure Date	ASH Notes

#### Other Notes

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



Part A. Direct Financial Interests in or Relationships With Companies						
that develops, produc	<ul> <li>Employment</li> <li>1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?</li> </ul>					
⊠ No						
$\square$ Yes, as described b	elow:					
Add rows as needed for	or each employment relati	onship.				
Сотрапу	Description	End Date	For ASH Internal Use			
Equity						
develops, produces, m treat, monitor, manag	2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.					
⊠ No	⊠ No					
$\square$ Yes, as described b	☐ Yes, as described below:					
Add rows as needed for each equity interest.						

### Mohamad Kalot, M.D. – Post doctoral Research fellow- Kansas University Medical Center Methods Team

Company		Description	Date Divested	For ASH Internal Use
Patents, Ro	yalties,	, and Other Intelle	ectual Property	
•	tual prope	·	e you owned patents for or agnose, treat, monitor, mar	•
⊠ No				
☐ Yes, as d	escribed b	elow:		
Add rows as	s needed fo	or each patent or royalty	interest.	
Company		Description	Date Divested	For ASH Internal Use
4. Do you curr transfers of profit comp	ently or in value (e.g any that d	., honoraria, gifts, travel evelops, produces, mark	ansfers of Value e you received any personal support, meeting registratio ets, or distributes drugs, de- anage, or alleviate health co	on, meals) from any for- vices, services, or
⊠ No				
□ Yes, as d	escribed b	elow:		
		company.		
Column 2			received the income or othureau involvement, service of	

or board, expert testimony.

### Mohamad Kalot, M.D. – Post doctoral Research fellow- Kansas University Medical Center Methods Team

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use
, ,	,		

#### My Partner's or Spouse's Interests

5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?				
	⊠ No				
	☐ Yes, as described below:				
Add rows as needed for each interest.					
Co	отрапу	Description	End Date	For ASH Internal Use	

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

#### Industry-Funded Institutional Research

Add rows as needed for each research project.

1.	Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?						
	⊠ No						
	☐ Yes, as o	described below:					
	Column 1	Name the company funding or supporting the research.					
	Column 2	Briefly describe the research project.					
	Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.					
	Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")					

Сотрапу	Description of Research	My Role	End Date	For ASH Internal Use

#### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

#### Mohamad Kalot, M.D. – Post doctoral Research fellow- Kansas University Medical Center **Methods Team**

	markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes, as o	described be	low:			
	Column 1	Name the	organization. If known to	you, describe a	ny industry	funding or support.
	Column 2		cribe your activity and rolenteer services.	e, e.g., employ	ment, servic	e on board of directors,
	Column 3	Indicate if	your activity was paid or v	olunteered.		
	Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate "current" or "ongoing.")				If your involvement has	
	Add rows a	s needed fo	r each organization.			
Oi	rganization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use
Ott 3.	produces, i	markets, or dianage, or al	rect interests in or relatio distributes drugs, devices, leviate health conditions?	services, or th		

## Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

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

The questions that follow are designed to elicit information about personal beliefs, intellectual positions

	opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic(s).
Pe 1.	rsonal Beliefs  Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
	eviously Published Opinions  Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
No	on-Industry Supported Research
3.	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g. a research project funded by a nonprofit or governmental organization?
	⊠ No

### Mohamad Kalot, M.D. – Post doctoral Research fellow- Kansas University Medical Center Methods Team

	☐ Yes, as	described	below:			
	Column 1	Name the	Name the entity funding the research.			
	Column 2	Describe t	Describe the research project.			
	Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.				
	Column 4		when your involvement end dicate "current" or "ongoin		lf your in	nvolvement has not yet
	Add rows	as needed f	for each research project.			
Fι	ınder		Description of Research	My Role		End Date
In	stitution	al Relati	onships			
			ffected by recommendation	ons on this topic?		
	☐ Don't kr	now				
	⊠ No					
	□ Yes					
	If yes, plea	se explain:				
5.	. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?					
	☐ Don't kr	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				

6.	Could your institution benefit or be harmed by recommendations of guidelines on this topic?					
	☐ Don't kr	now				
	⊠ No					
	☐ Yes					
	If yes, pleas	se explain:				
Ca	reer Adv	/ancem	ent			
7.	or other en	itities if you	cterize the support you would receive for work on this panel or authorship of the utside your institution?			
In	volveme	nt in Or	ganizations With Relevant P	olicy Positions		
8.	•	idelines, e.	e you a member of an organization with g., position statement, editorial, blog, a	·		
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Column 1	Name the	organization.			
	Column 2	Describe of these g	or reference any policy position of the ouidelines.	rganization that is related to the topic		
	Column 3 Describe your role at the organization, including your involvement in deciding, promoting, or implementing relevant positions.			our involvement in deciding,		
	Add rows a	s needed fo	or each organization.			
Oi	rganization		Relevant Policy Position	Your Role		

#### Clinical Practice

9.	Do you see patients clinically?
	⊠ No
	□ Yes
	If yes, what is your primary specialty or subspecialty?
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	□ No
	□ Yes
	If yes, please explain:
Ex	pected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	□ Yes
	If yes, please describe:

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

Company	Description	Disclosure Date	ASH Internal Notes

### Part E. Summary (ASH Internal Use)

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

#### Summary of ASH Judgments About Financial Conflicts

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

#### Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

#### Other Notes

Dr. Kalot is a member of the Methods team.



-	Part A. Direct Financial Interests in or Relationships With Companies						
	Employment  1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?						
	⊠ No						
	$\square$ Yes, as described b	elow:					
	Add rows as needed for	or each employment relati	onship.				
Co	отрапу	Description	End Date	For ASH Internal Use			
Ec	quity						
2.	2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.						
	⊠ No						
	$\square$ Yes, as described b	elow:					
	Add rows as needed for each equity interest.						

Company		Description	Date Divested	For ASH Internal Use	
3. Do you cur any intelled conditions ✓ No  ☐ Yes, as o	any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?				
Company		Description	Date Divested	For ASH Internal Use	
Personal Income or Other Direct Transfers of Value  4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No				
	☐ Yes, as described below:				
Column 1		company.			
Column 2	Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.				

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

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

#### My Partner's or Spouse's Interests

relationships describe	relationships described in questions 1-4?					
⊠ No	⊠ No					
$\square$ Yes, as described b	$\square$ Yes, as described below:					
Add rows as needed for	Add rows as needed for each interest.					
Company	Description	End Date	For ASH Internal Use			

5. Currently or in the past 24 months has your partner or spouse had any of the interests or

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

#### Industry-Funded Institutional Research

1.	Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes, as o	described below:				
	Column 1	Name the company funding or supporting the research.				
	Column 2	Briefly describe the research project.				
	Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.				
	Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")				
	Add rows a	s needed for each research project.				

Company	Description of Research	My Role	End Date	For ASH Internal Use

### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

	markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes, as o	described be	low:			
	Column 1	Name the	organization. If known to yo	u, describe a	ny industry f	funding or support.
	Column 2		cribe your activity and role, nteer services.	e.g., employr	ment, service	e on board of directors,
	Column 3	Indicate if y	your activity was paid or vol	unteered.		
	Column 4		nen your involvement with the ded, indicate "current" or "c		ion ended. (	f your involvement has
	Add rows a	s needed fo	r each organization.			
Organization Description and role Unpaid? End Date Fo			For ASH Internal Use			
	Other  3. Do you have other indirect interests in or relationships with any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?  □ Yes  If yes, please explain:					

## Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

ASH ISTH NHF WFH Guidelines on the Diagnosis of von Willebrand Disease

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

rele	evant to guidelines on the above topic(s).
Pe 1.	ersonal Beliefs  Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
	eviously Published Opinions  Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?  No
	☐ Yes, as described below:

	Column 2	Describe the research project.					
	Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.					
	Column 4		rhen your involvement end dicate "current" or "ongoir		nvolvement has not yet		
	Add rows a	as needed f	or each research project.				
Fι	under		Description of Research	My Role	End Date		
1.	nstitutional Relationships  L. Could your salary be affected by recommendations on this topic?  □ Don't know  ☑ No □ Yes  If yes, please explain:						
5.	Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?						
	☐ Don't know						
	⊠ No						
	☐ Yes						
	If yes, pleas	se explain:					

Column 1 Name the entity funding the research.

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

	☐ Don't know					
	⊠ No					
	□ Yes					
	If yes, please explain:					
Ca	reer Adv	/anceme	ent			
7.	How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?					
	I do not kno	ow.				
Inv	volveme	nt in Or	ganizations With Relevant F	Policy Positions		
8.	Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?					
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Column 1	Name the	organization.			
	Column 2	Describe of these g	or reference any policy position of the cuidelines.	organization that is related to the topic		
	Column 3 Describe your role at the organization, including your involvement in deciding, promoting, or implementing relevant positions.					
	Add rows as needed for each organization.					
Oi	Organization		Relevant Policy Position	Your Role		

#### Clinical Practice

9. Do you see patients clinically?

Bader Madoukh, MD (SUNY Upstate) Methods Team

	□ No
	⊠ Yes
	If yes, what is your primary specialty or subspecialty?
	Internal Medicine
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Ex	pected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	□ Yes
	If yes, please describe:

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

## Part E. Summary (ASH Internal Use)

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

#### Summary of ASH Judgments About Financial Conflicts

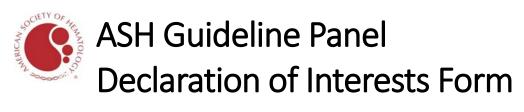
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 07/27/2020	No	No	Dr. Madoukh does not have any direct or indirect financial conflicts with companies that may be affected by the guidelines. On July 27,2020 Dr. Madoukh confirmed all information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

#### Summary of Direct Financial Conflicts

(	Сотрапу	Description	Disclosure Date	ASH Notes

#### Other Notes

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



Р	Part A. Direct Financial Interests in or					
R	Relationships With Companies					
	Employment  Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	$\square$ Yes, as described b	elow:				
	Add rows as needed for	or each employment relati	onship.			
Co	отрапу	Description	End Date	For ASH Internal Use		
	Equity  2. Do you currently or in the past 24 months have you had equity in any for-profit company that					
	develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.					
	⊠ No					
	$\square$ Yes, as described b	elow:				
	Add rows as needed for each equity interest.					

Shahrzad Motaghi, MSc (Department of Health Research Methods, Evidence and Impact, McMaster
University)

Methods Team

			ivietilous realii			
Company	Description	Date Divested	For ASH Internal Use			
3. Do you currently or in	any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health					
⊠ No						
☐ Yes, as described b	elow:					
Add rows as needed fo	or each patent or royalty in	nterest.				
Company	Description	Date Divested	For ASH Internal Use			
Personal Income or Other Direct Transfers of Value  4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?  □ No □ Yes, as described below:						

Column 2 Describe the activity for which you received the income or other transfer of value, e.g.,

research, consultancy, speakers bureau involvement, service on an advisory committee

Column 1 Name the company.

or board, expert testimony.

Shahrzad Motaghi, MSc (Department of Health Research Methods, Evidence and Impact, McMaster
University)
Methods Team

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Сотрапу	Description	End Date	For ASH Internal Use

#### My Partner's or Spouse's Interests

relationships describe	relationships described in questions 1-4?						
⊠ No	⊠ No						
$\square$ Yes, as described b	elow:						
Add rows as needed for	or each interest.						
Company Description End Date For ASH Internal Use							

5. Currently or in the past 24 months has your partner or spouse had any of the interests or

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

## Industry-Funded Institutional Research 1. Through your institution, do you currently or in the past 24 months have you been involved in

•	research funded or supported (e.g., in kind support, such as provision of a study drug) by any for- profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?				
	⊠ No				
$\square$ Yes, as described below:					
	Column 1	Name the company funding or supporting the research.			
	Column 2	Briefly describe the research project.			
	Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.			
	Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")			

Add rows as needed for each research project.

Company	Description of Research	My Role	End Date	For ASH Internal Use

#### Paid and Volunteer Activities for Organizations Supported by Industry

2.	Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes, as o	described be	low:			
	Column 1	Name the	organization. If known to yo	ou, describe a	ny industry f	funding or support.
	Column 2		cribe your activity and role, nteer services.	e.g., employr	ment, service	e on board of directors,
	Column 3	Indicate if	your activity was paid or vo	lunteered.		
	Column 4		nen your involvement with ded, indicate "current" or "o	_	ion ended. (	f your involvement has
	Add rows a	s needed fo	r each organization.			
0	rganization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use
)1 3.	•		rect interests in or relations		•	• •
	produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				

## Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

ASH ISTH NHF WFH Guidelines on the Management of von Willebrand Disease

The questions that follow are designed to elicit information about personal beliefs, intellectual positions

	opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic(s).
Pe 1.	rsonal Beliefs  Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pro	eviously Published Opinions
2.	Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
	on-Industry Supported Research  Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
	⊠ No
	☐ Yes, as described below:

Shahrzad Motaghi, MSc (Department of Health Research Methods, Evidence and Impact, McMaster University) **Methods Team** Column 1 Name the entity funding the research. Column 2 Describe the research project. Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.") Add rows as needed for each research project. Funder Description of Research My Role **End Date** Institutional Relationships 4. Could your salary be affected by recommendations on this topic? ☐ Don't know ⊠ No ☐ Yes If yes, please explain: 5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic? ☐ Don't know  $\boxtimes$  No ☐ Yes

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

If yes, please explain:

	Shanizad	iviotagiii, iv	ise (separtificité of ficaltif Nese	arcii ivic	University  Methods Team
	☐ Don't kr	now			ivietilous fedit
	⊠ No				
	□ Yes				
	If yes, plea	se explain:			
	or other en	you chara	cterize the support you would r		rom your primary mentor, institution, nese guidelines generated a strong
No	t area of my	supervisor	's research interest. He will not	have an	y opinion.
	Do you wo of these gu testimony?	rk for or are iidelines, e.	•	ion with	Policy Positions a stated position related to the topic micus brief, or legislature or legal
	⊠ No				
	☐ Yes, as o	described b	elow:		
	Column 1	Name the	organization.		
	Column 2	Describe of these g		of the o	rganization that is related to the topic
	Column 3		your role at the organization, in g, or implementing relevant pos		our involvement in deciding,
	Add rows a	s needed fo	or each organization.		
0	rganization		Relevant Policy Position		Your Role
$\vdash$					
1					

#### Clinical Practice

9.	Do you see patients clinically?
	⊠ No
	□ Yes
	If yes, what is your primary specialty or subspecialty?
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Ex	pected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	□ Yes
	If yes, please describe:

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

## Part E. Summary (ASH Internal Use)

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

#### Summary of ASH Judgments About Financial Conflicts

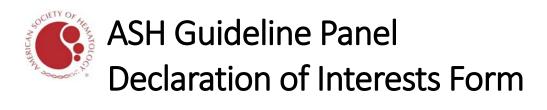
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 07/13/2020	No	No	Ms. Motaghi does not have any direct or indirect conflicts of interest with companies that may be affected by the guidelines. On July 11, 2020 Ms.Motaghi confirmed all information on this form.

#### Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

#### Other Notes

Ms. Motaghi is a member of the evidence review team.



	Part A. Direct Financial Interests in or Relationships With Companies			
	<ul> <li>Employment</li> <li>1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?</li> </ul>			
	⊠ No			
	$\square$ Yes, as described b	elow:		
	Add rows as needed for	or each employment relati	onship.	
Co	ompany	Description	End Date	For ASH Internal Use
	Equity <ol> <li>Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.</li> </ol>			
	⊠ No			
	$\square$ Yes, as described b	elow:		
	Add rows as needed for	or each equity interest.		

Company		Description	Date Divested	For ASH Internal Use
3. Do you cur any intelled conditions	<ul> <li>Patents, Royalties, and Other Intellectual Property</li> <li>3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?</li> </ul>			
⊠ No				
☐ Yes, as o	described b	elow:		
Add rows a	s needed fo	or each patent or royalty	interest.	
Company		Description	Date Divested	For ASH Internal Use
Personal Income or Other Direct Transfers of Value  4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?				
⊠ No				
$\square$ Yes, as described below:				
Column 1	Name the	company.		
Column 2	research,		received the income or oth reau involvement, service of	

## Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

#### My Partner's or Spouse's Interests

5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?			
	⊠ No			
	☐ Yes, as described below:			
	Add rows as needed for each interest.			
Company Description End Date For ASH Internal			For ASH Internal Use	

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

1. Through your institution, do you currently or in the past 24 months have you been involved in

#### Industry-Funded Institutional Research

Add rows as needed for each research project.

research funded or supported (e.g., in kind support, such as provision of a study drug) by any for- profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?				
⊠ No				
$\square$ Yes, as described below:				
Column 1	Name the company funding or supporting the research.			
Column 2	Briefly describe the research project.			
Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.			
Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")			

Company	Description of Research	My Role	End Date	For ASH Internal Use

#### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

	markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?						
$\boxtimes$	⊠ No						
	Yes, as o	lescribed be	low:				
Со	lumn 1	Name the o	organization. If known to yo	u, describe a	ny industry f	funding or support.	
Со	lumn 2	•	cribe your activity and role, nteer services.	e.g., employr	ment, service	e on board of directors,	
Со	lumn 3	Indicate if y	our activity was paid or vol	unteered.			
Со	lumn 4		nen your involvement with the dead, indicate "current" or "c	_	ion ended. (	f your involvement has	
Ad	d rows a	s needed fo	r each organization.				
Orgai	nization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use	
3. Do pro mo	Other  3. Do you have other indirect interests in or relationships with any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?  ☑ No ☐ Yes  If yes, please explain:						

# Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

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

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

#### Personal Beliefs

	Croonal Delicis
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
2.	Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?

#### Non-Industry Supported Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

	⊠ No					
	☐ Yes, as described below:					
	Column 1 Name the entity funding the research.					
	Column 2	Describe t	the research project.			
	Column 3	steering c	your role: (a) national or over ommittee of a study that o or. If other than these opti	loes not have a principal	or, (b) member of a investigator, (c) site or loca	
	Column 4		vhen your involvement end dicate "current" or "ongoir		involvement has not yet	
	Add rows	as needed f	for each research project.			
Fı	under		Description of Research	My Role	End Date	
n	ctitution	al Dalati	ionshins			
1 I 1.	stitution Could your		iffected by recommendation	ons on this topic?		
	☐ Don't kr	now				
	⊠ No					
	□ Yes					
	If yes, pleas	se explain:				
5.	5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?					
	☐ Don't know					
	⊠ No					
	☐ Yes					
	If yes, pleas	se explain:				

6.	Could your institution benefit or be harmed by recommendations of guidelines on this topic?						
	□ Don't know						
	□ No						
	☐ Yes						
	If yes, please	e explain:					
Ca	reer Adva	anceme	ent				
7.	7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?  I suspect they will be supportive but I don't really know.						
Inv	volvemen	t in Org	ganizations With Relevant P	Policy Positions			
8.	•		e you a member of an organization with g., position statement, editorial, blog, a	•			
	⊠ No						
	☐ Yes, as de	escribed be	elow:				
	Column 1	Name the	organization.				
	Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.						
	Column 3 Describe your role at the organization, including your involvement in deciding, promoting, or implementing relevant positions.						
	Add rows as needed for each organization.						
Oı	ganization		Relevant Policy Position	Your Role			

# Clinical Practice 9. Do you see patients clinically? □ No ☑ Yes If yes, what is your primary specialty or subspecialty? Nephrologist If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines? ☑ No □ Yes If yes, please explain: Expected Interests 10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form? ☑ No

☐ Yes

If yes, please describe:

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

## Part E. Summary (ASH Internal Use)

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

#### Summary of ASH Judgments About Financial Conflicts

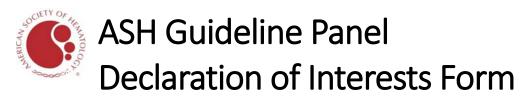
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Kunkle, 3/16/18; Lottenberg, 5/10/2018	No	No	Dr. Mustafa has no direct or indirect conflict of interests with companies that can be affected by the guidelines.
Castano, 7/31/2020	No	No	On July 31, 2020 Dr.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

#### Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

#### Other Notes

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



Part A. Direct Financial Interests in or Relationships With Companies							
that develops, produc	<ul> <li>Employment</li> <li>1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?</li> </ul>						
⊠ No							
$\square$ Yes, as described b	elow:						
Add rows as needed for	or each employment relati	onship.					
Сотрапу	Description	End Date	For ASH Internal Use				
Equity							
2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.							
⊠ No	⊠ No						
$\square$ Yes, as described b	☐ Yes, as described below:						
Add rows as needed for	Add rows as needed for each equity interest.						

Company		Description	Date Divested	For ASH Internal Use	
Patents, Royalties, and Other Intellectual Property  3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?  □ No □ Yes, as described below:  Add rows as needed for each patent or royalty interest.					
Company	Company Description Date Divested For ASH Internal Us				
<ul> <li>Personal Income or Other Direct Transfers of Value</li> <li>4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?</li> </ul>					
⊠ No	⊠ No				
☐ Yes, as o	$\square$ Yes, as described below:				
Column 1	Name the	company.			
Column 2	Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.				

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

#### My Partner's or Spouse's Interests

Add rows as needed for each interest.				
Сотрапу	Description	End Date	For ASH Internal Use	

5. Currently or in the past 24 months has your partner or spouse had any of the interests or

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

1. Through your institution, do you currently or in the past 24 months have you been involved in

#### Industry-Funded Institutional Research

Add rows as needed for each research project.

research funded or supported (e.g., in kind support, such as provision of a study drug) by any for- profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?			
⊠ No			
☐ Yes, as o	described below:		
Column 1	Name the company funding or supporting the research.		
Column 2	Briefly describe the research project.		
Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.		
Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")		

Company	Description of Research	My Role	End Date	For ASH Internal Use

#### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

	markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
⊠ No	⊠ No					
☐ Yes, as o	$\square$ Yes, as described below:					
Column 1	Column 1 Name the organization. If known to you, describe any industry funding or support.					
Column 2	Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors other volunteer services.					
Column 3	Indicate if y	your activity was paid or vo	lunteered.			
Column 4		nen your involvement with ded, indicate "current" or "		ion ended. (	If your involvement has	
Add rows a	s needed fo	r each organization.				
Organization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use	
produces,	markets, or o	rect interests in or relation distributes drugs, devices, s leviate health conditions?	•	•	• •	
⊠ No						
☐ Yes						
If yes, plea	se explain:					

## Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

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

The questions that follow are designed to elicit information about personal beliefs, intellectual positions

	opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic(s).
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr	reviously Published Opinions
2.	Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	☐ Yes
	If yes, what were those views and where were they made?
No	on-Industry Supported Research
	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
	No     No

	☐ Yes, as described below:						
	Column 1	Name the entity funding the research.					
	Column 2	Describe the research project.					
	Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.						
	Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")						
	Add rows	as needed f	or each research project.				
Fı	ınder		Description of Research	My Role	End Date		
	stitution Could your	salary be a	onships ffected by recommendation	ons on this topic?			
	□ Don't know     □     No     □						
	□ Yes						
	If yes, please explain:						
5.	Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?						
	☐ Don't kr	now					
	⊠ No						
	☐ Yes						
	If yes, plea	se explain:					

6.	Could your	institution	benefit or be narmed by recom	imendati	ons of guidelines on this topic?
	☐ Don't kr	now			
	⊠ No				
	☐ Yes				
	If yes, pleas	se explain:			
Ca	areer Adv	/anceme	ent		
7.	How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?  I would receive no monetary support or additional privileges if these guidelines generated a strong reaction. I would just receive acknowledgement that I worked on the project.				
	nvolvement in Organizations With Relevant Policy Positions  3. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?				
	⊠ No				
	☐ Yes, as o	described b	elow:		
	Column 1	Name the	organization.		
	Column 2	Describe of these g		of the or	rganization that is related to the topic
	Column 3 Describe your role at the organization, including your involvement in deciding, promoting, or implementing relevant positions.				
	Add rows a	s needed fo	or each organization.		
0	rganization		Relevant Policy Position		Your Role
-					

### Clinical Practice 9. Do you see patients clinically? ☐ No ⊠ Yes If yes, what is your primary specialty or subspecialty? When I worked on this project, I was an Internal Medicine Resident. Now, I have just entered a Hematology/Oncology fellowship at the University of Kansas Medical Center. If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines? □ No ⊠ Yes If yes, please explain: I have treated patients with Von Willebrand's Disease during my residency and have made recommendations about treatment and evaluations but always under direction of my supervising physician. **Expected Interests** 10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not

already declared in this form?

If yes, please describe:

⊠ No

☐ Yes

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

## Part E. Summary (ASH Internal Use)

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

#### Summary of ASH Judgments About Financial Conflicts

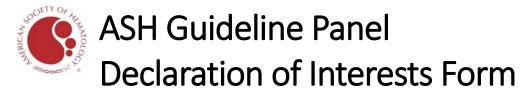
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 7/27/2020	No	No	Dr. Roller does not have any direct or indirect conflicts of interest with companies that may be affected by the guidelines. On July 24, 2020 Dr. Roller confirmed all information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

#### Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

#### Other Notes

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



	Part A. Direct Financial Interests in or Relationships With Companies					
	Employment  1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	$\square$ Yes, as described b	elow:				
	Add rows as needed for	or each employment relati	onship.			
Co	ompany	Description	End Date	For ASH Internal Use		
Ec	juity					
2.	2. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.					
	⊠ No					
	$\square$ Yes, as described b	elow:				
	Add rows as needed for each equity interest.					

Company		Description	Date Divested	For ASH Internal Use	
Patents, Royalties, and Other Intellectual Property  3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?  □ No □ Yes, as described below:  Add rows as needed for each patent or royalty interest.					
Company		Description	Date Divested	For ASH Internal Use	
Personal Income or Other Direct Transfers of Value  4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
⊠ No	⊠ No				
☐ Yes, as	described b	elow:			
Column 1	Name the	company.			
Column 2					

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

### My Partner's or Spouse's Interests 5. Currently or in the past 34 menths has your pe

5.	relationships described in questions 1-4?							
⊠ No								
	☐ Yes, as described below:							
	Add rows as needed for each interest.							
C	Company Description End Date For ASH Internal Use							

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

1. Through your institution, do you currently or in the past 24 months have you been involved in

### Industry-Funded Institutional Research

Add rows as needed for each research project.

research funded or supported (e.g., in kind support, such as provision of a study drug) by any for- profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?						
⊠ No						
$\square$ Yes, as described below:						
Column 1	Name the company funding or supporting the research.					
Column 2	Briefly describe the research project.					
Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.					
Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")					

Сотрапу	Description of Research	My Role	End Date	For ASH Internal Use

### Paid and Volunteer Activities for Organizations Supported by Industry

2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit company that develops, produces,

	markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?						
	⊠ No						
	☐ Yes, as described below:						
	Column 1	Name the	organization. If known to yo	ou, describe a	ny industry f	funding or support.	
	Column 2		cribe your activity and role, nteer services.	e.g., employr	ment, service	e on board of directors,	
	Column 3	Indicate if y	your activity was paid or vol	lunteered.			
	Column 4		nen your involvement with t ded, indicate "current" or "c	_	ion ended. (	If your involvement has	
	Add rows a	s needed fo	r each organization.				
0	rganization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use	
	Other  3. Do you have other indirect interests in or relationships with any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?  □ No □ Yes						
	If yes, pleas	se explain:					

# Part C. Relevant Other Interests That Are Not Mainly Financial

You have been invited by ASH to participate in the development of clinical practice guidelines on the following topic(s):

ASH ISTH NHF WFH Guidelines on the Management of von Willebrand Disease

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

rele	evant to guidelines on the above topic(s).
Pe	ersonal Beliefs
1.	Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
	eviously Published Opinions
2.	Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
No	on-Industry Supported Research
3.	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
	⊠ No
	☐ Yes, as described below:

	Column 1	Name the	entity funding the research	ch.		
	Column 2	Describe t	the research project.			
	Column 3	steering c		does not have a	nvestigator, (b) member of a principal investigator, (c) site or l cribe.	ocal
	Column 4		vhen your involvement end dicate "current" or "ongoin		e. (If your involvement has not ye	t
	Add rows	as needed t	for each research project.			
F	under		Description of Research	My Role	End Date	
1 <b>n</b> 4.	stitution Could your □ Don't ki ☑ No □ Yes	salary be a	ionsnips affected by recommendation	ons on this topic	??	
	If yes, plea	se explain:				
	, 65, p.65	oo oxpranin				
5.	, .		•		linical activity, teaching, speaking dge or opinions about this guidel	
	☐ Don't kı					
	⊠ N	now				
	$\boxtimes$ No	now				
		now				

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

ASH Guideline Panel Declaration of Interests Form | Page 7

	□ Don't know					
	⊠ No					
	□ Yes					
	If yes, please explain:					
Ca	reer Adv	/anceme	ent			
7.	or other en	itities if you	cterize the support you would receive raise or work on this panel or authorship of toutside your institution?	from your primary mentor, institution, hese guidelines generated a strong		
	n/a					
Inv	volveme	nt in Or	ganizations With Relevant I	Policy Positions		
8.		idelines, e.	e you a member of an organization wit g., position statement, editorial, blog, a	h a stated position related to the topic amicus brief, or legislature or legal		
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Column 1	Name the	organization.			
	Column 2	Describe of these g		organization that is related to the topic		
	Column 3		our role at the organization, including g, or implementing relevant positions.	your involvement in deciding,		
	Add rows a	s needed fo	or each organization.			
Oi	rganization		Relevant Policy Position	Your Role		

### Clinical Practice

9. Do you see patients clinically?

### SHANEELA SHAHID, MD, FRCPC, FAAP, MSc© (McMaster University) Methods Team

	□ No
	⊠ Yes
	If yes, what is your primary specialty or subspecialty?
	Neonatal Perinatal Medicine and Pediatrics
	If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
	spected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in this form?
	⊠ No
	□ Yes
	If yes, please describe:

# Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

### Part E. Summary (ASH Internal Use)

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

#### Summary of ASH Judgments About Financial Conflicts

Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 7/15/2020	No	No	Dr. Shahid does not have any direct or indirect conflict of interest with companies that may be affected by the guidelines. On July 14, 2020 Dr. Shahid confirmed all information on this form.

### Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

#### Other Notes

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

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

Omar Abughanimeh
Abdalla Alayli
Yazan Al Jabirii
Alec Britt
Ahmad Dimassi
Hussein El-Khechen
Nedaa Husainat
Mohamad A. Kalot
Bader Madoukh
Shahrzad Motaghi
Reem A. Mustafa
John Roller
Shaneela Shahid

Hani Turkmani