

Supplement 4: Participant Information Forms for Panelists

- Pantep Angchaisuksiri, MD (Ramathibodi Hospital, Mahidol University, Bangkok, Thailand)
- Clifton Blair (Union, New Jersey) / Patient Representative
- Adam Cuker, MD, MS (University of Pennsylvania) / Clinical Co-chair
- Kathryn E. Dane, PharmD (Johns Hopkins Hospital)
- Jennifer Davila, MD (Children's Hospital at Montefiore)
- Maria DeSancho, MD, MSc (Weill Cornell Medicine)
- David L. Diuguid, MD (Columbia University)
- Daniel Griffin, MD, PhD (Columbia University and ProHealth Care, New Hyde Park, NY)
- Susan R. Kahn, MD, MSc (McGill University)
- Frederikus A. Klok, MD, PhD (Leiden University Medical Center Einthoven Laboratory)
- Alfred Ian Lee, MD, PhD (Yale School of Medicine)
- Reem Mustafa, MD, PhD, MPH (University of Kansas) / Methodology Co-chair
- Ignacio Neumann, MD, PhD (Pontificia Universidad Católica de Chile, Santiago, Chile)
- Ashok Pai, MD (Kaiser Permanente, Oakland Medical Center)
- Marc Righini, MD (University of Geneva, Switzerland)
- Kristen M. Sanfilippo, MD, MPHS (Washington University in St. Louis)
- Holger Schünemann, MD, PhD (McMaster University) / Methodology Co-chair
- Deborah Siegal, MD, MSc (Ottawa Hospital)
- Mike Skara (Cottage Grove, Minnesota) / Patient Representative
- Deirdra Terrell, MPH, PhD (University of Oklahoma) / Ex Officio, Guideline Oversight Subcommittee
- Kamshad Touri (Ontario, Canada) / Patient Representative
- Eric K. Tseng, MD, MSc (St. Michael's Hospital, Toronto) / Writer



Pantep Angchaisuksiri, MD

Professor of Medicine

Ramathibodi Hospital, Mahidol University

Bangkok, Thailand

Project

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

Role

Member of Guideline Panel

Profile

Dr. Angchaisuksiri is an Adjunct Associate Professor of Medicine at the University of North Carolina at Chapel Hill and the Co-Director of the Bangkok International Hemophilia Training Centre of the World Federation of Hemophilia. His clinical focus is on patients with thrombosis, hemophilia and other bleeding disorders, and his research focus is on treatment of venous thromboembolism and hemophilia. Dr. Angchaisuksiri is an executive council member of the Asian-Pacific Society on Thrombosis and Hemostasis, and brings an Asian perspective to these guidelines

[July 7, 2020 profile approved by Dr. Angchaisuksiri]

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 20, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Local investigator for research funded by Novo Nordisk about Concizumab clinical trial in hemophilia A (ongoing)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Local investigator for research funded by Spark Therapeutics about Gene therapy clinical trial in hemophilia A (ongoing)	

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

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 26, 2020, Dr. Angchaisuksiri agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

On September 1, 2020, Dr. Angchaisuksiri agreed to continue to adhere to the policies described herein. No special management considerations, including requirement for recusal.

On March 21, 2021, Dr. Angchaisuksiri 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>
Novo Nordisk	Concizumab clinical trial in hemophilia A	Local investigator	ongoing	
Spark Therapeutics	Gene therapy clinical trial in hemophilia A	Local investigator	ongoing	

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 receive good support from 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?

Hematology

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”).	PA
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.	PA
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.	PA
<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 	PA
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.	PA
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.	PA

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



Clifton Blair

Patient Representative

Union, New Jersey

Project

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

Role

Member of Guideline Panel

Profile

Mr. Blair is a project manager of a technology company. He has prior experience with medical research. He brings a unique patient perspective to this guideline. His father was a surgeon who studied at Johns Hopkins.

[July 6, 2020 profile approved by Mr. Blair]

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 21, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 21, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 21, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 21, 2020, Mr. Blair agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

On September 2, 2020, Mr. Blair agreed to continue to adhere to the policies described herein. No special management considerations, including requirement for recusal.

On May 14, 2021, Mr. Blair 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?

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”).	CB
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.	CB
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.	CB
<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 	CB
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.	CB
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.	CB

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	CB
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.	CB

<i>Individual Exceptions to the Above</i>	<i>Initials</i>
[I agree or understand...describe exceptions here, if allowed...e.g., agreement to allow a specific interest such as working for a specific company, stock ownership, etc. Delete this table if no exceptions allowed.]	CB

Agreed by Clifton Blair
 Date 06/24/2020
 Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
 Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
 Date June 26, 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 30, 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



ASH Clinical Practice Guidelines
Participant Information



Adam Cuker, MD, MS

Associate Professor of Medicine at the Hospital of the University of Pennsylvania

Perelman School of Medicine, University of Pennsylvania

Philadelphia, Pennsylvania, United States

Project

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

Role

Clinical Co-chair of Guideline Panel

Profile

Dr. Cuker is a hematologist specializing in hemostasis and thrombosis at the University of Pennsylvania. He has clinical and research expertise in thrombosis, and an interest in guideline methodology. He is a member of ASH's Guideline Oversight Subcommittee and Committee on Quality.

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

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>
Local principal investigator for research study on Warm AIHA funded by Alexion. (ongoing)	
Local principal investigator for research studies on ITP funded by Novartis and Takeda, respectively. (ongoing)	

Local principal investigator for research studies on hemophilia, each funded by Pfizer, Novo Nordisk, and Spark, respectively. (ongoing)	
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<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: Hematology, hemostasis and thrombosis	
Previous published opinions on COVID-19 and coagulation. See Section 1, Part C, for list.	
Coauthor of guidelines on anticoagulation in patients with COVID-19 developed for the AC Forum (PMID 32440883)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

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

On August 31, 2020, Dr. Cuker agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On March 5, 2021, Dr. Cuker 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>
Alexion	Warm AIHA	Local PI	Current	
Novartis	ITP	Local PI	Current	
Novo Nordisk	Hemophilia	Local PI	Current	
Pfizer	Hemophilia	Local PI	Current	
Spark	Hemophilia	Local PI	Current	
Takeda	TTP	Local PI	Current	

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?

Multiple views as expressed in (1) PMID 32440883 and (2) Cuker & Pevandi, UpToDate, "Coronavirus Disease 2019 (COVID-19):Hypercoagulability"

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:

I see patients with COVID-19-associated thrombosis and my institution bills for these visits.

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 am confident that I would be supported my institution regarding these guidelines as long as they were developed within the confines of academic integrity irrespective of their content or the reaction they receive.

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>
AC Forum	See PMID 32440883*	Co-author

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Hematology, hemostasis and thrombosis

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 participate in the care of patients with suspected and confirmed COVID-19-associated thrombosis.

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:

I serve as a paid consultant for Synergy CRO, a clinical research organization that specializes in safety monitoring and pharmacovigilance for clinical trials. I do not consider this a direct conflict because the company does not develop, produce, market, or distribute drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions.

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”).	ACC
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.	ACC
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.	ACC
<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 	ACC
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.	ACC
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated	ACC

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.	ACC
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.	ACC

Agreed by Adam Cuker
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



Kathryn Dane, PharmD

Clinical Pharmacy Specialist, Benign Hematology and Cardiology; Co-director,
Hemostatic and Antithrombotic Stewardship Program

Johns Hopkins Hospital

Baltimore, Maryland, United States

Project

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

Role

Member of Guideline Panel

Profile

Dr. Dane is a pharmacist at Johns Hopkins Hospital, specializing in benign hematology and cardiology. She has clinical and research expertise in thrombosis, and an interest in anticoagulant dosing in COVID-19 patients. She has taken a leadership role in developing anticoagulation management guidance and quality improvement initiatives for COVID-19 patients at her institution.

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

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: Benign hematology and cardiology clinical pharmacist	

Local investigator on three research studies on COVID-19 positive patients. (ongoing; expected to end August 2020)	
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Agreement to Conflict of Interest Policies and Attestations

Section 2

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

On August 31, 2020, Dr. Dane agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On March 5, 2021, Dr. Dane 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 (End Date)</i>	<i>Management</i>
6/25/2020	For the Society of Hospital Medicine, Dr. Dane will develop educational materials about the prophylaxis of venous thromboembolism. The project is funded by Janssen and is expected to continue for 2 years. Dr. Dane will not receive any direct payments from Janssen.	Disclosure only
6/29/2020	For Pharmacy Times Continuing Education (PTCE), Dr. Dane will develop continuing education materials about atypical hemolytic uremic syndrome. PTCE is an accredited provider of pharmacy education. This project is funded by Alexion through an educational grant. On 8/31/2020, Dr. Dane disclosed that she received \$200 in indirect payments from Biomarin for her participation as a peer reviewer of Pharmacy Times Continuing Education.	Disclosure only
12/3/2020	Dr. Dane will be a speaker in the April 2021 HOPA conference on COVID-19 thrombosis during a 4-part session on "Fundamentals of Non-Malignant Hematology." It will be accredited for pharmacist CE. Her speech will be on anticoagulation in special populations and COVID-19 thrombosis prophylaxis. She will be receiving direct	Disclosure only

	payment from HOPA via honorarium and free conference registration.	
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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>
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None	Single center QI evaluation of correlation of anti-Xa levels with thromboembolism in COVID-19 positive patients receiving high-intensity pharmacologic prophylaxis at my institution	Local investigator	August 2020
None	Single center evaluation of thrombosis in COVID-19 patients requiring ECMO	Local investigator	August 2020
None	Single center evaluation of unfractionated heparin infusion dosing strategies required to overcome heparin resistance in COVID-19 positive patients	Local investigator	August 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?

My mentors, institution, and colleagues are supportive of this work and would continue to be supportive in the situation described.

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? Benign hematology and cardiology clinical pharmacist

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: oversee health-system COVID-19 VTE prophylaxis guidance, and also answer patient-specific questions regarding VTE treatment and prophylaxis in COVID-19 patients received through the adult benign hematology consult service at my institution.

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>	KD
<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>	KD
<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>	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
<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>	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 Kathryn Dane

Date 06/07/20

Disclosures reviewed by Russell (ASH staff), Pai (GOS)

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

Date June 12, 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



Jennifer Davila, MD

Co-Director, Hemophilia Treatment Center at Montefiore

Children's Hospital at Montefiore

Bronx, New York, United States

Project

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

Role

Member of Guideline Panel

Profile

Dr. Davila is a pediatric hematologist specializing in hemostasis and thrombosis at Children's Hospital at Montefiore. She has clinical and research expertise in thrombosis, and experience treating both children with COVID-19, and adults with COVID-19 who were temporarily cared for at her hospital. She brings a clinical perspective from New York City, a U.S hotspot for the COVID-19 pandemic.

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

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Direct payment and transfers of value for travel/lodging/honoraria for speaker panel from Octapharma. (June 18, 2020)	
Direct payments from Spire Learning for lecturing. (ongoing)	
Direct payments from Genentech for serving on advisory board and consulting. (June 18, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
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<i>Other (End Date)</i>	<i>Check if for spouse</i>

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 8, 2020, Dr. Davila agreed to adhere to the policies described herein.

On September 9, 2020, Dr. Davila agreed to continue to adhere to the policies described herein.

On March 22, 2021, Dr. Davila 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>
Octapharma	Travel support/meals	March 2019	
Spire Learning	Lecturer	ongoing	
Genentech	Ad board/consultant	June 18, 2020	
Octapharma	Speaker Panel	June 18, 2020	

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: I am a consulting hematologist at my hospital and have offered clinical recommendations for > 50 COVID + pediatric patients.

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? My Mentors nominated me for this panel and are very supportive of my participation. They are very committed to my career development.

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: I treat patients with COVID and have prescribed anticoagulation for them. However, they are pediatric patients.

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: I am the recipient of the 2017 HTRS DREAM award which is sponsored by ATHN (American Thrombosis and Hemostasis Network) and Takeda.

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”).	JD
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.	JD
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.	JD
<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 	JD
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.	jd
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated	JD

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.	JD
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.	JD

Agreed by Jennifer Davila
Date [6/8/2020]
Disclosures reviewed by Russell (ASH staff), Kunkle (ASH staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of Guideline Oversight Subcommittee
Date June 18, 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



ASH Clinical Practice Guidelines
Participant Information



Maria DeSancho, MD, MSc

Professor of Clinical Medicine, Clinical Director of Benign Hematology

Weill Cornell Medicine

New York, New York, United States

Project

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

Role

Member of Guideline Panel

Profile

Dr. DeSancho is a hematologist specializing in hemostasis and thrombosis at Weill Cornell Medicine. She has clinical and research expertise in thrombosis, and an interest in COVID-19 coagulopathy, including management of pregnant patients. She brings a clinical perspective from New York City, a U.S hotspot for the COVID-19 pandemic. She has taken a leadership role in developing anticoagulation management guidance for COVID-19 patients at her institution.

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

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Direct payments from Apellis Pharmaceutical for serving on advisory board. (December 31, 2019)	
Direct payments from Bio Products Laboratory for serving on advisory board. (June 16, 2020)	
Direct payments from Sanofi Genzyme for serving on advisory board. (June 16, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 9, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: Hematology, thrombosis and hemostasis	
Previous published opinions on coagulopathy, VTE and anticoagulation, COVID-19, and pulmonary embolism. See Section 1, Part C, for list.	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 9, 2020, Dr. DeSancho agreed to adhere to the policies described herein. No special management considerations or recusals required.

September 3, 2020, Dr. DeSancho agreed to adhere to the policies described herein. No special management considerations or recusals required.

On April 17, 2021, Dr. DeSancho confirmed the disclosure on February 19, 2021 was accurate and agreed to continue to adhere to the policies described herein. No special management considerations or recusals required.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>
2/19/2021	Dr. DeSancho disclosed that she is the Principal Investigator for the IMPACT Trial, an ongoing trial on Anticoagulation in Critically Ill Patients With COVID-19 at Weill Medical College of Cornell University.	Recusal from PICO questions 1 & 2

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>
Apellis Pharmaceutical	Advisory Board (1 day)	31 Dec 2019	
Bio Products Laboratory	Advisory Board (1 day)	June 16, 2020	Dr. DeSancho agreed to divest this relationship to participate on the ASH covid panel.
Sanofi Genzyme	Advisory Board (1 day)	June 16, 2020	Dr. DeSancho agreed to divest this relationship to participate on the ASH covid panel.

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?

1- I delivered a 10-minute presentation on the topic of "Coagulation Complications of COVID-19" at a Weill Cornell Webinar on Saturday 6 June 2020 (OnLive® Saturday Spotlight: A Morning With Weill Cornell Medicine). The information presented included coagulopathy of COVID-19, thrombotic complications and anticoagulation management.

2- I have been involved in ASH frequently asked questions related to hematology and COVID-19 (Coagulopathy, VTE and anticoagulation, COVID-19 and pulmonary embolism)

3- I was involved in Anticoagulation in pregnant COVID19 patients and implications for anesthetic care: <https://soap.org/education/provider-education/expert-summaries/interim-considerations-for-obstetric-anesthesia-care-related-to-covid19/covid-19-faqs-for-providers/>

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:

Evidence based guidelines will promote better and more efficient care for our patients.

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?

My institution is totally supportive of my participation on this guideline project.

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?

Hematology, specifically thrombosis and hemostasis

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 recommend imaging studies either compression ultrasound (CUS) or Computed Tomography Pulmonary Angiogram (CTPA) when clinically indicated. Perform thrombophilia screening following guidelines; prescribe antithrombotic therapy either prophylactically or for therapeutic reasons.

In addition I prepare the management of anticoagulation for patients with thrombotic disorders who need either invasive procedures or surgical procedures.

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>	MTD
<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>	MTD
<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>	MTD
<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 	MTD
<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>	MTD

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.	MTD
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	MTD
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.	MTD

Agreed by [Maria T. DeSancho]
Date [9 June 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 17, 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



David Diuguid, MD

Hope Sheridan Professor of Hematology (in Medicine) and Professor of Pathology and Cell Biology at CUMC (Applied Healthcare/Public Health Sciences track)

College of Physicians & Surgeons of Columbia University

New York, New York, United States

Project

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

Role

Member of Guideline Panel

Profile

Dr. Diuguid is a hematologist specializing in hemostasis and thrombosis at Columbia University Herbert Irving Comprehensive Cancer Centre. He has clinical experience with COVID-19 coagulopathy. He brings a clinical perspective from New York City, a U.S hotspot for the COVID-19 pandemic.

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

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 6, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Local principal investigator for research on new treatment for sickle cell anemia, funded by GBT Therapeutics. (ongoing; expected to end June 30, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: Non-Malignant Hematology	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 6, 2020, Dr. Diuguid agreed to adhere to the policies described herein.

On September 9, 2020, Dr. Diuguid agreed to continue to adhere to the policies described herein.

On March 29, 2021, Dr. Diuguid 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>
GBT Therapeutics	New treatment for sickle cell anemia	Local PI	06/30/20	

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: I think it is incumbent on us as a community to develop evidence-based guidelines, using the best data available, to inform practice, and to stimulate further clinical research to allow us to develop better data on these topics.

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: I maintain an active clinical practice focused on issues of managing patients with both prothrombotic and antithrombotic disorders. I also teach medical students, residents, and hematology fellows in this area.

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 long as the work is intellectually sound, the institution will be fully supportive of my activities in this vein.

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? Non-Malignant Hematology

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: As part of our Hematology service, I consult regularly on patients with thromboembolic disorders, including patients with COVID-19 infection, and we make clinical recommendations on their testing and their therapy. I also teach our residents and fellows on the

risks and benefits of anticoagulant therapy, as well as other areas in the domain of Non-Malignant Hematology.

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>	DLD
<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>	DLD
<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>	DLD
<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 	DLD
<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>	DLD
<p>At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated</p>	DLD

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.	DLD
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.	DLD

Agreed by David L. Diuguid, MD
Date June 6, 2020
Disclosures reviewed by Russell (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



Daniel Griffin, MD, PhD

Associate Research Scientist and Instructor in Clinical Medicine

Columbia University and ProHealth Care

New Hyde Park, New York, United States

Project

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

Role

Member of Guideline Panel

Profile

Dr. Griffin is an infectious disease specialist at Columbia University and ProHealth Care. He brings a clinical perspective from New York City, a U.S hotspot for the COVID-19 pandemic.

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

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 6, 2020)	

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

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

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 6, 2020, Dr. Griffin agreed to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On August 31, 2020, Dr. Griffin agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On March 19, 2021, Dr. Griffin 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>

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 impact

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? Infectious Disease

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: In daily practice I often recommend performing diagnostic testing such as ultrasound, CTA, NM scans and pharmacological interventions for the treatment and prevention of thromboembolic complications.

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”).	DG
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.	DG
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.	DG
<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 	DG
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.	DG
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated	DG

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.	DG
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.	DG

Agreed by [Daniel Griffin]
Date [6/6/2020]
Disclosures reviewed by [Russell (ASH staff), Kunkle (ASH staff), Pai (GOS)]
Participation approved by Menaka Pai, on behalf of the 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



Susan Kahn, MD, MSc

Professor of Medicine

McGill University

Montreal, Quebec, Canada

Project

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

Role

Member of Guideline Panel

Profile

Dr. Kahn is a clinical epidemiologist and internist based at the Jewish General Hospital in Montreal, where she is the founder and director of the Centre of Excellence in Thrombosis and Anticoagulation Care. She is appointed as Professor with Tenure in the Department of Medicine, McGill University. She founded the McGill Thrombosis Fellowship, for which she was Program Director from 2007-2018. She is co-Director of the CIHR-funded CanVECTOR Network, a Canadian national venous thromboembolism research and training network. Dr. Kahn's research interests focus primarily on clinical trials of interventions to prevent, diagnose, treat, and improve outcomes of venous thromboembolism.

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

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Direct payment from Sanofi for consulting (December 2019)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Site co-investigator for STEP CAT Study – stepping down to prophylactic doses of enoxaparin after 6 months of full dose for cancer-associated thrombosis, funded by Sanofi (December 2019)	

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

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 10, 2020, Dr. Kahn agreed to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On September 1, 2020, Dr. Kahn agreed 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>
3/19/2021	Dr. Kahn is a member of an international steering committee that will review the literature on potential value/harms of post-discharge thromboprophylaxis in hospitalized medical patients. This research will be funded by Sanofi Global through a transfer of value to Dr. Kahn's institution.	Disclosure only.

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>
Sanofi	Consultancy	Dec. 2019	

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>
Sanofi	STEP CAT Study: stepping down to prophylactic doses of enoxaparin after 6 months of full dose for cancer-associated thrombosis	(c) Site co-investigator	Dec 2019	

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 in this regard; would receive full 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/Thrombosis

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:

For decisions re VTE prevention in COVID-19 patients, I follow our institution's current 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>
<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>	sk
<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>	sk
<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>	sk
<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 	sk
<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>	sk
<p>At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated</p>	sk

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.	sk
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.	sk

Agreed by Susan R Kahn
Date June 10, 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



F.A. (Erik) Klok, MD, PhD

Clinical Scientist

Leiden University Medical Center Einthoven Laboratory

Leiden, Netherlands

Project

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

Role

Member of Guideline Panel

Profile

Dr. Klok is an internist specializing in vascular medicine at Leiden University Medical Center and the Einthoven Laboratory. He has clinical and research expertise in thrombosis, and an interest in predictors and impact of thrombosis in COVID-19 patients. He brings a European perspective to these guidelines.

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

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 6, 2020)	

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

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: internist, specializing in vascular medicine. Dr. Klok has provided care for patients with COVID-19. His clinical responsibilities at his	

institution include thromboprophylaxis and treatment of thrombotic complications.	
Co-applicant for a research project submitted for funding by the Netherlands Organization for Health Research and Development: post-hoc analysis of Dutch COVID-19 cases to identify predictors of thrombotic complications and the long-term impact of thrombotic complications (ongoing; expected to end June 2021)	
Was an author of a guidance document by the Dutch internist society on management of COVID-19 coagulopathy (published April 2020), which states that thrombosis prophylaxis should be offered to all patients admitted to the hospital with or because of COVID-19 and that high-intensity prophylaxis may be considered in patients admitted to an ICU because of or with COVID-19.	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 6, 2020, Dr. Klok agreed to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On August 31, 2020, Dr. Klok agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On March 6, 2021, Dr. Klok 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?

Guidance document on behalf of the Dutch Internist society on management of COVID-19 coagulopathy, published in April 2020, stating that thrombosis prophylaxis should be offered to all patients admitted to the hospital with or because of COVID-19, and that high-intensity thrombosis prophylaxis may be considered in patients admitted to an ICU because of or with COVID-19.

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>
The Netherlands Organisation for Health Research and Development	Post-hoc analysis of Dutch COVID-19 cases to identify predictors of thrombotic complications and the long-term impact of thrombotic complications	Co-applicant	June 2021

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 receive full support by my department and mentors, where necessary.

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 internist with a specialty in vascular medicine. Among others, I am responsible for thromboprophylaxis and treatment of thrombotic complications in my institution.

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 am a clinical doctor and as such was fully involved in all aspects of the care for COVID-19 patients; currently the incidence of new cases in the Netherlands is close to zero and number of hospitalized COVID-19 patients in general and also in our hospital is fastly declining.

As of March 2021, the Netherlands is currently facing the third wave of patients.

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>	FA
<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>	FA
<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>	FA
<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 	FA
<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>	FA
<p>At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated</p>	FA

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.	FA
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.	FA

Agreed by Erik Klok
Date 6-6-2020
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	No
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



ASH Clinical Practice Guidelines
Participant Information



Alfred Lee, MD, PhD

Associate Professor of Medicine (Hematology); Director, Hematology/Oncology Fellowship Program;

Yale School of Medicine

North Haven, Connecticut, USA

Project

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

Role

Member of Guideline Panel

Profile

Dr. Lee is a hematologist specializing in thrombosis and genomics at Yale University. He has clinical and research expertise in thrombosis and anticoagulation. He has taken a leadership role in developing anticoagulation management guidance for COVID-19 patients at his institution and is the principle investigator of a study of endotheliopathy and coagulopathy in COVID-19.

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

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 5, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 5, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
-------------------------	----------------------------

Principal investigator for research about the mechanisms of action of COVID-19 associated coagulopathy, funded by the Jack Levin fund to Benign Hematology research at Yale (ongoing)	
Working group member for institutional anticoagulation dosing guidelines in COVID-19 for the Yale New Haven Health System (ongoing)	
Clinical specialty: hematology (ongoing). Dr. Lee has recommended measurements of coagulation studies and also imaging studies in hospitalized and post-hospital discharge patients with COVID-19.	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 5, 2020, Dr. Lee agreed to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On September 15, 2020, Dr. Lee agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On March 30, 2021, Dr. Lee 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>
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Jack Levin fund (private donation to Benign Hematology research at Yale)	Mechanisms of COVID-19 associated coagulopathy	Principle investigator	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:

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 support I receive from my institution would not change.

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>
Yale New Haven Health System	Institutional anticoagulation dosing guidelines in COVID-19	Working group member

Clinical Practice

9. Do you see patients clinically?

No

Yes

If yes, what is your primary specialty or subspecialty?

Benign (classical) hematology, particularly thrombosis and genomics

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 recommended measurements of coagulation studies and also imaging studies in hospitalized and post-hospital discharge patients with COVID-19.

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>	<p>AIL</p>
<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>	<p>AIL</p>
<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>	<p>AIL</p>
<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 	<p>AIL</p>
<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>	<p>AIL</p>
<p>At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated</p>	<p>AIL</p>

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



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

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>
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

<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?

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>
<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>	IN
<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>	IN
<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>	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
<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>	IN
<p>At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated</p>	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



Ashok Pai, MD

Benign Hematology and Regional Anticoagulation Program Lead

Kaiser Permanente, Oakland Medical Center

Oakland, California, USA'

Project

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

Role

Member of Guideline Panel

Profile

Dr. Pai is a hematologist at Kaiser Permanente (KP) based in Oakland and Richmond, California. He is the clinical lead of the benign hematology program as well as clinical chair of the anticoagulation services for KP. He has clinical and research expertise in thrombosis and has an interested in COVID associated coagulopathy. He has taken on a leadership role in developing anticoagulation management guidance for COVID-19 patients cared for at the 21 medical centers within KP.

[June 17, 2020 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 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>
-------------------------	----------------------------

Senior author for research about COVID-19 associated coagulopathy funded by Kaiser Permanente (expected end date July 2020)	
Clinical specialty: benign hematology (ongoing). Dr. Pai provides consultative services to physicians who care for patients with COVID-19.	

Agreement to Conflict of Interest Policies and Attestations

Section 2

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

On August 31, 2020, Dr. Pai agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On March 19, 2021, Dr. Pai agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On April 21, 2021, Dr. Pai confirmed the disclosure on April 7, 2021 were accurate and 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>
4/7/2021	Dr. Pai disclosed that he was involved in a recently published study on the risk of VTE in non-hospitalized/discharged patients with COVID-19, funded by The Permanente Medical Group Delivery Science and Applied Research Program. Dr. Pai reports this study is related to baseline risk, and not associated with any therapeutic interventions.	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>

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>
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Kaiser Permanente	COVID associated coagulopathy	Senior Author	7/2020
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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?

-My career advancement will not be affected by authorship of these 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?

Benign Hematology

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 consultative services to physicians who care for COVID patients.

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>	AP
<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>	AP
<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>	AP
<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 	AP
<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>	AP

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.	AP
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	AP
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.	AP

Agreed by ASHOK PAI

Date 6/7/2020

Disclosures reviewed by Kunkle (ASH staff), Eddrika Russell (ASH staff), Pai (GOS)

Participation approved by Menaka Pai, 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



Marc Righini, MD

Full Professor - Group Leader

University of Geneva

Switzerland

Project

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

Role

Member of Guideline Panel

Profile

Dr. Righini is board-certified in Internal Medicine and in Angiology. He is currently full professor and Head of the Division of Angiology and Hemostasis, Geneva University Hospitals in Switzerland. His primary research interest is the diagnosis and management of venous thromboembolism (VTE) disease. He studied the diagnostic value of signs and symptoms for the diagnosis of VTE, worked on the simplification of diagnostic strategies for pulmonary embolism, and validated the age adjusted cut-off for patients with suspected pulmonary embolism. He is involved in both the ASH and the ESC guidelines for VTE diagnosis.

[June 24, 2020 profile approved by Dr. Righini]

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 18, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Local principal investigator for Voyager PAD study, funded by Bayer (October 3, 2020)	

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

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 19, 2020, Dr. Righini agreed to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On August 31, 2020, Dr. Righini agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On March 19, 2021, Dr. Righini 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>
Bayer	Voyager PAD study	Local PI	10.03.2020	

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?

Many investigator-driven studies/ ESC guidelines on PE diagnosis and management/ ASH guidelines for VTE diagnosis

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?

None

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/ Angiology

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:

Standard vascular medicine practice

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>	MR
<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>	MR
<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>	MR
<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 	MR
<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>	MR

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



Kristen M. Sanfilippo, MD, MPH

Assistant Professor, Department of Medicine, Hematology Division

Washington University School of Medicine in St. Louis

St. Louis, MO, United States

Project

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

Role

Member of Guideline Panel

Profile

Dr. Sanfilippo is a hematologist at Washington University School of Medicine in St. Louis. She has clinical and research expertise in thrombosis, and an interest in practice patterns surrounding anticoagulation in COVID-19 patients. She has taken a leadership role in developing anticoagulation management guidance for COVID-19 patients at her institution.

[June 15, 2020 profile approved by Dr. Sanfilippo]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Direct payments and transfers of value (coffee, meals) from Amgen for attending company meetings (10/8/2019)	
Direct payment and travel/lodging/food from Bayer HealthCare Pharmaceuticals for consulting (12/8/2018)	
Direct payment and travel/food/lodging from AstraZeneca for attending an investigator meeting (11/10/2018)	
Transfer of value (food) from Janssen for a meeting with Amgen to discuss potential research collaborations. (9/26/2018)	
Direct payment and travel/lodging from Pfizer for consulting (10/29/2018)	

Direct payments for expert testimony for an anticoagulant-related bleeding case (10/15/2019)	
Direct payments for expert testimony for a post-operative pulmonary embolism case (5/29/2019)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Principal investigator for a trial funded by AstraZeneca comparing abiraterone/olaparib vs. abiraterone/placebo for metastatic castrate-resistant prostate cancer. All funding to the Veterans Administration. (12/31/2019) Dr. Sanfilippo is in the process of transferring PI to a colleague, effective 6/1/2020.	
Site principal investigator for an observational study about prostate cancer funded by Astellas Pharma Global. All funding to the Veterans Administration. (7/14/19) Dr. Sanfilippo is in the process of transferring PI to a colleague, effective 6/1/2020.	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: Hematology/Venous Thromboembolism (VTE) and Oncology/Prostate Cancer (ongoing)	
Second author on an observational study regarding survey analysis of practice patterns for COVID-coagulopathy. The article summarized the current literature and describe current practice patterns based on survey responses. It is under review at RPTH.	
Co-administered Medicine GrandRounds on COVID Coagulopathy at WUSTL.	
Co-wrote institutional guidelines for COVID coagulopathy at WUSTL.	
Principal investigator for research funded by the American Cancer Society about the risk of VTE in myeloma (biomarkers) (ongoing; expected to end 12/31/2020)	
Principal investigator for research funded by NHLBI about the risk of VTE in myeloma (risk prediction model) (ongoing; expected to end 12/31/2020)	
Principal investigator for research funded by NIH Loan Repayment Program and NHLBI about the risk of VTE in myeloma. (6/30/2019)	

[Agreement to Conflict of Interest Policies and Attestations](#)

[Section 2](#)

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

On August 31, 2020, Dr. Sanfilippo agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On March 29, 2021, Dr. Sanfilippo 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>
8/31/2020	Dr. Sanfilippo received direct payments of \$2,100 from Health Services Advisory Group for serving as Research Consultant on Risk factors for anticoagulant associated bleeding.	Disclosure
8/31/2020	Dr. Sanfilippo received direct payments of \$900 from Covington & Burling LLP \$900 for an expert case review of a now closed case on anticoagulant associated bleeding.	Disclosure
10/30/2020	Dr. Sanfilippo received a NIH loan repayment program award; expected to end 6/30/2021. This activity is not related to the guideline topic.	Disclosure
11/2/2020	To clarify the disclosures above, Dr. Sanfilippo confirmed that she received transfers of value, not direct payments, for the Amgen and AstraZeneca activities that occurred on 10/8/2019 and 11/10/2018.	

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>
Amgen Inc \$114.24	Study Meeting Meal (Discuss Prostate Cancer Research possibilities using VA data)	8/21/2019	
Amgen Inc \$8.81	Coffee Meeting (Nplate)	10/08/2019	
Amgen Inc \$5.01	Coffee Meeting (Nplate)	2/19/2019	
Amgen Inc \$26.03	Lunch Meeting (Xgeva)	6/17/2019	
AstraZeneca \$1253.49	Travel/Lodging/Food for Mandatory Investigator Meeting (see indirect below)	11/10/2018	
Bayer HealthCare Pharmaceuticals \$5000.00	Consulting Fee – Radium 223	12/08/2018	
Bayer HealthCare Pharmaceuticals \$1234.69	Travel/Lodging Food for Consulting Meeting (above)	12/08/2018	
Janssen \$111.39	Food (unsure reason)	9/26/2018	
Pfizer \$2925.00	Consulting Fee (Understanding patients with cancer associated thrombosis)	10/29/2018	
Pfizer \$265.16	Travel/Lodging (for above consulting)	10/29/2018	

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: I do not believe relevant to the work of developing these guidelines; however, for the sake of completeness have listed everything.

Expert Review (No testimony, no court)

1. Anticoagulant-Related Bleeding Malpractice Case: \$4811.25, work ended 10/15/2019
2. Post-op PE Malpractice Case: \$2718.75, work ended 5/29/2019.

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>
AstraZeneca Pharmaceuticals LP \$13,297.13	Prostate cancer trial at the VA. Funds paid to the VA and cover the cost of the research coordinator. Abiraterone/Olaparib vs. Abiraterone/Placebo for first-line mCRPC	Site PI This study is closed to accrual. I am in the process of transferring PI to my colleague effective date 6/1/2020	Last payment 12/31/19	

Astellas Pharma Global \$16,150.00	Prostate cancer trial at the VA. (Observational study). Funds paid to the VA and cover the cost of the research coordinator.	Site PI This study is closed to accrual. I am in the process of transferring PI to my colleague effective date 6/1/2020	Last payment 7/14/19	
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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?

1. I am second author on an observational study regarding survey analysis of practice patterns for COVID-coagulopathy. The article summarized the current literature and describe current practice patterns based on survey responses. It is under review at RPTH.
2. I co-administered Medicine GrandRounds on COVID Coagulopathy at WUSTL
3. I co-wrote institutional guidelines for COVID Coagulopathy at WUSTL

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: I do not believe my research is relevant to the topic of these guidelines, however, listed all funded research for the sake of completeness.

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 Cancer Society IRG-18-158-61-04	Risk of VTE in Myeloma (Biomarkers)	PI	12/31/2020
NHLBI 1K01HL136893-01	Risk of VTE in Myeloma (Risk Prediction Model)	PI	12/31/2020
NIH Loan Repayment Program NHLBI	Risk of VTE in Myeloma	PI	6/30/2019

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?

To my knowledge, the only relation to my institution would be for consideration of my next promotion to Associate Professor.

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?

Hematology/Venous Thromboembolism (at WUSTL and the VA)

Oncology/Prostate Cancer (at the VA)

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 order laboratory tests such as d-dimer to direct the care of my VTE patients as well as venous doppler US and CT scans.

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:

I am applying for research funding, non-profit/governmental, related to cancer-associated thrombosis.

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”).	kms
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.	kms
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.	kms
<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 	kms
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.	kms
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated	kms

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.	kms
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.	kms

Agreed by Kristen Sanfilippo
Date 6/7/2020
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



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

<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>
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>
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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



Deborah Siegal, MD, MSc

Assistant Professor, Department of Medicine

University of Ottawa

Ottawa, Ontario, Canada

Project

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

Role

Member of Guideline Panel

Profile

Dr. Siegal is a hematologist specializing in thrombosis at McMaster University. She has clinical and research expertise in thrombosis, and interests in the risk of venous thromboembolism after hospitalization for COVID-19, and the impact of COVID-19 on patients with benign hematology conditions.

[June 18, 2020 profile approved by Dr. Siegal]

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Direct payments from BMS-Pfizer for consulting. (April 31, 2020)	
Direct payments from Leo Pharma for consulting (May 14, 2020)	
Direct payments from Portola for consulting (October 27, 2019)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
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Co-investigator for research study on inflammation in Ph Negative MPNs (non-interventional, investigator initiated) funded by Novartis (ongoing)	
Unpaid member of board of directors for Thrombosis Canada (ongoing)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: Hematology/Thrombosis Medicine	
Previous published opinions on Thrombosis and COVID-19: FAQs for Current Practice (ACC). See Section 1, Part C, for publication.	
Principal investigator for research study on risk of Venous Thromboembolism after Hospitalization for COVID-19 (non-interventional cohort study); currently under review by CIHR and PSI Foundation	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 9, 2020, Dr. Siegal agreed to adhere to the policies described herein. No special management considerations or recusals required.

On September 14, 2020, Dr. Siegal agreed to adhere to the policies described herein. No special management considerations or recusals required.

On April 20, 2021, Dr. Siegal confirmed all disclosures on March 21, 2021 were accurate and agreed to continue to adhere to the policies described herein. No special management considerations or recusals required.

Disclosures During Participation

Section 3

<i>Disclosed</i>	<i>Description and Date</i>	<i>Management</i>
10/30/2020	The research study on risk of Venous Thromboembolism after Hospitalization for COVID-19 (non-interventional cohort study) [mentioned above] was funded by CIHR (not funded by PSI Foundation).	Disclosure only
10/30/2020	On October 13, 2020, Dr. Siegal conducted an educational presentation for Thrombosis Canada (a not-for-profit organization) as part of World Thrombosis Day on Cancer Associated Thrombosis. She has not received an honorarium for this presentation. Thrombosis Canada will be paying an honorarium to her institution – Ottawa Hospital Research Institute.	Disclosure only

3/21/2021	<p>In October 2020 and January 2021, Dr. Siegal gave two educational presentations relevant to the content of the ASH guidelines: (1) Venous Thromboembolism after Hospitalization for COVID-19, Thrombosis-Canada VECTOR Annual Meeting, and (2) COVID-19 and Thrombosis, Best of Hematology Virtual Conference. Both presentations paid honorarium to her institution.</p>	Disclosure only
3/21/2021	<p>Dr. Siegal disclosed that she also gave educational presentations not relevant to the content of the ASH guidelines:</p> <ol style="list-style-type: none"> 1. My Patient with AF had a Major Bleed on DOAC: What Now? Cardiology Update, McMaster University (Nov 7, 2020) 2. Emergency Reversal of DOAC Therapy: Current Evidence on Best Approaches Thrombosis and Hemostasis Society of North America (Oct 29, 2020) 3. Balancing and Managing: Clinical Pearls for DOAC Use, Northern Ontario Nurse Practitioner Virtual Event (March 5, 2021) 4. NOAC Related Bleeding: A Hematologist's Perspective, Winter Webinar Series (Nov 25, 2020) 5. Treatment of Cancer Associated Thrombosis: Maximizing Benefit and Minimizing Harm (Feb 11, 2021) <p>All presentations paid honorarium to her institution.</p>	Disclosure only.
3/21/2021	<p>Dr. Siegal was a member of the Protocol Development Committee for a research study on ACTIV-IVc Post-Hospitalization Thrombosis Prevention, funded by the NIH.</p>	Disclosure only.

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>
BMS-Pfizer	consultant meetings, presentation	April 31, 2020	
Leo Pharma	consultant meetings	May 14, 2020	
Portola	consultant meetings	October 27, 2019	

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>
Novartis	Inflammation in Ph Negative MPNs (non-interventional, investigator initiated)	Co-investigat or	ongoing	

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>
Thrombosis Canada	Board of Directors	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?

Thrombosis and COVID-19: FAQs for Current Practice (ACC)

<https://www.acc.org/latest-in-cardiology/articles/2020/04/17/14/42/thrombosis-and-coronavirus-disease-2019-covid-19-faqs-for-current-practice>

An FAQ on the potential impact of COVID-19 on thrombotic and/or bleeding risk from ACC's Science and Quality Committee summarize the current data on the risk, potential need for hemostasis/coagulation testing, VTE prophylaxis, and therapeutic anticoagulation in patients with COVID-19 without confirmed/suspected thrombosis.

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>
Under review by CIHR and PSI Foundation	Risk of Venous Thromboembolism after Hospitalization for COVID-19 (non-interventional cohort study)	Principal investigator	

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?

My institution (McMaster University) advocates strongly for methodologically rigorous guideline development. I have the full support of my mentor 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?

Hematology/Thrombosis 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 practice inpatient and outpatient Thrombosis Medicine and advise on the diagnosis and treatment of confirmed or suspected thromboembolism including antithrombotic therapy use. This includes managing assessing antithrombotic therapy in patients at high risk of venous thromboembolism (e.g. post-operative).

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”).	DS
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.	DS
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.	DS
<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 	DS
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.	DS

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.	DS
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	DS
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.	DS

Agreed by Deborah Siegal

Date June 9, 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 17, 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



ASH Clinical Practice Guidelines
Participant Information



Mike Skara

Patient Representative

Cottage Grove, Minnesota

Project

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

Role

Member of Guideline Panel

Profile

Mike Skara is 46 years old and lives in Cottage Grove, Minnesota. He currently works two jobs as a Sales Director, for the last 7 years, and a Lieutenant/EMT for 18 years now. He is married with two kids – 21 and 23 years old. One and a half years ago, he was diagnosed with Multiple Myeloma (MM). He is currently in remission and is doing great! In March 2020, Mr. Skara was diagnosed with Covid-19, and was symptomatic for about 2 weeks. He has now recovered and has returned to his immunotherapy for multiple myeloma.

[June 25, 2020 profile approved by Mr. Skara]

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 19, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 19, 2020)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
None in past 24 months (June 19, 2020)	

Agreement to Conflict of Interest Policies and Attestations

Section 2

On June 24, 2020, Mr. Skara agreed to adhere to the policies described herein. No management considerations, including requirement for recusal.

On September 1, 2020, Mr. Skara agreed to continue to adhere to the policies described herein. No management considerations, including requirement for recusal.

On March 9, 2021, Mr. Skara agreed to continue to adhere to the policies described herein. No 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?

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”).	MS
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.	MS
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.	MS
<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 	MS
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.	MS
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.	MS

Section 4. Participation History

<i>Description</i>	<i>End Date</i>	<i>Participated?</i>
Receive orientation.	June 30, 2020	Yes
Prioritize guideline questions.	July 8, 2020	No
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



Deirdra Terrell, MPH, PhD

Associate Professor of Epidemiology

University of Oklahoma Health Sciences Center

Oklahoma City, Oklahoma, USA

Project

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

Role

Ex Officio for Guideline Oversight Subcommittee, Member of Guideline Panel

Profile

Dr. Terrell is an Associate Professor in the Department of Biostatistics and Epidemiology at the University of Oklahoma Health Sciences Center. She has a President's Associates Presidential Professorship. She is a clinical epidemiologist and her main research interests include diseases of platelet disorders, specifically thrombotic thrombocytopenic purpura and immune thrombocytopenia. Dr. Terrell currently has a career development grant from the National Institutes of Health with the focus on improving patient reported outcomes in survivors of thrombotic thrombocytopenic purpura. In addition to benign hematology, Dr. Terrell is passionate about research focused on racial disparities and depression.

[March 5, 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>
Member of TTP patient Advisory Board for Takeda (September 10, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Principal investigator for research study on long-term survival in adult Thrombotic Thrombocytopenic Purpura (TTP) funded by NIH NHLBI. (ongoing)	

<i>Other (End Date)</i>	<i>Check if for spouse</i>
-------------------------	----------------------------

Agreement to Conflict of Interest Policies and Attestations

Section 2

On 03/02/2021, Dr. Terrell 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>
Takeda	TTP patient Advisory Board	9/10/2020	

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: I have a NHLBI K01 grant

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 am supported to work on these 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”).	DRT
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.	DRT
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.	DRT
<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 	DRT
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.	DRT
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.	DRT

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	DRT
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.	DRT

Agreed by Deirdra Terrell
Date 3/2/2021
Disclosures reviewed by [Pai, GOS] [Russell, ASH Staff]
Participation approved by [Pai, GOS]
Date [3/5/2021]

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.	3/5/2021 (with Dr. Pai)	Yes
Prioritize guideline questions.	N/A	N/A
Review available evidence.		
Form recommendations.		
Review public comments.		
Develop guideline report for publication.		



Kamshad Touri

Patient Representative

Vaughan, Ontario, Canada

Project

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

Role

Member of Guideline Panel

Profile

Kamshad Touri, born in Tehran, Iran, completed medical school in Iran and was a medical officer of health for the southern region, during his underservice area placement.

In 2003, Mr. Touri moved to Canada where he worked as a research assistant in cognitive neurology for 6 years. After completing the physician's assistant (PA) program at University of Toronto, he worked as a hospitalist PA at Princess Margaret Hospital. Later, he initiated and headed the oncology team within the General Internal Medicine department at Toronto General Hospital.

Since the beginning of the Covid-19 pandemic, his team became the covid-19, cancer team.

[July 6, 2020 profile approved by Mr. Touri]

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 (June 23, 2020)	

<i>Indirect Financial Interests (End Date)</i>	<i>Check if for spouse</i>
None in the past 24 months (June 23, 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 June 23, 2020, Mr. Touri agreed to adhere to the policies described herein. There are no special management considerations, including requirement for recusal.

On September 2, 2020, Mr. Touri agreed to continue to adhere to the policies described herein. There are no special management considerations, including requirement for recusal.

On March 29, 2021, Mr. Touri 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?

It does not make any difference in the support I will receive.

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?

Work as Physician Assistant, under supervision of a physician in General 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>
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”).	KT
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.	KT
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.	KT
<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 	KT
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.	KT
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.	KT

I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.	KT
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.	KT

Agreed by Kamshad Touri
Date 23- June- 2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date June 26, 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 30, 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



Eric Tseng, MD, MSc

Clinician-Teacher

St. Michael's Hospital

Toronto, Ontario, Canada

Project

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

Role

Member of Guideline Panel

Profile

Dr. Tseng is a hematologist specializing in thrombosis at St. Michael's Hospital. He has clinical and research expertise in thrombosis. As a clinician-teacher, he brings deep expertise and experience in knowledge translation and development of educational materials to support clinical practice guidelines.

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

Disclosures Prior to Participation

Section 1

<i>Direct Financial Interests (End Date)</i>	<i>Check if for spouse</i>
Served on advisory board for intravenous iron (honorarium of \$1,000 CAD) for Fresenius Pharmaceuticals (April 10, 2019)	

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

<i>Other (End Date)</i>	<i>Check if for spouse</i>
Clinical specialty: Benign hematology, thrombosis medicine	

Site investigator and medical monitor in randomized trial of therapeutic vs. standard dose prophylaxis in medical inpatients with COVID-19, funded by St. Michael's Hospital Foundation. (ongoing; expected to end July 2021)	
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[Agreement to Conflict of Interest Policies and Attestations](#) [Section 2](#)

On June 10, 2020, Dr. Tseng agreed to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On September 2, 2020, Dr. Tseng agreed to continue to adhere to the policies described herein. No specific management considerations, including recusal requirements.

On March 5, 2021, Dr. Tseng 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>
Fresenius Pharmaceuticals	Advisory Board for intravenous iron (hourarium of \$1,000 CAD)	April 10, 2019	

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?

My views were published in a webinar for Thrombosis Canada; the content is accessible here:

<https://www.youtube.com/watch?v=nvyWyXSSQAE&t=2017s>

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>
St. Michael's Hospital Foundation	RAPID COVID COAG: randomized trial of therapeutic vs. standard dose prophylaxis in medical inpatients with COVID19	Site investigator Medical monitor	July 2021 (tentative)

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 receive tremendous support from my institution and mentors were there to be a positive response to these guidelines.

As an early career academic thrombosis physician, this would be helpful in establishing my area of expertise within the hospital and division which would facilitate future research and quality improvement collaborations, and aid in establishing a thrombosis clinical service. My involvement would also enable my opportunities for knowledge translation and continuing professional development both locally and nationally.

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?

Benign hematology, thrombosis 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:

As a clinical hematologist I am involved in order investigations for VTE diagnosis (ultrasound, CT scans, etc.) along with diagnostic tests for COVID. I am also involved in the prophylaxis and treatment of patients with COVID and established thrombosis.

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”).	ET
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.	ET
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.	ET
<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 	ET
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.	ET
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated	ET

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.	ET
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.	ET

Agreed by Eric Tseng
Date June 10, 2020
Disclosures reviewed by Russell (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