

Supplement 5: Participant Information Forms for Methods Team, and Systematic Review Team

Methods Team

- Elie A. Akl, MD, PhD, MPH (American University of Beirut)
- Romina Brignardello-Petersen, PhD, MSc, DDS (McMaster University)
- Reem Mustafa, MD, PhD, MPH (University of Kansas)
- Ignacio Neumann, MD, PhD (Pontificia Universidad Católica de Chile)
- Robby Nieuwlaat, PhD, MSc (McMaster University)
- Holger Schünemann, MD, MSc, PhD (McMaster University)
- Karla Solo, MSc (McMaster University)
- Adrienne Stevens, MSc, PhD (Cochrane Canada, McMaster University)
- Wojtek Wiercioch, PhD, MSc (McMaster University)

Systematic Review Team

- Reyad Al Jabiri, MD (University of Jordan)
- Yazan Al Jabiri, MD (Lincoln Medical Center)
- Angela Barbara, BSc, MSc, PhD (Health Sciences Centre, McMaster University)
- Antonio Bognanni, MD (McMaster University)
- Imad Bouakl, MD (American University of Beirut)
- Mary Ellene Boulos, BSc, MSc (McMaster University)
- Matthew Chan, MD (McMaster University)

- Rana Charide, BS, MPH (Clinical Research Institute, American University of Beirut, Beirut, Lebanon)
- Andrea J. Darzi, MD, PhD, MPH (McMaster University)
- Karin Dearness, BSc, MLS (St. Joseph's Healthcare, Hamilton, Ontario)
- Heba Hussein, BDS, MDSc, PhD (Faculty of Dentistry, Cairo University)
- Samer G. Karam, MD (McMaster University)
- Philipp Kolb, MBA, BHSc (McMaster University)
- Luis Enrique Colunga Lozano, MD, MSc (Universidad de Guadalajara, México)
- Razan Mansour, MD (King Hussein Cancer Center, Amman, Jordan)
- Gian Paolo Morgano, PhD, MSc (McMaster University)
- Rami Z. Morsi, MD (University of Chicago)
- Giovanna Elsa Ute Muti-Schünemann, MD (McMaster University)
- Menatalla K. Nadim, MBBCh (Department of Clinical Pathology, Faculty of Medicine, Ain Shams University)
- Atefeh Noori, MSc (McMaster University)
- Binu Abraham Philip, BDS, MSc (McMaster University)
- Thomas Piggott, MD, MSc, CCFP, FRCPC (Labrador-Grenfell Health, Labrador, Canada)
- Yuan Yuan Qiu, BHSc (McMaster University)
- Yetiani Maria Roldan Benitez, MD (McMaster University)
- Finn Schünemann, MD (Albert-Ludwigs University, Freiburg, Germany)



Elie Akl, MD, MPH, PhD

General Internist, Guideline methodologist

American University of Beirut

Beirut, Lebanon

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Methods Team Member

Profile

Dr. Elie Akl is a tenured Professor of Medicine at the American University of Beirut (AUB). He leads the division of General Internal Medicine and Geriatrics (GIMG) at AUBMC and directs the Clinical Research Institute (CRI) and the AUB GRADE Center. He has a part time appointment in the Department of Health Research Methods, Evidence, and Impact (HE&I) at McMaster University. His research expertise is in systematic reviews, practice guidelines, and conflicts of interest. He serves as a guideline methodologist for several North American professional organizations and the World Health Organization. He published more than 370 peer-reviewed papers and was listed by Thomson Reuters as one of the 2015 "world's most influential scientific minds" and as one of the "Highly Cited Researchers" yearly since 2015.

[June 19, 2020 profile approved by Dr. Akl]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 10, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 10, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: General Internal Medicine; General Preventive Medicine	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On July 10, 2020, Dr. Akl agreed to adhere to the policies described herein. There are no special management considerations, including requirement for recusal.

On June 29, 2021, Dr. Akl agreed to continue to adhere to the policies described herein. There are no special management considerations, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Good support

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

General Internal Medicine; General Preventive 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:

I do see patients who might receive anticoagulation for prophylactic or therapeutic purposes. However, I am not assigned to provide care to patients with confirmed or suspected COVID19

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	EA
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	EA
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	EA
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	EA
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	EA
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	EA

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	EA
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	EA

Agreed by Elie Akl
Date July 10, 2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee
Date July 14, 2020

Section 3. Disclosures During Participation

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



Romina Brignardello-Petersen, PhD, MSc, DDS

Assistant Professor

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Methods Team Member

Profile

Dr. Romina Brignardello-Petersen is an Assistant Professor at the Department of Health Research Methods, Evidence, and Impact, at McMaster University. Her research focuses on methods to develop systematic reviews with multiple comparisons and clinical practice guidelines, in particular those developed using the GRADE approach. Dr. Brignardello-Petersen has worked as a guideline methodologist for several organizations, including the World Health Organization, the Pan-American Health Organization, and the American Society of Hematology (Acute Myeloid Leukemia and von Willebrand disease guidelines).

[July 15, 2020 profile approved by Dr. Brignardello-Petersen]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 2, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 2, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 2, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On July 2, 2020, Dr. Brignardello-Petersen agreed to adhere to the policies described herein. There are no special management considerations, including requirement for recusal.

On June 29, 2021, Dr. Brignardello-Petersen agreed to continue to adhere to the policies described herein. There are no special management considerations, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

<i>Conflict of interest</i>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<i>Financial interest</i>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<i>Direct financial interest</i>	A financial interest that is owned by the individual or received directly by the individual
<i>Indirect financial interest</i>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<i>For-profit healthcare company</i>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Supportive

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	RBP
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	RBP
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	RBP
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	RBP
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	RBP
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	RBP

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	RBP
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	RBP

Agreed by Romina Brignardello-Petersen
Date July 2, 2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date July 14, 2020

Section 3. Disclosures During Participation

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



Reem Mustafa, MBBS, PhD, MPH

Associate Professor, Department of Internal Medicine, Division of Nephrology and Hypertension

University of Kansas

Kansas City, KS, United States

Project

ASH clinical practice guidelines on the use of anticoagulation in patients with COVID-19

Roles

Methodology co-chair of the guideline panel; member (unpaid) of the methods team

Profile

Dr. Mustafa is a nephrologist and methodologist at the University of Kansas. She cares for patients with COVID-19, and was involved in the development of the Infectious Disease Society of America's COVID-19 guidelines. She brings methodologic expertise and deep experience with GRADE to these guidelines.

[June 17, 2020 profile approved by Dr. Mustafa]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 7, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 7, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: nephrology. Dr. Mustafa has seen and cares for patients with COVID-19 admitted to the hospital and in the ICU.	

Site investigator for a study assessing the effect of empagliflozin on patients with chronic kidney disease, funded by Boehringer Ingelheim (ongoing; expected to end June 2022). Dr. Mustafa reports that she does not receive any direct or indirect compensation for her role on this study.	
Dr. Mustafa has authored guidelines about COVID-19, but none address anticoagulation.	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 7, 2020, Dr. Mustafa agreed to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On September 14, 2020, Dr. Mustafa agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On March 5, 2021, Dr. Mustafa agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

<i>Conflict of interest</i>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<i>Financial interest</i>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<i>Direct financial interest</i>	A financial interest that is owned by the individual or received directly by the individual
<i>Indirect financial interest</i>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<i>For-profit healthcare company</i>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

<i>Company</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Boehringer Ingelheim	Study assessing the effect of Empagliflozin on patients with CKD (The Study of Heart and Kidney Protection With Empagliflozin)	Site investigator – I do not receive any direct or indirect compensation based on my role from this study	June 2022	

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No. I have published guidelines about COVID-19 but none address the question about anticoagulation.

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

RM: They will likely support me.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Nephrology.

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 seen and continue to care for patients with COVID19 admitted to the hospital and in the ICU.

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	RM
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	RM
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	RM
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	RM
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	RM
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated	RM

disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	RM
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	RM

Agreed by Reem Mustafa

Date June 7, 2020

Disclosures reviewed by Russell (ASH staff), Kunkle (ASH staff)

Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee

Date June 11, 2020

Section 3. Disclosures During Participation

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

Section 4. Participation History

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence.	September 30, 2020	Yes
Form recommendations.	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes



Ignacio Neumann, MD, PhD

Assistant Professor

Pontificia Universidad Católica de Chile

Santiago, Chile

Project

ASH clinical practice guidelines on the use of anticoagulation in patients with COVID-19

Roles

Member of guideline panel; member (unpaid) of the methods team

Profile

Dr. Neumann is an internist and methodologist at the Pontificia Universidad Católica de Chile. He cares for patients with COVID-19. He brings methodologic expertise, deep experience with GRADE, and a Latin American perspective to these guidelines.

[June 16, 2020 profile approved by Dr. Neumann]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 7, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 7, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: internal medicine. Dr. Neumann provides care for patients with COVID-19, including diagnosis, prophylaxis and treatment of VTE.	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 7, 2020, Dr. Neumann agreed to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On September 4, 2020, Dr. Neumann agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On March 30, 2021, Dr. Neumann agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

I would anticipate support from my mentor and colleagues.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Internal Medicine

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

I provide care for patients with COVID-19, including diagnosis, prophylaxis and treatment of VTE

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	IN
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	IN
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	IN
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	IN
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	IN
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated	IN

disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	IN
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	IN

Agreed by Ignacio Neumann
Date June 7, 2020
Disclosures reviewed by Russell (ASH staff), Kunkle (ASH staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date June 11, 2020

Section 3. Disclosures During Participation

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

Section 4. Participation History

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence.	September 30, 2020	Yes
Form recommendations.	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes



Robby Nieuwlaat, PhD, MSc

Associate Professor

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Methods Team Member

Profile

Dr. Nieuwlaat is Associate Professor in the Department of Health Research Methods, Evidence and Impact at McMaster University. He is a researcher in the MacGRADE Centre, member of the GRADE Working Group, and member of the Red Hat Group to promote broader uptake of core outcome sets. His research interest and expertise include practice guideline development, systematic reviews, quality of care, and best practice implementation. He has served as a systematic review and guideline development methodologist for multiple guidelines related to venous thromboembolism for the American Society of Hematology, as well as control of out-of-hospital life-threatening bleeding for the International Liaison Committee on Resuscitation. Dr. Nieuwlaat is lead author of a highly cited Cochrane review on adherence to self-administered medications, co-created the CHA2DS2-VaSc and HAS-BLED risk scores for atrial fibrillation patients, and published multiple papers on quality of care and therapy persistence among cardiovascular disease patients. He published more than 100 peer-reviewed papers with an H-index of 44.

[July 17, 2020 profile approved by Dr. Nieuwlaat]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 8, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 8, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Systematic review team lead for first 10 chapters of the ASH VTE guidelines, funded by ASH. (ongoing; expected to end January 2021)	
Panel member on ASH VTE guidelines on Optimal Management of Anticoagulation, funded by ASH. (November 2018)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On July 8, 2020, Dr. Nieuwlaat agreed to adhere to the policies described herein. There are no special management considerations, including requirement for recusal.

On June 29, 2021, Dr. Nieuwlaat agreed to continue to adhere to the policies described herein. There are no special management considerations, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
ASH	VTE guidelines	Systematic review team lead	Ongoing, expected end date January 2021
ASH	VTE guidelines	Panel member – Optimal Management of Anticoagulation	November 2018

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Supportive of the established methodology we use.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	RN
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	RN
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	RN
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	RN
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	RN
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	RN

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	RN
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	RN

Agreed by Robby Nieuwlaat
Date 08-JUL-2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date July 14, 2020

Section 3. Disclosures During Participation

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



Holger J. Schünemann, MD, MSc, PhD

Professor of Clinical Epidemiology and of Medicine

McMaster University

Hamilton, Ontario, Canada

Project

ASH clinical practice guidelines on the use of anticoagulation in patients with COVID-19

Role

Member of Guideline Panel

Profile

Dr. Schünemann is an internist and methodologist at McMaster University. He cares for patients with COVID-19, and was involved in the development of ASH's VTE guidelines. He brings methodologic expertise and deep experience with GRADE to these guidelines.

[June 16, 2020 profile approved by Dr. Schünemann]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 12, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Unpaid volunteer for Evidence Prime to support GRADEpro development. (ongoing)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: Internal medicine	

Principal investigator for ASH for doing methods work and systematic reviews. (ongoing)	
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Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 12, 2020, Dr. Schünemann agreed to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On September 14, 2020, Dr. Schünemann agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On May 24, 2021, Dr. Schünemann agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>
5/14/2021	Dr. Schunemann disclosed that he received direct funding from the Canadian Government (CIHR) in 2020 and the World Health Organization (WHO) in 2021 to work on COVID-19 recommendation maps.	Disclosure only

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
Financial interest	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
Direct financial interest	A financial interest that is owned by the individual or received directly by the individual
Indirect financial interest	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
For-profit healthcare company	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

<i>Organization</i>	<i>Description and role</i>	<i>Paid or Unpaid?</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Evidence Prime	Support with GRADEpro development	Unpaid	ongoing	

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made? ASH VTE guidelines on prevention and treatment.

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

ASH	Funding from ASH for doing methods work and systematic reviews.	PI	ongoing
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Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Research publications lead to career advancement and it will undoubtedly help me although I have advanced in my career and the additional gain is marginal.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Internal medicine.

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain: LMWH, tests for DVT/PE

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
<p>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</p>	HJS
<p>I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.</p>	HJS
<p>To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.</p>	HJS
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	HJS
<p>I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.</p>	HJS

Section 3. Disclosures During Participation

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

Section 4. Participation History

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence.	September 30, 2020	Yes
Form recommendations.	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes



Karla Solo, MSc

Research Coordinator

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Karla Solo (MSc) is a research coordinator at the Michael G. DeGroot Cochrane Canada Centre and MacGRADE Centre in the Department of Health Research Methods, Evidence, and Impact (HEI) at McMaster University, Hamilton, Canada. Her primary research interests focus on systematic reviews and clinical practice guideline development. She has a particular interest in data linkage that facilitates automated process for generating high-quality research evidence.

[July 17, 2020 profile approved by Ms. Solo]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 13, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 13, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 13, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On July 13, 2020, Ms. Solo agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

On June 29, 2021, Ms. Solo agreed to continue to adhere to the policies described herein. No special management considerations, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

<i>Conflict of interest</i>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<i>Financial interest</i>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<i>Direct financial interest</i>	A financial interest that is owned by the individual or received directly by the individual
<i>Indirect financial interest</i>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<i>For-profit healthcare company</i>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Research publications may lead to career advancement.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	KS
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	KS
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	KS
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	KS
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	KS
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	KS

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	KS
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	KS

Agreed by Karla Solo
Date July 13, 2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date July 16, 2020

Section 3. Disclosures During Participation

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



Adrienne Stevens, MSc, PhD

Managing Director

Cochrane Canada, McMaster University

Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Methods Team Member

Profile

Dr. Adrienne Stevens is the Managing Director of Cochrane Canada in the Department of Health Research Methods, Evidence, and Impact at McMaster University. She is a clinical epidemiologist and methodologist with expertise in systematic, rapid, and scoping reviews. She is Co-Convenor of the Cochrane Rapid Reviews Methods Group. She was formerly Scientific Lead of the Ottawa Evidence Review and Synthesis Centre, which produces systematic reviews as part of Canadian Task Force on Preventive Health Care guideline development process. She received a PhD in epidemiology from the University of Split School of Medicine, Croatia.

[October 13,2020 profile approved by Dr. Stevens]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (October 6, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (October 6, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (October 6, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On October 6, 2020, Dr. Stevens agreed to adhere to the policies described herein. No special management considerations.

On August 3, 2021, Dr. Stevens agreed to continue to adhere to the policies described herein. No special management considerations.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

I would not expect any change in support from our institution given our expertise in systematically evaluating the evidence, for which the methods and process are scientifically defensible.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	ALS
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	ALS
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	ALS
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	ALS
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	ALS

Section 3. Disclosures During Participation

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



Wojtek Wiercioch, PhD, MSc

Research Methodologist

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Methods Team Member

Profile

Wojtek Wiercioch is a research methodologist at the McMaster GRADE Centre in the Department of Health Research Methods, Evidence, and Impact at McMaster University, Hamilton, Canada. His research focus is in evidence synthesis, guideline development methodology, and the guideline development process. His main research activities include development of guidelines and systematic reviews in collaboration with medical professional societies, healthcare organizations and ministries of health, as well as development and evaluation of guideline methods. Mr. Wiercioch has recently served as a systematic review lead and guideline development methodologist for the American Society of Hematology guidelines on VTE management. He is a member of the GRADE working group, participating in teaching systematic review and guideline methods, and a member of the Cochrane Living Evidence Network.

[July 15, 2020 profile approved by Dr. Wiercioch]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 26, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 26, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Methodology co-chair for clinical practice guidelines on prevention of VTE in thoracic surgery, funded by American Association for Thoracic Surgery and European Society of Thoracic Surgeons. (December 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 26, 2020, Dr. Wiercioch agreed to adhere to the policies described herein. There are no special management considerations, including requirement for recusal.

On June 29, 2021, Dr. Wiercioch agreed to continue to adhere to the policies described herein. There are no special management considerations, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Co-author of clinical practice guidelines on VTE management. Participated as member of evidence synthesis team and project coordinator. Did not participate as voting panel member; did not express views or opinions related to the topic.

- American Society of Hematology 2018 guidelines for management of venous thromboembolism: prophylaxis for hospitalized and nonhospitalized medical patients. (*Blood Adv (2018) 2 (22): 3198–3225*)
- American Society of Hematology 2018 guidelines for management of venous thromboembolism: diagnosis of venous thromboembolism. (*Blood Adv (2018) 2 (22): 3226–3256.*)
- American Society of Hematology 2019 guidelines for management of venous thromboembolism: prevention of venous thromboembolism in surgical hospitalized patients. (*Blood Adv (2019) 3 (23): 3898–3944*)

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
American Association for Thoracic Surgery and European Society of Thoracic Surgeons	Clinical practice guideline on prevention of VTE in thoracic surgery.	Methodology co-chair and evidence synthesis.	Current until ~Dec 2020

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

If the guidelines are well received (e.g. viewed as high quality), would support career advancement and have positive impact through research metrics (e.g. h-index). If the guidelines are poorly received, may lead to professional criticism of the work and responsibility of the work.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	WW
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	WW
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	WW
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	WW
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	WW
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	WW

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	WW
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	WW

Agreed by Wojtek Wiercioch
Date June 26, 2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date July 14, 2020

Section 3. Disclosures During Participation

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



Reyad Al Jabiri, MD

Medical Doctor

University of Jordan

Amman, Jordan

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Reyad Al Jabiri is a medical doctor at the Shmisani hospital. He has always been passionate about medicine and began his journey in medicine in 2015 after finishing high school, enjoying every step of the way, and trying to learn from every opportunity in his life, focusing on being the better version of himself with every day to be able to help others (patients and colleagues), trying to expand his experience and knowledge by participating in research, learning from his teachers and dreaming about continuing the rest of his journey in medicine in the other half of the world.

[September 14, 2020 profile approved by Dr. Reyad Al Jabiri]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 28, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 28, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 28, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On August 28, 2020, Dr. Al Jabiri agreed to adhere to the policies described herein. No special management considerations.

On August 3, 2021, Dr. Al Jabiri agreed to continue to adhere to the policies described herein. No special management considerations.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual's judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual's academic institution

For-profit healthcare company

"A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients" (Council of Medical Specialty Societies' "Code for Interactions With Industry" 2015). This

definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	R.N.A
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	R.N.A
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	R.N.A
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	R.N.A
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	R.N.A
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	R.N.A

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	R.N.A
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	R.N.A

Agreed by [Reyad Al jabiri]
Date [28/8/2020]
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee]
Date August 31, 2020

Section 3. Disclosures During Participation

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



Yazan Al Jabiri, MD

Internal Medicine Resident

Lincoln Medical Center

Bronx, New York, United States

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Yazan Al Jabiri completed medical school at Jordan University of Science and Technology. He is currently completing an internal medicine residency at Lincoln Medical Center in New York. Dr. Al Jabiri has experience working on systematic reviews in different topics and has participated in the different stages of systematic review formation processes. He values hard work and self-improvement and believes that every day you should learn something new to be the better version of yourself and to be able to make a difference in the world.

[September 13, 2020 profile approved by Dr. Al Jabiri]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 28, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 28, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Specialty: Internal medicine	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On August 28, 2020, Dr. Al Jabiri agreed to adhere to the policies described herein. No special management considerations.

On July 26, 2021, Dr. Al Jabiri agreed to continue to adhere to the policies described herein. No special management considerations.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>
7/21/2021	Dr. Al Jabiri provided an answer of 'no' to question 4, page 9.	

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual's judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual's academic institution

For-profit healthcare company

"A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients" (Council of Medical Specialty

Societies' "Code for Interactions With Industry" 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Neutral support

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Internal medicine

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
<p>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</p>	YA
<p>I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.</p>	YA
<p>To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.</p>	YA
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	YA
<p>I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.</p>	YA
<p>At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.</p>	YA

Section 3. Disclosures During Participation

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



Angela M, Barbara, BSc, MSc, PhD

Research Coordinator,

Department of Health Research Methods, Evidence, and Impact

Health Sciences Centre, McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Barbara obtained her PhD in Health Research Methodology from the previously named Department of Clinical Epidemiology and Statistics at McMaster University. She is a Research Coordinator with over 20 years of experience in health research, having worked in many areas of health, including mental health, addictions, child maltreatment, prostate cancer, influenza, and hemophilia; and with specific populations, including women, adolescents with addictions, lesbians and gay men, transgender and transsexual persons, Hutterites living in the Canadian prairies, and new Canadian immigrants.

[July 21, 2021 profile approved by Dr.Barbara]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 19, 2021)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 19, 2021)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 19, 2021)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On July 19, 2021, Dr. agreed to adhere to the policies described herein.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	AB
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	AB
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	AB
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	AB
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	AB
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	AB

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	AB
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	AB

Agreed by Angela M. Barbara
Date 2021 July 19
Disclosures reviewed by Russell (ASH Staff), Terrell (GOS)
Participation approved by Dee Terrell, on behalf of the ASH Guideline Oversight Subcommittee
Date July 21, 2021

Section 3. Disclosures During Participation

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



Antonio Bognanni, MD

Physician

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Antonio Bognanni graduated in July 2019 from “University San Raffaele” International Medical School in Milan, Italy. Genuinely interested in the fields of Hematology, Pediatric Immuno-Hematology and Gene Therapy, Dr. Bognanni concluded his medical studies and research project under the supervision of Prof. Alessandro Aiuti, chair of the Pediatric Immuno-Hematology department at Hospital San Raffaele and primary coordinator of HRS-Telethon Institute for Gene Therapy.

After a post-graduate internship at the HEI Department of McMaster University, Dr. Bognanni collaborated in different methodological projects regarding food allergy and other topics. He then joined the Health Research Methodology MSc program and actively contributed to systematic reviews dealing with physical distancing, preventive measures for transmission of SARS-CoV-2, ventilation techniques and safe management of bodies of deceased persons with suspected or confirmed COVID-19.

[July 17, 2020 profile approved by Dr. Bognanni]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 29, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 29, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 29, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 29, 2020, Dr. Bognanni agreed to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

On June 29, 2021, Dr. Bognanni agreed to continue to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

<i>Conflict of interest</i>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<i>Financial interest</i>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<i>Direct financial interest</i>	A financial interest that is owned by the individual or received directly by the individual
<i>Indirect financial interest</i>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<i>For-profit healthcare company</i>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Answer: Likely positive

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>
McMaster University	Systematic review and meta-analysis on physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2	Assessment of reference eligibility, screening, data extraction, RoB assessment, final manuscript revision and approval.
McMaster University	Living systematic review on ventilation techniques and risk for transmission of coronavirus disease, including COVID-19	Assessment of reference eligibility, screening, data extraction, RoB assessment, final manuscript revision and approval.
McMaster University	Rapid systematic review of the literature on safe management of bodies of deceased persons with suspected or confirmed COVID-19	Assessment of reference eligibility, screening and data extraction.

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:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	AB
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	AB
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	AB
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	AB
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	AB
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	AB

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	AB
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	AB

Agreed by Antonio Bognanni
Date 29.06.2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee
Date July 15, 2020

Section 3. Disclosures During Participation

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



ASH Clinical Practice Guidelines
Participant Information



Imad Bouakl, MD

Assistant Professor, School of Medicine

American University of Beirut

Beirut, Lebanon

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Imad Bouakl is currently an associate professor at the American University of Beirut's School of Medicine. Dr. Bouakl is Director of the Pulmonary and Critical Care Fellowship Program, Associate Program Director of the Internal Medicine Residency, and Coordinator of the pulmonary module at the School of Medicine. He also serves as the Chairperson of the Critical Care Committee. His research focuses on issues related to pulmonary hypertension, mechanical ventilation, and assessment systems in medical education.

[July 20, 2020 profile approved by Mr. Bouakl]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 13, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 13, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: Pulmonary and Critical Care	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On July 13, 2020, Dr. Bouakl agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

On July 5, 2021, Dr. Bouakl agreed to continue to adhere to the policies described herein. No special management considerations, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Positive support.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

I see patients clinically. I see pulmonary patients in clinic, in hospital and in the ICU .

I also cover the COVID 2019 ICU patients.

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 will be prescribing medication in the COVID ICU units to my patients that are covered in the guidelines.

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	IB
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	IB
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	IB
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	IB
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	IB
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	IB



Mary Ellene Boulos, BSc, MSc

Medical Student

Michael G. DeGroote School of Medicine, McMaster University

Hamilton, ON, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Ms. Boulos is a medical student at McMaster University in Canada. She completed a Master of Science in Rehabilitation Sciences at the University of Toronto. Her thesis examined the feasibility and efficacy of delivering virtual mood and cognitive interventions to individuals living with chronic acquired brain injury. Her research interests include health services research, clinical trials, health equity, and epidemiology.

[August 31, 2020 profile approved by Ms. Boulos]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 25, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 25, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 25, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On August 25, 2020, Ms. Boulos agreed to adhere to the policies described herein. No special management considerations.

On July 14, 2021, Ms. Boulos agreed to continue to adhere to the policies described herein. No special management considerations.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual's judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual's academic institution

For-profit healthcare company

"A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients" (Council of Medical Specialty Societies' "Code for Interactions With Industry" 2015). This

definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	MB
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	MB
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	MB
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	MB
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	MB
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	MB

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	MB
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	MB

Agreed by Mary Ellene Boulos
Date August 25, 2020
Disclosures reviewed by Russell (ASH Staff) Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee]
Date Aug 28, 2020

Section 3. Disclosures During Participation

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



Matthew Chan, MD

PGY 3 Internal Medicine Resident

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Matthew Chan is a PGY 3 Internal Medicine Resident at the McMaster University. After graduating from Queen's University in Life Sciences, he completed his medical school training at McMaster University. His clinical research interests include medical education, curriculum development and evidence-based medicine.

[July 17, 2020 profile approved by Dr. Chan]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 8, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 8, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: Internal Medicine	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On July 8, 2020, Dr. Chan agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

On July 3, 2021, Dr. Chan agreed to continue to adhere to the policies described herein. No special management considerations, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Supportive.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Internal Medicine

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

DVT prevention remains a important cornerstone of inpatient care.

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	MC
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	MC
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	Mc
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	MC
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	Mc
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	Mc

Section 3. Disclosures During Participation

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



Rana Charide, BS, MPH

MEAL Officer (Monitoring, Evaluation, Accountability and Learning Officer)

Clinical Research Institute, American University of Beirut

Beirut, Lebanon

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Ms. Rana Charide is a Monitoring, Evaluation, Accountability and Learning Officer at the American and Near East Refugee Aid Lebanon. She holds a BS in Medical Laboratory Sciences and has completed her Master's in Public Health concentrating in Epidemiology & Biostatistics. She has extensive research experience, specifically in systematic, rapid and scoping reviews, gap maps and guidelines development. Her research interests are in methods for conducting, reporting and appraising evidence synthesis, clinical epidemiology and knowledge translation.

[September 14,2020 profile approved by Ms. Charide]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 28, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 28, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 28, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On August 28, 2020, Ms. Charide agreed to adhere to the policies described herein. No special management considerations.

On July 2, 2021, Ms. Charide agreed to continue to adhere to the policies described herein. No special management considerations.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

- Conflict of interest** A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
- Financial interest** A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
- Direct financial interest** A financial interest that is owned by the individual or received directly by the individual
- Indirect financial interest** A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
- For-profit healthcare company** “A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This

definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Co-authored systematic reviews on the topic. No specific opinion made.

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

No effect or change. My current type of work at my institution is not related to this guideline and can't be affected by it in any way.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	RC
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	RC
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	RC
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	RC
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	RC
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	RC

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	RC
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	RC

Agreed by [Rana Charide]
Date [August 28, 2020]
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee]
Date August 31, 2020

Section 3. Disclosures During Participation

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



Andrea Darzi, MD, PhD, MPH

Health research methodologist

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Andrea Darzi is a health research methodologist in the Department of Health Research Methods, Evidence, and Impact at McMaster University. She has also recently started her postdoctoral fellowship at the Michael G. DeGroot National Pain Center. Prior to joining McMaster University, she was the assistant director of the American University of Beirut GRADE Center, and a member of the GRADE working group. She is a Medical Doctor (2012) and holds a Master's in Public Health concentrating in epidemiology and biostatistics (2014). Her research interests include evidence synthesis, prognosis research, and guideline development. She has contributed to the development and adaptation of guidelines for the Kingdom of Saudi Arabia Ministry of Health, with Cornell University in Qatar, WHO, the European commission and the American Society of Hematology. The scope of her PhD work is related to the identification of prognostic factors and the development of risk assessment models for VTE and bleeding in hospitalized medical patients.

[July 15, 2020 profile approved by Dr. Darzi]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 30, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
First author and coordinator for systematic review and meta-analysis of prognostic factors for VTE and bleeding in hospitalized medical patients, funded by CDC through Karna (August 2018)	
First author and coordinator for risk models for VTE and bleeding in hospitalized medical patients using a novel approach, funded by CDC through Karna (August 2018)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 30, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 30, 2020, Dr. Darzi agreed to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

On June 29, 2021, Dr. Darzi agreed to continue to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
CDC through Karna	Systematic review and meta-analysis of prognostic factors for VTE and bleeding in hospitalized medical patients.	First author and coordinator	Contract ended August 2018
CDC through Karna	Risk models for VTE and bleeding in hospitalized medical patients using a novel approach.	First author and coordinator	Contract ended August 2018

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Will not be influenced by reactions to guidelines.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	AJD
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	AJD
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	AJD
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	AJD
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	AJD
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	AJD

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	AJD
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	AJD

Agreed by [Andrea J. Darzi]
Date [30 June 2020]
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee
Date July 15, 2020

Section 3. Disclosures During Participation

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



Karin Dearness, BSc, MLS

Director, Library Services

St. Joseph's Healthcare Hamilton

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Ms. Karin Dearness has more than thirty years of experience in health library and information services. She has supported the development of health evidence synthesis products ranging from knowledge guides and websites to systematic reviews and guidelines. Ms. Dearness has a passion for information retrieval, in particular systematic literature searching,

[July 22, 2020 profile approved by Ms. Dearness]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 9, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 9, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Searching literature for systematic review of treatments for Covid-19 patients in critical care, funded by Society for Critical Care Medicine (ongoing)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On July 9, 2020, Ms. Dearness agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

On June 30, 2021, Ms. Dearness agreed to continue to adhere to the policies described herein. No special management considerations, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

<i>Conflict of interest</i>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<i>Financial interest</i>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<i>Direct financial interest</i>	A financial interest that is owned by the individual or received directly by the individual
<i>Indirect financial interest</i>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<i>For-profit healthcare company</i>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
Society for Critical Care Medicine	Systematic review of treatments for Covid-19 patients in critical care. The SCCM guidelines do not cover anticoagulation.	Literature searching	Ongoing

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain: Searching work for systematic review/guideline is billed at hourly rate.

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

I would anticipate support from my direct supervisor and institution if the work generated strong reactions.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>
GUIDE group (McMaster University/St. Joseph's Healthcare Hamilton)	Produces guidelines on critical care	Supportive – conducting literature searches. Not involved in drafting guidelines or recommendations.

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:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	KD
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	KD
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	KD
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	KD
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	KD
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	KD

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	KD
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	KD

Agreed by Karin Dearness

Date 09 July 2020

Disclosures reviewed by Russell (ASH Staff), Pai (GOS)

Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee

Date July 16, 2020

Section 3. Disclosures During Participation

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



Heba Hussein, BDS, MDSc, PhD,

Lecturer of Oral Medicine, Oral Diagnosis, and Periodontology Department,
Faculty of Dentistry, Cairo University
Cairo, Egypt

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Hussein is a Cochrane author and translator and a member of Cochrane Oral Health. She has worked as a part of the research team of the eCOVID re-map project and is an Oral Medicine lecturer at Faculty of Dentistry, Cairo University. Initiated many student research groups being able to motivate, guide, and train undergraduates. She is currently, working as a research volunteer at the University of Illinois at Chicago (UIC). Her career goals involve utilizing the combined training in Oral Medicine, Molecular Biology, and Evidence-Based Dentistry in designing and executing studies aimed at diagnosis and management of oral lesions.

[May 14, 2021 profile approved by Dr. Hussein]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in the past months (March 30, 2021)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in the past months (March 30, 2021)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical Specialty: Dentist	

Agreement to Conflict of Interest Policies and Attestations Section 2

On 3/30/2021, Dr.Hussein agreed to adhere to the policies described herein.

On June 29, 2021, Dr.Hussein agreed to continue to adhere to the policies described herein.

Disclosures During Participation Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History Section 4

Section 1. Disclosures Prior to Participation

Definitions

- Conflict of interest** A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
- Financial interest** A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
- Direct financial interest** A financial interest that is owned by the individual or received directly by the individual
- Indirect financial interest** A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
- For-profit healthcare company** “A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies

that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Dentist

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:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	HH
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	HH
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	HH
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	HH
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	HH
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	HH

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	HH
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	HH

Agreed by Heba Hussein
Date 03/30/2021
Disclosures reviewed by Russell [ASH Staff], Terrell [GOS]
Participation approved by [Terrell, GOS]
Date April 19, 2021



Samer G. Karam, MD

General Surgeon

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Samer Karam is a General Surgeon and currently completing his trauma fellowship at the General Hamilton Hospital. He is a project coordinator and a Master student in the Department of Health Research Methods, Evidence, and Impact at McMaster University. He is also a member of the GRADE working group. Dr. Karam has coordinated and contributed multiple systematic review efforts and was part of the American Society of Hematology guideline effort on management of VTE in thrombophilia. The scope of his current work is related to appraising risk of bias and indirectness in values and preferences studies.

[July 17, 2020 profile approved by Dr. Karam]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 30, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 30, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: General Surgeon, Trauma	
Co-author of systematic review and meta-analysis of prognostic factors for VTE and bleeding in hospitalized medical patients, funded by CDC through Karna. (August 2018)	
Co-author of risk models for VTE and bleeding in hospitalized medical patients using a novel approach, funded by CDC through Karna.	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 30, 2020, Dr. Karam agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

On July 26, 2021, Dr. Karam agreed to continue to adhere to the policies described herein. No special management considerations, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>
7/21/2021	Dr. Karam disclosed he is no longer seeing patients in any capacity in 2021 and at least until June 2022.	

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

<i>Funder</i>	<i>Description of Research</i>	<i>My Role</i>	<i>End Date</i>
CDC through Karna	Systematic review and meta-analysis of prognostic factors for VTE and bleeding in hospitalized medical patients.	Co-author	Contract ended August 2018
CDC through Karna	Risk models for VTE and bleeding in hospitalized medical patients using a novel approach.	Co-author	Contract ended August 2018

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Will not be influenced by reactions to guidelines.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

I am a general surgeon completing a trauma fellowship and see patients in that capacity.

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:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	SGK
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	SGK
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	SGK
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	SGK
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	SGK
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	SGK

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	SGK
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	SGK

Agreed by [Samer G. Karam]
Date [30 June 2020]
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date July 16, 2020

Section 3. Disclosures During Participation

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



Philipp Kolb, MBA, BHSc

Medical Student

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Mr. Philipp Kolb is a MD Student at McMaster University with experience in both Basic Science and Clinical Research settings. Most of his research career was spent studying Pulmonary Fibrosis and other Respiratory Diseases. Recently, he switched interests to systematic reviews and guideline development. Prior to starting medical school, he completed a MBA and worked in Industry as an Analyst focused on the strategic use of big data and front-end data visualization.

[July 20, 2020 profile approved by Mr. Kolb]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Direct payments from AstraZeneca as employee -- (Respiratory) Data Analyst (July 2019)	
Marketing Intern for Boehringer Ingelheim (August 2018)	
Marketing Associate for Stryker (August 2019)	x

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 2, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 2, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On July 2, 2020, Mr. Kolb agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

On July 2, 2021, Mr. Kolb agreed to continue to adhere to the policies described herein. No special management considerations, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
AstraZeneca	(Respiratory) Data Analyst	July 2019	

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Boehringer Ingelheim	Marketing Intern	August 2018	

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

<i>Company</i>	<i>Description</i>	<i>End Date</i>	<i>For ASH Internal Use</i>
Stryker	Marketing Associate	Aug 2019	

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Medical Student

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:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	PK
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	PK
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	PK
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	PK
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	PK
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	PK

Section 3. Disclosures During Participation

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



Luis Enrique Colunga Lozano, MD, MSc

Professor

Universidad de Guadalajara, Departamento de clínicas médicas, profesor de asignatura

Guadalajara, Jalisco, México

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Colunga-Lozano is an internal medicine / critical care physician from Guadalajara, México. Currently, he works at a public hospital "Hospital Civil de Guadalajara - Dr. Juan I Menchaca" at the COVID-19 intensive care unit. He is, also, a junior professor in a local university (Universidad de Guadalajara) in which he teaches Evidence-Based Medicine. Dr. Colunga-Lozano has a Master's degree in Health Related Methods from McMaster University, is a member of the Cochrane Collaboration, and works closely with the GRADE working group.

[September 1, 2020 profile approved by Dr. Colunga-Lozano]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 25, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 25, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical Specialty: Internal medicine/Critical care	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On August 25, 2020, Dr. Colunga-Lozano agreed to adhere to the policies described herein. No special management considerations.

On July 14, 2021, Dr. Colunga-Lozano agreed to continue to adhere to the policies described herein. No special management considerations.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

- Conflict of interest*** A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
- Financial interest*** A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
- Direct financial interest*** A financial interest that is owned by the individual or received directly by the individual
- Indirect financial interest*** A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
- For-profit healthcare company*** “A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This

definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Response: The support will be the same.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

I am an internal medicine/critical care physician working in a public hospital at the intensive care unit.

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:

Response: My hospital is a COVID-19 center and part of my clinical duty is to provide diagnostic and treatment strategies related to the current guideline topic.

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	LECL
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	LECL
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	LECL
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	LECL
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	LECL
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	LECL

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	LECL
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	LECL

Agreed by Luis Enrique Colunga Lozano

Date 25/08/2020

Disclosures reviewed by Russell (ASH Staff) and Pai (GOS)

Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee]

Date Aug 28, 2020

Section 3. Disclosures During Participation

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



Razan Mansour, MD

Postdoctoral Research Fellow

King Hussein Cancer Center

Amman, Jordan

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Razan Mansour is a Medical Doctor who graduated from the University of Jordan in 2019. She works as a postdoctoral research fellow at King Hussein Cancer Center, the largest cancer center in the Middle East region. Dr. Mansour's main fields of interest include hematology/oncology, and the areas of intersection between biology, ethics and the practice of medicine.

[September 12, 2020 profile approved by Dr. Mansour]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 28, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 28, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 28, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On August 28, 2020, Dr.Mansour agreed to adhere to the policies described herein. No special management considerations.

On June 30, 2021, Dr.Mansour agreed to continue to adhere to the policies described herein. No special management considerations.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution? -As a research fellow, I have full institutional support if my contribution to this panel was to create a strong reaction from peers outside/inside my institution.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	R.M
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	R.M
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	R.M
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	R.M
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	R.M
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	R.M

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	R.M
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	R.M

Agreed by [Razan Mansour]
Date [8/28/2020]
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee]
Date August 31, 2020

Section 3. Disclosures During Participation

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



Gian Paolo Morgano, PhD, MSc

Researcher, Methodologist

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Gian Paolo Morgano is a researcher and methodologist with an interest in evidence synthesis using qualitative and quantitative methods, development of health measurement scales, health technology assessment. His work as clinical practice guideline methodologist has informed the production of guidelines for several health organizations including the World Health Organization (WHO), American Society of Hematology (ASH), Work Allergy Organization (WAO), and the Italian Minister of Health (ISS).

[July 15, 2020 profile approved by Dr. Morgano]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 27, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 27, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 27, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 27, 2020, Dr. Morgano agreed to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

On June 30, 2021, Dr. Morgano agreed to continue to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

<i>Conflict of interest</i>	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
<i>Financial interest</i>	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
<i>Direct financial interest</i>	A financial interest that is owned by the individual or received directly by the individual
<i>Indirect financial interest</i>	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
<i>For-profit healthcare company</i>	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

In case of a positive reaction, the citations that these guidelines will receive would have a beneficial impact on the indicators of my performance as a researcher (e.g. h-index, number of citations).

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	GPM
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	GPM
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	GPM
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	GPM
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	GPM
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	GPM

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	GPM
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	GPM

Agreed by Gian Paolo Morgano
Date June 27th, 2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee
Date July 15, 2020

Section 3. Disclosures During Participation

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



Rami Morsi, MD

Neurology Resident

University of Chicago

Chicago, Illinois, United States

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Rami Morsi is a resident physician in Neurology at University of Chicago. Prior to his role at University of Chicago, he was a post-doctoral research fellow in the Department of Neurology at Massachusetts General Hospital with a particular interest in a career as a physician-scientist in the fields of vascular neurology and neuro-critical care. Dr. Morsi received his Doctor of Medicine degree from the American University of Beirut in 2018, and his work has been published in nine peer-reviewed journals, including *Blood* and *Blood Advances*.

[September 11, 2020 profile approved by Dr. Morsi]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 27, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 27, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Specialty: Internal Medicine/Neurology	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On August 27, 2020, Dr.Morsi agreed to adhere to the policies described herein. No special management considerations.

On June 30, 2021, Dr.Morsi agreed to continue to adhere to the policies described herein. No special management considerations.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This

definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Great support from peers and institution.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Internal Medicine/Neurology

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:

It depends on the case scenario and the relevance.

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	RM
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	RM
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	RM
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	RM
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	RM
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	RM

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	RM
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	RM

Agreed by Rami Z. Morsi
Date 08/27/2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee]
Date August 31, 2020

Section 3. Disclosures During Participation

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



Giovanna Elsa Ute Muti Schünemann, MD, MSc

HRM MSc Student

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Giovanna Elsa Ute Muti Schünemann recently graduated from “San Raffaele University” international medical school in Milan, Italy. She concluded her studies under the supervision of Prof. Maurilio Ponzoni in the field of Hematopathology.

She is planning to begin her MSc in Health Research Methodology at McMaster University, Canada. Giovanna participated in different projects including systematic reviews dealing with physical distancing and preventive measures for person-to-person transmission of SARS-CoV-2, Ventilation techniques and risk for transmission of coronavirus disease including COVID-19, safe management of bodies of deceased persons with suspected or confirmed COVID-19 and the development of International guidelines on VTE prophylaxis in post-thoracic surgery patients.

[July 18, 2020 profile approved by Dr. Schünemann]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 29, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 29, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 29, 2020)	

Agreement to Conflict of Interest Policies and Attestations **Section 2**

On June 29, 2020, Dr. Schünemann agreed to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

On June 29, 2021, Dr. Schünemann agreed to continue to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

Disclosures During Participation **Section 3**

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History **Section 4**

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
Financial interest	A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
Direct financial interest	A financial interest that is owned by the individual or received directly by the individual
Indirect financial interest	A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
For-profit healthcare company	“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Likely positive

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>
McMaster University	Systematic review and meta-analysis on physical distancing, face masks and eye protection to prevent person-to-person transmission of SARS-CoV-2	Volunteer screening and data extraction
McMaster University	Living systematic review on Ventilation techniques and risk for transmission of coronavirus disease, including COVID-19	Volunteer screening and data extraction
McMaster University	Rapid systematic review of the literature on safe management of bodies of deceased persons with suspected or confirmed COVID19	Volunteer screening and data extraction

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:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	GEUMS
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	GEUMS
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	GEUMS
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	GEUMS
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	GEUMS
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	GEUMS

Section 3. Disclosures During Participation

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



Menatalla K. Nadim, MBBCh

Resident Physician

Department of Clinical Pathology, Faculty of Medicine, Ain Shams University
Cairo, Egypt

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Ms. Nadim's journey started when she graduated from School of Medicine at Ain Shams University, Egypt. She discovered her passion in Hematology and specialized in Clinical Pathology which incorporates Hematopathology practice at my university hospital. It also includes immunology, microbiology and clinical chemistry with all their diagnostic practices. She underwent research training and took part in "NuCLS", a breast cancer pathology image analysis research project. Ms. Nadim developed an interest in programming languages including R and Python. In Fall 2021, she will be starting a Master of science in Biomedical diagnostics at Arizona state University.

[May 19, 2021 profile approved by Ms. Nadim]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (April 2, 2021)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (April 2, 2021)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (April 2, 2021)	

Agreement to Conflict of Interest Policies and Attestations Section 2

On 4/2/2021, Dr.Nadim agreed to adhere to the policies described herein.

On June 30, 2021, Dr.Nadim agreed to continue to adhere to the policies described herein.

Disclosures During Participation Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History Section 4

Section 1. Disclosures Prior to Participation

Definitions

- Conflict of interest*** A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest
- Financial interest*** A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity
- Direct financial interest*** A financial interest that is owned by the individual or received directly by the individual
- Indirect financial interest*** A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution
- For-profit healthcare company*** “A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies

that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

It will have no effect

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	M.K.N.
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	M.K.N.
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	M.K.N.
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	M.K.N.
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	M.K.N.
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	M.K.N.



Atefeh Noori, MSc

Doctoral Candidate

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Ms. Atefeh Noori has a clinical background in nursing and graduated with a Master of Science with a concentration in Epidemiology. Currently, she is a doctoral candidate in the Health Research Methodology program (Clinical Epidemiology stream) in the Faculty of Health Science at McMaster University. She has a strong interest in population-level public health interventions, quantitative analysis, methods in evidence-based medicine, network meta-analysis, and clinical trials. Ms. Noori has been working for more than five years in different research centers and mainly has focused on the systematic review, meta-analysis, population health metrics, and social determinants of health.

[August 6, 2020 profile approved by Ms. Noori]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 31, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 31, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 31, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On July 31, 2020, Ms. Noori agreed to adhere to the policies described herein. No special management considerations.

On July 2, 2021, Ms. Noori agreed to continue to adhere to the policies described herein. No special management considerations.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	AN
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	AN
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	AN
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	AN
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	AN
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	AN

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	AN
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	AN

Agreed by [Atefeh Noori]
Date [31 July 2020]
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee
Date August 4, 2020

Section 3. Disclosures During Participation

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



Binu Abraham Philip, BDS, MSc

Research Assistant (IV)

McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Mr. Philip received his Bachelor of Dental Surgery from India and had over eight years of clinical experience involved with all facets of general practice. He earned his Masters in eHealth from McMaster University while working as a Dental Educator with a business consultant group. His experience also involves working at the Health and Impact Research Unit (HIRU) as a Research Assistant. As a graduate of the McMaster eHealth MSc program, his interests lie in research methodologies and data analysis. Apart from research, he is also an avid history researcher.

[2/07/2021 profile approved by Dr. Pai]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in the past 24 months (February 4, 2021).	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in the past 24 months (February 4, 2021).	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in the past 24 months (February 4, 2021).	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On 02/02/2021, Mr. Abraham Philip agreed to adhere to the policies described herein. No special management considerations.

On June 29, 2021, Mr. Abraham Philip agreed to continue to adhere to the policies described herein. No special management considerations.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Answer: I hope to receive strong support from my primary mentor and institution if my work on the said panel generated a strong reaction from peers outside the institution.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	BAP
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	BAP
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	BAP
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	BAP
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	BAP
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	BAP

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	BAP
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	BAP

Agreed by [Binu, Abraham Philip]
Date [02-02-2020]
Disclosures reviewed by [Eddrika Russell, Menaka Pai]
Participation approved by [Menaka Pai, on behalf of the GOS]
Date [February 7, 2021]



ASH Clinical Practice Guidelines
Participant Information



Thomas Piggott, MD, MSc, CCFP, FRCPC

Medical Officer of Health

Labrador-Grenfell Health

Hamilton, Ontario, Canada; Goose Bay, Newfoundland;

Labrador, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Thomas Piggott, is the Medical Officer of Health with Labrador-Grenfell Health in Newfoundland and Labrador, Canada. Thomas is a PhD candidate in Health Research Methods at McMaster University in conjunction with the MacGRADE Centre and Cochrane Canada. His PhD is supervised by Dr. Holger Schünemann and focused on health guideline development. Thomas completed specialty training in Family Medicine and Public Health at McMaster University, and his Master's in Public Health Economics at the LSHTM, UK. Thomas works clinically in emergency medicine and recently worked with Médecins Sans Frontières in the Democratic Republic of the Congo.

[July 17, 2020 profile approved by Dr. Piggott]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 28,2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 28,2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: Emergency medicine	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 28, 2020, Dr. Piggott agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

On June 29, 2021, Dr. Piggott agreed to continue to adhere to the policies described herein. No special management considerations, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

No concerns foreseen.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Emergency 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:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	TP
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	TP
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	TP
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	TP
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	TP
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	TP

Section 3. Disclosures During Participation

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



Yuan Yuan Qiu, BHSc

Medical Student

McMaster University

Hamilton, ON, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Ms. Qiu is currently a medical student at the Michael G. DeGroot School of Medicine in Hamilton, Ontario. She graduated from the Bachelor of Health Sciences program at McMaster University. She is interested in clinical and epidemiological research related to the cardiovascular and gastrointestinal systems.

[August 31, 2020 profile approved by Ms. Qiu]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 25, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 25, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 25, 2020)	

On August 25, 2020, Ms. Qiu agreed to adhere to the policies described herein. No special management considerations.

On July 6, 2021, Ms. Qiu agreed to continue to adhere to the policies described herein. No special management considerations.

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

The researchers I am working with are experts in the field with many years of experience so I would be adequately supported in that case. Additionally, McMaster is a research intensive school in which I'm sure I would receive plenty of support for if these guidelines generated a strong reaction from peers outside of my institution.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	YQ
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	YQ
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	YQ
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	YQ
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	YQ
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	YQ

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	YQ
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	YQ

Agreed by Yuan Yuan Qiu
Date August 25, 2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee]
Date Aug 28, 2020

Section 3. Disclosures During Participation

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



Yetiani Maria Roldan Benitez, MD

Research Assistant

HEI department, McMaster University

Hamilton, Ontario, Canada

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Roldan Benitez earned her medical degree in 2007 at the Universidad Autonoma de Nuevo Leon, Mexico and specialized as Pediatrician in 2012 (Tecnologico de Monterrey School of Medicine, Mexico). She has NICU/PICU experience and is currently working as a researcher in the Department of Health Research Methods, Evidence, and Impact (HEI) at McMaster University, participating in the development of systematic reviews and clinical practice guidelines.

[August 31, 2020 profile approved by Dr. Roldan Benitez]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 27, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 27, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (August 27, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On August 27, 2020, Dr. Roldan Benitez agreed to adhere to the policies described herein. No special management considerations.

On June 29, 2021, Dr. Roldan Benitez agreed to continue to adhere to the policies described herein. No special management considerations.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

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Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner's or Spouse's Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?

No

Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	YR
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	YR
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	YR
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	YR
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	YR
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	YR

Section 3. Disclosures During Participation

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



Finn Schünemann, MD

PhD Student

Albert-Ludwigs-University

Freiburg, Germany

Project

ASH Clinical Practice Guidelines on Anticoagulation in Patients with COVID-19

Role

Review Team Member

Profile

Dr. Finn Schünemann recently graduated from medical school in Germany. After a year of basic biology studies at RWTH University in Aachen, he started his medical education at the Paul Stradins University of Riga in Latvia and graduated from medical school at the Otto-von-Guericke University of Magdeburg in December 2019.

During an internship at McMaster University in Hamilton, Canada, in 2009 he worked at the Department of Clinical Epidemiology and Biostatistics for two months and gained first experience in research, especially in the field of health research methods. He is now beginning his doctoral research work with a focus on evaluating the quality of surgical guidelines and how to improve this quality in a joint project of the University Freiburg, Germany, and McMaster University.

[July 17, 2020 profile approved by Dr. Schünemann]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 27, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 27, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (July 27, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 27, 2020, Dr. Schunemann agreed to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

On July 3, 2021, Dr. Schunemann agreed to continue to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>

Participation History

Section 4

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest

A situation in which a reasonable person would consider that an individual’s judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be, influenced by an outside interest

Financial interest

A position or relationship held by an individual that offers potential gain or loss of monetary value, such as employment, stock ownership, payment for services, or gifts given with the expectation of reciprocity

Direct financial interest

A financial interest that is owned by the individual or received directly by the individual

Indirect financial interest

A financial interest that is owned or received via an intermediary, e.g., research funding to an individual received through the individual’s academic institution

For-profit healthcare company

“A for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients” (Council of Medical Specialty Societies’ “Code for Interactions With Industry” 2015). This definition is furthermore not viewed by ASH to include companies that provide accredited continuing medical education or that publish scientific or educational content.

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?

No

Yes, as described below:

Add rows as needed for each employment relationship.

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

Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

No

Yes, as described below:

Add rows as needed for each equity interest.

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

Healthcare-Related Patents, Royalties, and Other Intellectual Property

3. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

No

Yes, as described below:

Add rows as needed for each patent or royalty interest.

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

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any **for-profit healthcare company**?

No

Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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

My Partner’s or Spouse’s Interests

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

No

Yes, as described below:

Add rows as needed for each interest.

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

Other Relevant Direct Financial Interests

6. Do you have other current or recent (within the past 24 months) **direct financial interests** with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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 healthcare company**?

No

Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

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

Other Relevant Indirect Financial Interests

3. Do you have other **indirect financial interests** with any: (i) **for-profit healthcare** company; or (ii) other institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

No

Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

No

Yes

If yes, what were those views and where were they made?

Non-Industry Supported Research

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

No

Yes, as described below:

Column 1 Name the entity funding the research.

Column 2 Describe the research project.

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

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

Add rows as needed for each research project.

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

Institutional Relationships

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

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

Don't know

No

Yes

If yes, please explain:

Career Advancement

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

Likely positive support, primary mentor is part of the developing group for this guideline.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?

No

Yes, as described below:

Column 1 Name the organization.

Column 2 Describe or reference the relevant policy, position, or guidelines.

Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<i>Organization</i>	<i>Relevant Policy Position</i>	<i>Your Role</i>
McMaster University	NIV living systematic review on COVID19; living systematic review on distancing, masks and eye protection related to COVID19	Part of the systematic review team

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:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Expected Interests

11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?

No

Yes

If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

In consideration of my participation on these guidelines, I hereby certify and agree that:

<i>Policy</i>	<i>Initials</i>
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).	FS
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	FS
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services’ Open Payments database (or similar non-U.S. database) and explain any discrepant information.	FS
<p>Until submission of the guidelines for publication, I understand and agree that without special exception from ASH, any of the following will disqualify me from continued participation and I will not enter into:</p> <ul style="list-style-type: none"> • Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >\$5,000/year, regardless of relevance to the guidelines • Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines • Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines • Simultaneous participation on guidelines by another organization on the same topic • Any <i>undisclosed</i> financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	FS
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	FS
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	FS

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	FS
I understand that for 1 year following initial publication of the guidelines, I am encouraged by ASH to avoid new conflicts of interest that could reduce trust in the guidelines, in accordance with my own best judgment.	FS

Agreed by Finn Schünemann
Date June 27, 2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee
Date July 15, 2020

Section 3. Disclosures During Participation

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