Supplement 5: Participant Information Forms of the Methods and Systematic Review Teams

Methods Team

- Elie A. Akl, MD, PhD, MPH (American University of Beirut)
- Romina Brignardello-Petersen, PhD, MSc, DDS (McMaster University)
- Adam Cuker, MD, MS (University of Pennsylvania)
- Reem Mustafa, MBBS, PhD, MPH (University of Kansas)
- Ignacio Neumann, MD, PhD (Pontifica Universidad Católica de Chile)
- Robby Nieuwlaat, PhD, MSc (McMaster University)
- Holger Schünemann, MD, MSc, PhD (McMaster University)
- Adrienne Stevens, MSc, PhD (McMaster University)
- Wojtek Wiercioch, PhD, MSc (McMaster University)

Systematic Review Team

- Reyad Al Jabiri, MD (University of Jordan)
- Yazan Al Jabiri, MD (Lincoln Medical Center)
- Angela M, Barbara, BSc, MSc, PhD (McMaster University)
- Antonio Bognanni, MD (McMaster University)
- Imad Bouakl, MD (American University of Beirut)
- Mary Ellene Boulos, BSc, MSc (McMaster University)
- Emma Cain, HBSc (McMaster University)
- Matthew Chan, MD (McMaster University)
- Rana Charide, BS, MPH (McMaster University)
- Luis Enrique Colunga Lozano, MD, MSc (Universidad de Guadalajara)

- Andrea J. Darzi, MD, PhD, MPH (McMaster University)
- Karin Dearness, BSc, MLS (St. Joseph's Healthcare, Hamilton, Ontario)
- Heba Hussein, BDS, MDSc, PhD (Cairo University)
- Samer Karam, MD, MSc (McMaster University)
- Philipp Kolb, MBA, BHSc (McMaster University)
- Razan Mansour, MD (King Hussein Cancer Center)
- Gian Paolo Morgano, PhD, MSc (McMaster University)
- Rami Z. Morsi, MD (University of Chicago)
- Giovanna Muti-Schünemann, MD, MSc (McMaster University)
- Menatalla K. Nadim, MBBCh (Ain Shams University)
- Atefeh Noori, MSc, PhD (McMaster University)
- Binu Abraham Philip, BDS, MSc (McMaster University)
- Thomas Piggott, MD, MSc, CCFP, FRCPC (Labrador-Grenfell Health, Labrador, Canada)
- Yuan Yuan Qiu, BHSc (McMaster University)
- Yetiani Maria Roldan Benitez, MD (McMaster University)
- Finn Schünemann, MD (Klinikum Lueneburg)
- Karla Solo, MSc (McMaster University)



Elie Akl, MD, MPH, PhD

General Internist, Guideline methodologist

American University of Beirut

Beirut, Lebanon

Project

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

Role

Methods Team Member

Profile

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

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

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?

Yes,	as	descr	ibed	belov	w:

 \bowtie No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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, a	s described b	elow:				
Add row	s as needed fo	or each equity interest.				
Company		Description	Date Divested	For ASH Internal Use		
3. Do you cany intel condition☑ No☐ Yes, a	urrently or in lectual prope ns? s described b	rty or product used to diag	you owned patents for or r gnose, treat, monitor, man	•		
Company		Description	Date Divested	For ASH Internal Use		
 Do you c transfers 	urrently or in	the past 24 months have so, honoraria, gifts, travel su	lue From For-Profit Healt you received any personal upport, meeting registratio	income or other direct		
⊠ No						
\square Yes, as described below:						
Column	Column 1 Name the company.					
Column 7	research,		received the income or oth eau involvement, service o			

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

Add rows as needed for each activity.

Сотрапу	Description	End Date	For ASH Internal Use

5.	My Partner's or Spouse's Interests 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					
	\square Yes, as described be	elow:				
	Add rows as needed fo	or each interest.				
Co	Company Description End Date For ASH Internal Use					
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 forprofit healthcare company?					
	⊠ No					
	☐ Yes, as o	described be	low:			
	Column 1	Name the	company funding or suppo	rting the rese	arch.	
	Column 2	Briefly des	cribe 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 lo investigator. If other than these options, please describe.					
Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not your ended, indicate "current" or "ongoing.")				volvement has not yet		
	Add rows a	s needed fo	r each research project.			
Ci	отрапу		Description of Research	My Role	End Date	For ASH Internal Use
Pai 2.	Do you cur	rently or in t	ities for Organizations Su the past 24 months have yo wholly or partially funded	ou been invol	ved in any vo	lunteer or paid work for
	⊠ No					
	☐ Yes, as o	described be	elow:			
	Column 1	Name the	organization. If known to y	ou, describe a	any industry f	unding or support.
	Column 2		cribe your activity and role nteer services.	, e.g., employ	ment, service	on board of directors,

Column 4 Indicate when your involvement with the organization ended. (If your involvement has

Add rows as needed for each organization.

Column 3 Indicate if your activity was paid or volunteered.

not yet ended, indicate "current" or "ongoing.")

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Other Relevant Indirect Financial Interests

00	her herevalle maneter manetal 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? \boxtimes 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? \boxtimes 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

Add rows as needed for each research project.

Funder	Description of Research	My Role	End Date

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet

investigator. If other than these options, please describe.

ended, indicate "current" or "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 \bowtie No ☐ Yes If yes, please explain: 6. Could your institution benefit or be harmed by guidelines on this topic? ☐ Don't know \boxtimes No

Career Advancement

If yes, please explain:

☐ Yes

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

Good support

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

⊠ No							
	described b	elow:					
		or reference the relevant policy, position	ion orguidelines				
Column 3			ding your involvement in developing,				
Coldinii		ting, or implementing the relevant p					
Add rows	as needed fo	or each organization.					
Organization		Relevant Policy Position	Your Role				
☐ No ⊠ Yes If yes, wha	it is your pri	mary specialty or subspecialty?					
General In	ternal Medi	cine; General Preventive Medicine					
	-	e or otherwise recommend clinical in atments, procedures) that may be ad	terventions (e.g., screening or diagnostic dressed by these guidelines?				
□ No							
⊠ Yes							
If yes, plea	ise explain:						
		might receive anticoagulation for proigned to provide care to patients wit					
		nfinancial interests or relationships n ping these guidelines?	ot described above that could be relevant				
⊠ No							
□ Yes							
If yes, plea	se 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	EA
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	EA
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	EA
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	EA
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	EA
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	EA

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

Agreed by Elie Akl

Date July 10, 2020

Section 3. ASH Review Prior to Participation

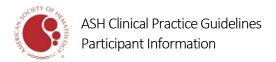
For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	July 14, 2020	
Menaka Pai, MD, ex officio, ASH Guideline Oversight Subcommittee	July 14, 2020	Participation approved

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 29, 2021	Russell	Dr. Akl agreed to continue to adhere to the policies described herein.
Attestation	October 7, 2021	Russell	Dr. Akl agreed to continue to adhere to the policies described herein.
Attestation	January 18, 2022	Kendall Alexander, ASH staff	Dr. Akl agreed to continue to adhere to the policies described herein.
	March 30, 2022	Deion Smith, ASH Staff	Dr. Akl confirmed that all information in this form is correct.





Romina Brignardello-Petersen, PhD, MSc, DDS

Assistant Professor

McMaster University

Hamilton, Ontario, Canada

Project

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

Role

Methods Team Member

Profile

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

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

1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable	person would consider that an
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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?

Yes,	as	des	cribe	d b	elow:

 \bowtie No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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. \bowtie No \square Yes, as described below: Add rows as needed for each equity interest. Date Divested For ASH Internal Use Company Description 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? \bowtie No \square Yes, as described below: Add rows as needed for each patent or royalty interest. Company Description Date Divested For ASH Internal Use

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

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

☐ Yes, as described below:

⊠ No

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.

Company	Description	End Date	For ASH Internal Use

My Partner's or Spouse 5. Currently or in the parelationships describe ☑ No ☐ Yes, as described Add rows as needed	est 24 months has <i>your part</i> ed in questions 1-4? below:	ener or spouse had any of t	he interests or	
Company	Description	End Date	For ASH Internal Use	
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.	research fu	our institutio	n, do you currently or in the ported (e.g., in kind suppo	ne past 24 mo	nths have yo	
	⊠ No					
	☐ Yes, as o	described be	low:			
	Column 1	Name the	company funding or suppo	rting the rese	arch.	
	Column 2	Briefly des	cribe the research project.			
	Column 3	steering co	our role: (a) national or over mmittee of a study that do or. If other than these option	pes not have a	principal inv	
	Column 4		nen your involvement ende icate "current" or "ongoing		le. (If your inv	volvement has not yet
	Add rows a	s needed fo	r each research project.			
С	ompany		Description of Research	My Role	End Date	For ASH Internal Use
С	ompany		Description of Research	My Role	End Date	For ASH Internal Use
Pa	id and Volu Do you cur	rently or in t	Description of Research ities for Organizations Su the past 24 months have you wholly or partially funded	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur	rently or in t	ities for Organizations Su the past 24 months have yo	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur an organiza ⊠ No	rently or in t	ities for Organizations Su the past 24 months have yo wholly or partially funded	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur an organiza ⊠ No	rently or in that is described be	ities for Organizations Su the past 24 months have yo wholly or partially funded	pported by F ou been involv by any for-pro	or-Profit He ved in any vo	althcare Companies lunteer or paid work for re company?
	id and Volu Do you cur an organiza ☑ No ☐ Yes, as o	rently or in the stion that is described be Name the Briefly described seconds.	ities for Organizations Su the past 24 months have yo wholly or partially funded llow:	pported by Fou been involved by any for-pro	For-Profit He yed in any vo ofit healthcar	althcare Companies lunteer or paid work for re company?

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.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Other Relevant Indirect Financial Interests

Oti	ner 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? \bowtie 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.

Fu	nder	Description of Research	My Role	End Date

Ins ²	titutional Relationships 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:
Car 7 .	The How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution? Supportive

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

⊠ No		
\square Yes, as descri	ped below:	
Column 1 Nam	e the organization.	
Column 2 Desc	ribe or reference the relevant policy,	position, or guidelines.
	ribe your role with the organization, in minating, or implementing the releva	ncluding your involvement in developing, nt policy, position, or guidelines.
Add rows as nee	ded for each organization.	
Organization	Relevant Policy Position	Your Role
	,	
☑ No☐ YesIf yes, what is yo	nts clinically? ur primary specialty or subspecialty?	
☐ Yes If yes, what is you	ur primary specialty or subspecialty? escribe or otherwise recommend clinic	
☐ Yes If yes, what is you	ur primary specialty or subspecialty?	al interventions (e.g., screening or diagnos e addressed by these guidelines?
☐ Yes If yes, what is you If yes, do you pretests, evaluation	ur primary specialty or subspecialty? escribe or otherwise recommend clinic	
☐ Yes If yes, what is you present tests, evaluation ☑ No	ur primary specialty or subspecialty? escribe or otherwise recommend clinics, treatments, procedures) that may b	
☐ Yes If yes, what is you If yes, do you pretests, evaluation ☑ No ☐ Yes	ur primary specialty or subspecialty? escribe or otherwise recommend clinics, treatments, procedures) that may b	
☐ Yes If yes, what is you If yes, do you pretests, evaluation ☑ No ☐ Yes If yes, please exponents.	ur primary specialty or subspecialty? escribe or otherwise recommend clinics, treatments, procedures) that may b	
☐ Yes If yes, what is you If yes, do you pretests, evaluation ☑ No ☐ Yes If yes, please exponents Other On Do you have other	ur primary specialty or subspecialty? escribe or otherwise recommend clinics, treatments, procedures) that may b	e addressed by these guidelines?

 Do	ed Interests you expect to enter into, within the next 24 months, any new financial or nonfinancial interests described above that could be relevant to the work of developing these guidelines?
\boxtimes	No
	Yes
If y	es, please describe:

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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	RBP
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	RBP
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	RBP
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	RBP
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	RBP
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	RBP

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

Agreed by Romina Brignardello-Petersen

Date July 2, 2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	July 14, 2020	
Menaka Pai, MD, Ex Officio ASH	July 14, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 29, 2021	Russell	Dr. Brignardello-Petersen
			agreed to continue to
			adhere to the policies
			described herein.
Attestation	October 6, 2021	Russell	Dr. Brignardello-Petersen
			agreed to continue to
			adhere to the policies
			described herein.
Attestation	January 19, 2022	Deion Smith, ASH Staff	Dr. Brignardello-Petersen
			agreed to continue to
			adhere to the policies
			described herein.
	April 4, 2022	Smith	Dr. Brignardello-Petersen
			confirmed that all
			information in the form is
			correct.



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 Anticoagulation in Patients With COVID-19

Role

Clinical co-chair of Guideline Panel (June 2020 – February 2022)

Member of Guideline Panel (March 2022 -)

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]

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonab	le 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

☑ NI-

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	
\square Yes, as described below:	

Add rows as needed for each employment relationship.

For ASH Internal Use
_

Company	Description	End Date	For ASH Internal Use
/ /			
Do you current company? Equi	it Healthcare Companies ly or in the past 24 months ity includes stock, stock opt ual fund shares.		•
⊠ No			
☐ Yes, as desc	ribed below:		
Add rows as ne	eded for each equity intere	st.	
Company	Description	Date Divested	For ASH Internal Use
 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. 			
C	.	Det Divisió	5
Company	Description	Date Divested	For ASH Internal Use

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 transfers of value (e.g., honoraria, gifts, travel support, meeting registratio profit healthcare company?					
	⊠ No				
	\square Yes, as described b	elow:			
	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.				
		when the activity ended, if a current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,	
	Add rows as needed for	or each activity.			
Co	ompany	Description	End Date	For ASH Internal Use	
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?			he interests or		
	⊠ No				
	\square Yes, as described b	elow:			
	Add rows as needed for each interest.				
Co	отрапу	Description	End Date	For ASH Internal Use	

Company	Description	End Date	For ASH Internal Use

Ot	her 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

	profit healthcare company?
	research funded or supported (e.g., in kind support, such as provision of a study drug) by any for-
1.	Through your institution, do you currently or in the past 24 months have you been involved in

□ No	
⊠ Yes, as	described below:
Column 1	Name the company funding or supporting the research.

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.

Column 2 Briefly describe the research project.

Company	Description of Research	My Role	End Date	For ASH Internal Use
Alexion	Warm AIHA	Local PI	Current	Not related to the guideline topic. Management through disclosure.
Novartis	ITP	Local PI	Current	Not related to the guideline topic. Management through disclosure.
Novo Nordisk	Hemophilia	Local PI	Current	Not related to the guideline topic. Management through disclosure.
Pfizer	Hemophilia	Local PI	Current	Not related to the guideline topic. Management through disclosure.
Spark	Hemophilia	Local PI	Current	Not related to the guideline topic. Management through disclosure.

Сотрапу	Description of Research	My Role	End Date	For ASH Internal Use
Takeda	TTP	Local PI	Current	Not related to the guideline topic. Management through disclosure.

						Management through disclosure.
Pai 2.	Do you cur	rently or in	vities for Organizations the past 24 months have wholly or partially funde	e you been involv	ved in any vo	lunteer or paid work for
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Column 1	Name the	organization. If known to	o you, describe a	iny industry f	unding or support.
	Column 2		scribe your activity and rounteer services.	ole, e.g., employ	ment, service	e on board of directors,
	Column 3	Indicate if	your activity was paid or	volunteered.		
	Column 4		when your involvement wilded, indicate "current" o		ion ended. (I	f your involvement has
	Add rows a	s needed fo	or each organization.			
0	rganization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use
Ot	Do you hav	e other ind ution, orga	Financial Interests lirect financial interests v nization, entity or individ			
	⊠ No					
	□Yes					

0 0	ner Nerevarie man eet i maneral meer eete
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 hav	re strongly held beliefs related to the topic of these guidelines?
	⊠ No	
	☐ Yes	
	If yes, plea	se explain:
	•	olished Opinions
2.	guidelines,	ver authored, coauthored, or publicly provided an opinion related to the topic of these e.g., a clinical practice guideline, textbook, review article, meeting poster or on, grand rounds talk, letter to the editor?
	□ No	
	⊠ Yes	
	If yes, wha	t were those views and where were they made?
	•	ews as expressed in (1) PMID 32440883 and (2) Cuker & Pevandi, UpToDate, "Coronavirus 19 (COVID-19):Hypercoagulability"
No 3.	Currently of project not	Supported Research in the past 24 months, have you been involved in a leadership role in any research already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., 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

Fι	under	Description of Research	My Role	End Date		
	Institutional Relationships 4. Could your compensation be affected by recommendations on this topic?					
	☐ Don't know					
	⊠ No					
	☐ Yes					
	If yes, please explain:					
5.	-	•	r employer by clinical activ ing your knowledge or opir			
	☐ Don't know					
	□ No					
	⊠ Yes					
	If yes, please explain:					
	I see patients with CO	VID-19-associated thromb	osis and my institution bill	s for these visits.		
6.	Could your institution	benefit or be harmed by g	guidelines on this topic?			
	☐ Don't know					
	⊠ No					
	_					

 \square 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 your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus stateme mission statement, advocacy statement, amicus brief, or legislature or legal testimony?			
	□ No		
	⊠ Yes, as o	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.

Organization	Relevant Policy Position	Your Role
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.
her 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.
pected Interests 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:

Policy	Initials
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
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed 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 disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	ACC

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

Section 3. ASH Review Prior to Participation

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	June 11, 2020	
Rob Kunkle, ASH Staff	June 11, 2020	
Menaka Pai, MD, ex officio, ASH Guideline Oversight Subcommittee	June 11, 2020	

Section 4. Disclosures and Attestations During Participation

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	6/7/2020	Russell	No special management considerations.
Attestation	8/31/2020	Russell	No special management considerations.
Attestation	3/5/2021	Russell	No special management considerations.
Attestation	8/11/2021	Russell	No special management considerations.
Attestation	9/2/2021	Russell	No special management considerations.
Attestation	1/20/2022	Alexander	No special management considerations.
	3/30/2022	Deion Smith, ASH Staff	Dr. Cuker confirmed that all information in this form is correct.

Section 5. Participation and Recusal History

Description	End Date	Participated?
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	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 Anticoagulation in Patients With COVID-19

Role

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]

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	
\square Yes, as described below:	

Add rows as needed for each employment relationship.

ion End Date	For ASH Internal Use
į	tion End Date

Company	Description	End Date	For ASH Internal Use
. Do you currentl company? Equi	t Healthcare Companies ly or in the past 24 months ty includes stock, stock opt ual fund shares.		•
⊠ No			
☐ Yes, as descr	ribed below:		
Add rows as ne	eded for each equity intere	st.	
Company	Description	Date Divested	For ASH Internal Use
B. Do you currently any intellectual conditions?☑ No☐ Yes, as described	property or product used t	have you owned patents for o diagnose, treat, monitor,	or or received royalties from manage, or alleviate health
Company	Description	Date Divested	For ASH Internal Use
		1	

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					
	\square Yes, as described b	☐ Yes, as described below:				
	Column 1 Name the	company.				
	research,	the activity for which you reconsultancy, speakers bure expert testimony.				
		when the activity ended, if a current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,		
	Add rows as needed for	or each activity.				
Co	ompany	Description	End Date	For ASH Internal Use		
	Partner's or Spouse's Currently or in the pas relationships describe	st 24 months has <i>your part</i>	<i>ner or spouse</i> had any of t	ne interests or		
	⊠ No					
	\square Yes, as described b	elow:				
	Add rows as needed for	or each interest.				
Co	отрапу	Description	End Date	For ASH Internal Use		

Company	Description	End Date	For ASH Internal Use
	Description	Ziid Bate	TOT FIGURE WAS COLUMN TO SEC
Other Relevant Dire	ect Financial Interests		
. Do you have oth	er current or recent (with	in the past 24 months) di	rect financial interests with any

Otl	ner Relevant Direct Financial Interests	
6. Do you have other current or recent (within the past 24 months) direct financial interests wire institution, organization, entity or individual that could be relevant to the work of developing 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.

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

۷.	an organization that is wholly or partially funded by any for-profit healthcare company ?					
	⊠ No					
	☐ Yes, as o	described be	low:			
	Column 1	Name the o	organization. If known to yo	ou, describe a	ny industry f	funding or support.
	Column 2		cribe your activity and role, nteer services.	e.g., employr	ment, service	e on board of directors,
	Column 3	Indicate if y	your activity was paid or vo	lunteered.		
	Column 4		nen your involvement with ded, indicate "current" or "d		ion ended. (If your involvement has
	Add rows a	s needed fo	r each organization.			
0	rganization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use
Oth	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? \boxtimes 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. \square 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? \bowtie 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.

Funder	Description of Research	My Role	End Date

Funder	Description of Research	My Role	End Date

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 o	described b	elow:				
	Column 1	Name the	organization.				
	Column 2	Describe o	or reference the relevant policy, position	n, or guidelines.			
	Column 3		our role with the organization, including, or implementing the relevant policy				
	Add rows a	s needed fo	or each organization.				
О	rganization		Relevant Policy Position	Your Role			
Cli 9.	nical Praction		inically?				
	□ 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, pleas	If yes, please explain:					

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

Jtr	ner
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:
Exp	pected 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:

Policy	Initials
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
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	RM
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	RM
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	RM

Policy	Initials
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

Section 3. ASH Review Prior to Participation

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	6/11/2020	
Rob Kunkle, ASH Staff	6/11/2020	
Menaka Pai, MD Guideline Oversight Subcommittee	6/11/2020	Participation approved

Section 4. Disclosures and Attestations During Participation

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	6/7/2020	Russell, Kunkle	Dr. Mustafa agreed to adhere to the policies described herein.
Attestation	9/14/2020	Russell	Dr. Mustafa agreed to adhere to the policies described herein.
Attestation	3/5/2021	Russell	Dr. Mustafa agreed to adhere to the policies described herein.
Attestation	8/16/2021	Russell	Dr. Mustafa agreed to adhere to the policies described herein.
Attestation	9/14/2021	Russell	Dr. Mustafa agreed to adhere to the policies described herein.
Attestation	1/24/2022	Alexander	Dr. Mustafa agreed to adhere to the policies described herein.
	4/1/2022	Deion Smith, ASH Staff	Dr. Mustafa confirmed that all information in this form is correct.

Section 5. Participation and Recusal History

Description	End Date	Participated?
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



Ignacio Neumann, MD, PhD

Assistant Professor

Pontificia Universidad Católica de Chile
Santiago, Chile

Project

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

Role

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

Profile

Dr. Neumann is an internist and methodologist at the Pontifica 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]

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an
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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?

\boxtimes	No	
	Yes, as described below:	

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

_							
Company	Description	End Date	For ASH Internal Use				
Fauity in For-Profit I	Healthcare Companies						
Do you currently company? Equity	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 describ	ed below:						
Add rows as need	led for each equity intere	st.					
Company	Description	Date Divested	For ASH Internal Use				
 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. 							
Company	Description	Date Divested	For ASH Internal Use				
company	2 cocription	Date Direction	. o iori interitari osc				

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 o	described b	elow:			
	Column 1	Name the	company.			
	Column 2	research,		eceived the income or otheral involvement, service o	_	
	Column 3		when the activity ended, if a current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,	
	Add rows a	s needed fo	or each activity.			
С	отрапу		Description	End Date	For ASH Internal Use	
•	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.					
Co	отрапу		Description	End Date	For ASH Internal Use	

Company	Description	End Date	For ASH Internal Use

Ot	ner 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 o	described	below:			
	Column 1	Name th	ne company funding or sup	pporting the rese	arch.	
	Column 2	Briefly d	escribe the research proje	ect.		
	Column 3	steering	e your role: (a) national or committee of a study that ator. If other than these or	t does not have a	principal inv	
	Column 4		when your involvement e ndicate "current" or "ongo		le. (If your inv	volvement has not yet
	Add rows a	s needed	for each research project.			
С	отрапу		Description of Research	My Role	End Date	For ASH Internal Use
Pai 2 .	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?					unteer or paid work for
	⊠ No					
	☐ Yes, as o	described	below:			
	Column 1	Name th	ne organization. If known t	o you, describe a	ny industry f	unding or support.
	Column 2		escribe your activity and rollunteer services.	ole, e.g., employ	ment, service	on board of directors,
	Column 3	Indicate	if your activity was paid o	r volunteered.		
	Column 4		when your involvement wended, indicate "current" of		tion ended. (I	f your involvement has

Add rows as needed for each organization.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Otl	her 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? \bowtie 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? \boxtimes 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. Funder Description of Research My Role **End Date**

Funder	Description of Research	My Role	End Date

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 d	escribed b	elow:		
	Column 1	Name the	organization.		
	Column 2	Describe o	or reference the relevant policy, posit	ion, or guidelines.	
	Column 3		our role with the organization, including, or implementing the relevant po		
	Add rows as	s needed fo	or each organization.		
0	rganization		Relevant Policy Position	Your Role	
Cli 9.	nical Practic Do you see □ No ☑ Yes		inically?		
	If yes, what	is your pri	mary specialty or subspecialty?		
	Internal Me	dicine			
		•	e or otherwise recommend clinical in atments, procedures) that may be add	terventions (e.g., screening or diagnostic dressed by these guidelines?	
	□ No				
	⊠ Yes				
	If yes, pleas	e explain:			

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

Utr	ner
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:
Exp	pected 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	IN
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	IN
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	IN
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	IN
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	IN
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	IN

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

Section 3. ASH Review Prior to Participation

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	6/11/2020	
Rob Kunkle, ASH Staff	6/11/2020	
Menaka Pai, MD, ex officio, ASH Guideline Oversight Subcommittee	6/11/2020	Participation approved

Section 4. Disclosures and Attestations During Participation

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	6/7/2020	Russell, Kunkle	Dr. Neumann agreed to adhere to the policies described herein.
Attestation	9/4/2020	Russell	Dr. Neumann agreed to adhere to the policies described herein.
Attestation	3/30/2021	Russell	Dr. Neumann agreed to adhere to the policies described herein.
Attestation	8/17/2021	Russell	Dr. Neumann agreed to adhere to the policies described herein.
Attestation	9/15/2021	Russell	Dr. Neumann agreed to adhere to the policies described herein.
Attestation	1/31/2022	Alexander	Dr. Neumann agreed to adhere to the policies described herein.
	4/6/2022	Deion Smith, ASH Staff	Dr. Neumann confirmed that all information in the form is correct.

Section 5. Participation and Recusal History

Description	End Date	Participated?
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



Robby Nieuwlaat, PhD, MSc

Associate Professor

McMaster University

Hamilton, Ontario, Canada

Project

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

Role

Methods Team Member

Methodology Co-Chair of the Guideline Panel (March 2022 -)

Profile

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

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

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	
\square Yes, as described below:	

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

Company	Description	End Date	For ASH Internal Use
/ /			
2. Do you current company? Equi	it Healthcare Companies ly or in the past 24 months ity includes stock, stock opt ual fund shares.		•
⊠ No			
☐ Yes, as desc	ribed below:		
Add rows as ne	eded for each equity intere	st.	
Company	Description	Date Divested	For ASH Internal Use
B. Do you current any intellectual conditions?☑ No☐ Yes, as described	property or product used t	have you owned patents fo o diagnose, treat, monitor,	rty or or received royalties from manage, or alleviate health
Company	Description	Date Divested	For ASH Internal Use

Pei 4 .	Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit healthcare company?				
	⊠ No				
	☐ Yes, as o	described be	elow:		
	Column 1	Name the	company.		
	Column 2	research, o	he activity for which you re consultancy, speakers bure expert testimony.		
	Column 3		hen the activity ended, if a current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,
	Add rows a	is needed fo	or each activity.		
Co	ompany		Description	End Date	For ASH Internal Use
	•	or in the pas	s Interests t 24 months has <i>your part</i> d in questions 1-4?	<i>ner or spouse</i> had any of t	he interests or
	⊠ No				
	☐ Yes, as o	described be	elow:		
	Add rows a	is needed fo	or each interest.		

Company	Description	End Date	For ASH Internal Use

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.		ınded or s	ution, do you currently or i supported (e.g., in kind su umpany?			
	⊠ No					
	☐ Yes, as o	described	below:			
	Column 1	Name th	ne company funding or su	pporting the re	esearch.	
	Column 2	Briefly d	lescribe the research proje	ect.		
	Column 3	steering	e your role: (a) national or committee of a study tha ator. If other than these o	t does not hav	e a principal inv	
	Column 4		when your involvement endicate "current" or "ong		able. (If your in	volvement has not yet
	Add rows a	is needed	I for each research project			
Ci	ompany		Description of Research	My Role	End Date	For ASH Internal Use
	Do you cur	rently or	tivities for Organizations in the past 24 months have is wholly or partially fund	e you been inv	olved in any vo	lunteer or paid work for
	⊠ No					
	☐ Yes, as o	described	below:			
	Column 1	Name th	ne organization. If known	to you, describ	e any industry f	unding or support.
	Column 2	-	describe your activity and in Dolunteer services.	role, e.g., empl	oyment, service	e on board of directors,
	Column 3	Indicate	if your activity was paid o	or volunteered.		
	Column 4		when your involvement vended, indicate "current"		· · · · · · · · · · · · · · · · · · ·	f your involvement has

Add rows as needed for each organization.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Ot	her 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 s

1.	Do you hav	ve strongly held beliefs related to the topic of these guidelines?
	⊠ No	
	☐ Yes	
	If yes, plea	se explain:
Pro 2.	Have you e	polished Opinions ever authored, coauthored, or publicly provided an opinion related to the topic of these e.g., a clinical practice guideline, textbook, review article, meeting poster or on, grand rounds talk, letter to the editor?
	□ Yes	
		t were those views and where were they made?
No	n-Industry	Supported Research
3.	Currently of project not	or in the past 24 months, have you been involved in a leadership role in any research already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., 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.

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

Institutional Relationships 4. Could your compensation be affected by recommendations on this topic? □ Don't know ⋈ No □ Yes	
⊠ No	
□ Yes	
If yes, please explain:	
5. Do you generate revenues for your institution or employer by clinical activity, teaching, speak consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this gui 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:	

	or other entities if you	ncterize the support you would receive f ur work on this panel or authorship of t outside your institution?	
	Supportive of the esta	ablished methodology we use.	
	Are you involved as a your knowledge is cur guidelines, e.g., clinical	ations With Relevant Policies, Position employee, volunteer, or member of a rrently developing policies, positions, or all practice guidelines, appropriate use of dvocacy statement, amicus brief, or legi	ny organization that has published or to guidelines relevant to these ASH riteria, expert consensus statement,
	⊠ No		
	\square Yes, as described by	pelow:	
	Column 1 Name the	e organization.	
	Column 2 Describe	or reference the relevant policy, positio	n, or guidelines.
		your role with the organization, including ating, or implementing the relevant poli	
	Add rows as needed f	or each organization.	
o	rganization	Relevant Policy Position	Your Role
Cli 9.	nical Practice Do you see patients c ☑ No □ Yes	linically?	
	If yes, what is your pr	imary 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:
Oth	her
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:
Exp	pected 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	RN
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	RN
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	RN
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	RN
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	RN
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	RN

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

Agreed by Robby Nieuwlaat

Date July 8, 2020

Section 3. ASH Review Prior to Participation

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	7/14/2020	
Menaka Pai, MD, ex officio ASH Guideline Oversight Subcommittee	7/14/2020	Participation approved

Section 4. Disclosures and Attestations During Participation

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	7/8/2020	Russell, Pai	Dr. Nieuwlaat agreed to adhere to the policies described herein.
Attestation	6/29/2021	Russell	Dr. Nieuwlaat agreed to adhere to the policies described herein.
Attestation	9/8/2021	Russell	Dr. Nieuwlaat agreed to adhere to the policies described herein.
Attestation	1/18/2022	Alexander	Dr. Nieuwlaat agreed to adhere to the policies described herein.
	3/30/2022	Deion Smith, ASH Staff	Dr. Nieuwlaat confirmed that all information in this form is correct.

Section 5. Participation and Recusal History

Description	End Date	Participated?
Review available evidence + update recommendation 3	March 3, 2022	Yes



Professor of Clinical Epidemiology and of Medicine
McMaster University
Hamilton, Ontario, Canada

Holger J. Schünemann, MD, MSc, PhD

Project

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

Role

Methodology co-chair of Guideline Panel (June 2020 – February 2022)

Member of Guideline Panel (June 2020 -)

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]

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.

Company	Description	End Date	For ASH Internal Use

Company	Description	End Date	For ASH Internal Use
. Do you currentl company? Equi	t Healthcare Companies ly or in the past 24 months ty includes stock, stock opt ual fund shares.		•
⊠ No			
☐ Yes, as descr	ribed below:		
Add rows as ne	eded for each equity intere	st.	
Company	Description	Date Divested	For ASH Internal Use
B. Do you currently any intellectual conditions?☑ No☐ Yes, as described	property or product used t	have you owned patents for o diagnose, treat, monitor,	or or received royalties from manage, or alleviate health
Company	Description	Date Divested	For ASH Internal Use
		1	

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			
	\square Yes, as described b	elow:		
	Column 1 Name the	company.		
	research,	the activity for which you re consultancy, speakers bure expert testimony.		
		when the activity ended, if a current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,
	Add rows as needed for	or each activity.		
Co	ompany	Description	End Date	For ASH Internal Use
	Partner's or Spouse's Currently or in the pas relationships describe	st 24 months has <i>your part</i>	<i>ner or spouse</i> had any of t	ne interests or
	⊠ No			
	\square Yes, as described b	elow:		
	Add rows as needed for	or each interest.		
Co	отрапу	Description	End Date	For ASH Internal Use

Company	Description	End Date	For ASH Internal Use
	Description	Ziid Bate	TOT TION THEORIAN GOE
Other Relevant Dire	ect Financial Interests		
. Do you have oth	er current or recent (with	in the past 24 months) di	rect financial interests with any

Otl	ner 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 forprofit healthcare company?					
	⊠ No					
	☐ Yes, as o	described	below:			
	Column 1	Name th	ne company funding or su	pporting the rese	arch.	
	Column 2	Briefly d	lescribe the research proje	ect.		
	Column 3	steering	e your role: (a) national or committee of a study tha ator. If other than these o	t does not have a	a principal inv	
	Column 4		when your involvement endicate "current" or "ong		le. (If your inv	volvement has not yet
	Add rows a	is needed	for each research project			
Co	ompany		Description of Research	My Role	End Date	For ASH Internal Use
					- 6	
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?					unteer or paid work for	
	□ No					
	⊠ Yes, as o	described	below:			
	Column 1	Name th	ne organization. If known	to you, describe a	any industry f	unding or support.
	Column 2 Briefly describe your activity and role, e.g., employment, service on board of director other volunteer services.			on board of directors,		
	Column 3	Indicate	if your activity was paid o	or volunteered.		
	Column 4		when your involvement vended, indicate "current"		tion ended. (I	f your involvement has

Add rows as needed for each organization.

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

Otl	ner 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, plea	se explain:		
Pr∈ 2.	Have you e	ever authored, coauthored, or publicly provided an opinion related to the topic of these e.g., a clinical practice guideline, textbook, review article, meeting poster or on, grand rounds talk, letter to the editor?		
	□ No.			
	⊠ Yes			
	If yes, wha	t were those views and where were they made?		
	ASH VTE go	uidelines 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 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.		

Funder	Description of Research	My Role	End Date
ASH	Funding from ASH for doing methods work and systematic reviews.	PI	ongoing

	titutional Relationships 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

Internal medicine.

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 i	n my caree	r 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 publishe 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 o	described b	elow:	
	Column 1	Name the	organization.	
	Column 2	Describe o	or reference the relevant policy, position	n, or guidelines.
	Column 3		our role with the organization, includin ting, or implementing the relevant policy	
	Add rows a	s needed fo	or each organization.	
0	rganization		Relevant Policy Position	Your Role
Clii 9.	nical Praction		inically?	
	□ No			
	⊠ Yes			
	If yes, wha	t is your pri	mary 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?
	\square No
	⊠ Yes
	If yes, please explain:
	LMWH, tests for DVT/PE
Oth 10.	ner 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:
	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 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:

Policy	Initials
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").	HJS
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.	HJS
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.	HJS
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	HJS
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.	HJS
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.	HJS

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

Agreed by HOLGER SCHUNEMANN

Date June 12, 2020

Section 3. ASH Review Prior to Participation

	Name, Role	Date	Management Notes
	Eddrika Russell, ASH Staff	6/12/2020	
- 1	Menaka Pai, MD, ASH Guideline Oversight Subcommittee	6/12/2020	Participation approved

Section 4. Disclosures and Attestations During Participation

	1		
Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	6/12/2020	Russell, Kunkle	Dr. Schünemann agreed to adhere to the policies described herein.
Attestation	9/14/2020	Russell	Dr. Schünemann agreed to adhere to the policies described herein.
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.	5/14/2021	Russell, Alexander	Disclosure only.
Attestation	5/24/2021	Russell	Dr. Schünemann agreed to adhere to the policies described herein.
Dr. Schunemann disclosed that, as the Nominated Principle Applicant, he received direct funding from CIHR to maintain the recommendation maps previously disclosed and for using the map in knowledge mobilization activities to support decision-making by public citizens.	8/17/2021	Russell, Alexander	Disclosure only.
Attestation	8/18/2021	Russell	Dr. Schünemann agreed to adhere to the policies described herein.
Attestation	9/14/2021	Russell	Dr. Schünemann agreed to adhere to the policies described herein.
Attestation	1/29/2022	Alexander	Dr. Schünemann agreed to adhere to the policies described herein.
	4/4/2022	Deion Smith, ASH Staff	Dr. Schünemann confirmed that all information in the form is correct.

Section 5. Participation and Recusal History

Description	End Date	Participated?
Receive orientation.	June 24, 2020	Yes
Prioritize guideline questions.	July 8, 2020	Yes
Review available evidence	September 30, 2020	Yes
Form recommendations 1&2	October 8, 2020	Yes
Review public comments.	October 27, 2020	Yes
Develop guideline report for publication.	October 27, 2020	Yes
Review available evidence + form recommendation 1A	April 7, 2021	Yes
Develop guideline report for publication (1A)	June 4, 2021	Yes
Review available evidence + form recommendation 3	April 14, 2021	Yes
Develop guideline report for publication (3)	August 13, 2021	Yes
Review available evidence (2B)	November 9, 2021	Yes
Update recommendation 2B	November 17, 2021	Yes
Develop guideline report for publication (2B)	January 31, 2022	Yes
Review available evidence + update recommendation 1B	January 27, 2022	Yes
Develop guideline report for publication (1B)		
Review available evidence + update recommendation 3	March 3, 2022	Yes



Adrienne Stevens, MSc, PhD

Methodologist

Cochrane Canada, McMaster University

Ontario, Canada

Project

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

Role

Methods Team Member

Profile

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

[October 13, 2020 profile approved by Dr. Stevens. April 4, 2022, profile updated by Dr. Stevens.]

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an
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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?

\square Yes, as described below:

 \bowtie No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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. \bowtie No \square Yes, as described below: Add rows as needed for each equity interest. Company Description Date Divested For ASH Internal Use 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 \square Yes, as described below: Add rows as needed for each patent or royalty interest. For ASH Internal Use Company Description Date Divested 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			
\square 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.

If yes, please explain:

Description	End Date	For ASH Internal Use	
My Partner's or Spouse's Interests5. Currently or in the past 24 months has your partner or spouse had any of the interests or relationships described in questions 1-4?			
elow:			
or each interest.			
Description	End Date	For ASH Internal Use	
nancial 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?			
on, entity or individual tha	t could be relevant to the v	work of developing these	
on, entity or individual tha	t could be relevant to the v	work of developing these	
	s Interests st 24 months has your part d in questions 1-4? elow: or each interest. Description nancial Interests rent or recent (within the	s Interests st 24 months has your partner or spouse had any of the din questions 1-4? elow: or each interest. Description End Date nancial Interests rrent or recent (within the past 24 months) direct fin	

Part B. Indirect Financial Interests

Add rows as needed for each organization.

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 o	described be	low:			
	Column 1	Name the	company funding or suppor	rting the rese	arch.	
	Column 2	Briefly des	cribe 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		nen your involvement ende icate "current" or "ongoing		le. (If your inv	volvement has not yet
	Add rows a	s needed fo	r each research project.			
Company Description of Research My Role End Date For ASH Internal Use					For ASH Internal Use	
Pai 2 .	Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies 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:					
						on the same of the same
	Column 1		organization. If known to yo			
	Column 2		cribe your activity and role, nteer services.	e.g., employ	ment, service	on board of directors,
	Column 3	Indicate if	your activity was paid or vo	lunteered.		
	Column 4		nen your involvement with ded, indicate "current" or "	_	tion ended. (I	f your involvement has

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Other Relevant Indirect Financial Interests

Oti	ner Nerevant maneet i maneiar miterests
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? \bowtie 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? \boxtimes 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.

Funder	Description of Research	My Role	End Date

Institutional Relationships 4. Could your compensation be affected by recommendations on this topic? ☐ Don't know ⊠ No ☐ Yes If yes, please explain: 5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic? ☐ Don't know ⊠ No ☐ Yes If yes, please explain: 6. Could your institution benefit or be harmed by guidelines on this topic? □ Don't know □ No ☐ Yes If yes, please explain:

Career Advancement

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

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8.	Are you involved as an employee, volunteer, or member of any organization that has published or 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 de	escribed be	elow:	
	Column 1	Name the	organization.	
	Column 2	Describe o	r reference the relevant policy, position	n, or guidelines.
			our role with the organization, includin ting, or implementing the relevant polic	
	Add rows as	needed fo	or each organization.	
0	rganization		Relevant Policy Position	Your Role
Clii 9.	nical Practice Do you see p No Pes If yes, what i	oatients cli	nically? mary specialty or subspecialty?	
		•	e or otherwise recommend clinical inter stments, procedures) that may be addre	
	If yes, please	e explain:		

Oth	ner
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:
Exp	pected 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	ALS
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	ALS
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	ALS
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	ALS
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	ALS
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated	ALS

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.	ALS
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.	ALS

Agreed by Adrienne Stevens

Date 06 October 2020

Section 3. ASH Review Prior to Participation

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	October 6, 2020	
Rob Kunkle, ASH Staff	October 6, 2020	
Menaka Pai, MD, Ex Officio ASH	October 6, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	August 3, 2021	Russell	Dr. Stevens agreed to continue to adhere to the policies described herein.
Attestation	October 2, 2021	Russell	Dr. Stevens agreed to continue to adhere to the policies described herein.
Attestation	January 23, 2022	Deion Smith, ASH Staff	Dr. Stevens agreed to continue to adhere to the policies described herein.
	April 4, 2022	Smith	Dr. Stevens confirmed that all information in the form is correct.



Wojtek Wiercioch, PhD, MSc

Research Methodologist

McMaster University

Hamilton, Ontario, Canada

Project

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

Role

Methods Team Member

Profile

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

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

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an
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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?

\boxtimes	No		

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use
			_

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 o	described b	elow:		
	Add rows a	s needed fo	or each equity interest.		
C	отрапу		Description	Date Divested	For ASH Internal Use
He 3.	Do you cur	rently or in ctual prope	·	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•
	⊠ No				
	☐ Yes, as o	described b	elow:		
	Add rows as needed for each patent or royalty interest.				
Ci	ompany		Description	Date Divested	For ASH Internal Use
 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 forprofit healthcare company? 					income or other direct
	⊠ 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.

Company	Description	End Date	For ASH Internal Use

5. Cu	y Partner's or Spouse's Interests Currently or in the past 24 months has your partner or spouse had any of the interests or relationships described in questions 1-4?						
\boxtimes	⊠ No						
	\square Yes, as described below:						
Add rows as needed for each interest.							
Сотр	Company Description End Date For ASH Internal Use						

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 forprofit healthcare company?						
⊠ No							
	☐ Yes, as o	described be	low:				
	Column 1	Name the	company funding or suppo	rting the rese	arch.		
	Column 2	Briefly des	cribe the research project.				
steering co			our role: (a) national or overall principal investigator, (b) member of a ommittee of a study that does not have a principal investigator, (c) site or local or. If other than these options, please describe.				
	Column 4		nen your involvement ende icate "current" or "ongoing		le. (If your inv	volvement has not yet	
	Add rows a	s needed fo	r each research project.				
С	ompany		Description of Research	My Role	End Date	For ASH Internal Use	
С	ompany		Description of Research	My Role	End Date	For ASH Internal Use	
Pa	id and Volu Do you cur	rently or in t	Description of Research ities for Organizations Su the past 24 months have you wholly or partially funded	pported by F	or-Profit He	althcare Companies lunteer or paid work for	
Pa	id and Volu Do you cur	rently or in t	ities for Organizations Su the past 24 months have yo	pported by F	or-Profit He	althcare Companies lunteer or paid work for	
Pa	id and Volu Do you cur an organiza ⊠ No	rently or in t	ities for Organizations Su the past 24 months have yo wholly or partially funded	pported by F	or-Profit He	althcare Companies lunteer or paid work for	
Pa	id and Volu Do you cur an organiza ⊠ No	rently or in that is described be	ities for Organizations Su the past 24 months have yo wholly or partially funded	pported by F ou been involv by any for-pro	or-Profit He ved in any vo	althcare Companies lunteer or paid work for re company?	
	id and Volu Do you cur an organiza ☑ No ☐ Yes, as o	rently or in the stion that is described be Name the Briefly described seconds.	ities for Organizations Su the past 24 months have yo wholly or partially funded llow:	pported by Fou been involved by any for-pro	For-Profit He yed in any vo ofit healthcar	althcare Companies lunteer or paid work for re company?	

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.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Other Relevant Indirect Financial Interests

Oti	ner 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? \bowtie No ☐ Yes If yes, please explain: Previously Published Opinions 2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor? ☐ No ⊠ Yes If yes, what were those views and where were they made? Co-author of clinical practice guidelines on VTE management. Participated as member of evidence synthesis team and project coordinator. Did not participate as voting panel member; did not express views or opinions related to the topic. American Society of Hematology 2018 guidelines for management of venous thromboembolism: prophylaxis for hospitalized and nonhospitalized medical patients. (Blood Adv (2018) 2 (22): 3198-3225) • American Society of Hematology 2018 guidelines for management of venous thromboembolism: diagnosis of venous thromboembolism. (Blood Adv (2018) 2 (22): 3226-• American Society of Hematology 2019 guidelines for management of venous thromboembolism: prevention of venous thromboembolism in surgical hospitalized patients. (Blood Adv (2019) 3 (23): 3898-3944)

INC	n-industry	Supported Research			
3.	project not	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.

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

Ins	titutional Relationships
4.	Could your compensation be affected by recommendations on this topic? \Box 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

9. Do you see patients clinically?

If yes, what is your primary specialty or subspecialty?

⊠ No

☐ Yes

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

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

nv	olvement in	n Organiza	tions With Relevant Policies, Positior	s, or Guidelines		
8.	, , ,					
	⊠ No					
	☐ Yes, as d	escribed b	elow:			
	Column 1	Name the	organization.			
	Column 2	Describe o	r reference the relevant policy, position	n, or guidelines.		
	Column 3		our role with the organization, including ting, or implementing the relevant police.			
	Add rows as needed for each organization.					
Oi	Organization Relevant Policy Position Your Role					
Clir	nical Practic	e				

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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	ww
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	ww
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	ww
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	ww
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	WW
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	ww

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

Agreed by Wojtek Wiercioch

Date June 26, 2020

Section 3. ASH Review Prior to Participation

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	June 26, 2020	
Menaka Pai, MD, Ex Officio ASH	July 14, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 29, 2021	Russell	Dr. Wiercioch agreed to
			continue to adhere to the
			policies described herein.
Attestation	October 2, 2021	Russell	Dr. Wiercioch agreed to
			continue to adhere to the
			policies described herein.
Attestation	January 18, 2022	Deion Smith, ASH Staff	Dr. Wiercioch agreed to
			continue to adhere to the
			policies described herein.
	April 2, 2022	Smith	Dr. Wiercioch confirmed
			that all information in
			this form is correct.



Reyad Al Jabiri, MD

Medical Doctor
University of Jordan
Amman, Jordan

Project

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

Role

Review Team Member

Profile

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

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

Section 1. Disclosures Prior to Participation

Definitions

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ownership, payment for services, or gifts given with the expectation

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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?

Yes,	as	des	cribe	d k	elo	w:

 \bowtie No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use
			_

Equity in For-Profit Healthcare Companies

	company ? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.						
\boxtimes	⊠ No						
	\square Yes, as described below:						
Ad	Add rows as needed for each equity interest.						
Com	oany		Description	Date Divested	For ASH Internal Use		
3. Do	you cur	rently or in ctual prope	·	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•		
\boxtimes	No						
	Yes, as o	described b	elow:				
Ac	dd rows a	s needed fo	or each patent or royalty in	nterest.			
Com	pany		Description	Date Divested	For ASH Internal Use		
4. Do	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 forprofit healthcare company?						
\boxtimes	No						
	☐ Yes, as described below:						
Co	Column 1 Name the company.						
Co	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.						
Co	Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")						

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare**

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use
My Partner's or Spouse'	s Interests		

Му	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							
	\square Yes, as described be	elow:						
	Add rows as needed for	or each interest.						
Ca	ompany	Description	End Date	For ASH Internal Use				
Co	ompany	Description	End Date	For ASH Internal Use				
	ompany ner Relevant Direct Fi	·	End Date	For ASH Internal Use				
	ner Relevant Direct Fi Do you have other cur	nancial Interests rent or recent (within the	End Date past 24 months) direct fine could be relevant to the v	ancial interests with any				
Oth	ner Relevant Direct Fi Do you have other cur institution, organizatio	nancial Interests rent or recent (within the	past 24 months) direct fin	ancial interests with any				

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 forprofit healthcare company?							
	⊠ No							
	☐ Yes, as described below:							
	Column 1	Name the company funding or supporting the research.						
	Column 2	Briefly des	cribe the research project.					
	Column 3	nn 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		hen your involvement ende icate "current" or "ongoing		le. (If your in	volvement has not yet		
	Add rows as needed for each research project.							
C	отрапу		Description of Research	My Role	End Date	For ASH Internal Use		
Paid and Volunteer Activities for Organizations Supported by Fo 2. Do you currently or in the past 24 months have you been involve an organization that is wholly or partially funded by any for-pro ☑ No ☐ Yes, as described below:					ved in any vo	lunteer or paid work for		
	•							
Column 1 Name the organization. If known to you, describe any industry funding of								
	Column 2		cribe your activity and role, nteer services.	, e.g., employ	ment, service	on board of directors,		
	Column 3	Indicate if	your activity was paid or vo	lunteered.				
	Column 4	olumn 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.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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? \boxtimes No \square 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.

Funder	Description of Research	My Role	End Date

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 \boxtimes No ☐ Yes If yes, please explain:

Career Advancement

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

Helpful

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

	guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?				
	⊠ No				
	☐ Yes, as described below:				
	Column 1 Name the organization.				
	Column 2 Describe	or reference the relevant policy, position	on, or guidelines.		
		your role with the organization, includi iting, or implementing the relevant pol			
	Add rows as needed for	or each organization.			
C	Organization	Relevant Policy Position	Your Role		
9.	No☐ YesIf yes, what is your pri	mary specialty or subspecialty?			
		e or otherwise recommend clinical into atments, procedures) that may be add	erventions (e.g., screening or diagnostic ressed by these guidelines?		
	□ No				
	☐ Yes				
	If yes, please explain:				
	•	nfinancial interests or relationships no ping these guidelines?	t described above that could be relevant		
	⊠ No				
	□ Yes				

 Do	ed Interests you expect to enter into, within the next 24 months, any new financial or nonfinancial interests described above that could be relevant to the work of developing these guidelines?
\boxtimes	No
	Yes
If y	es, please describe:

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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	R.N.A
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	R.N.A
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	R.N.A
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	R.N.A
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	R.N.A
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	R.N.A

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

Agreed by [Reyad Al jabiri]

Date [28/8/2020]

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	August 31, 2020	
Menaka Pai, MD, ex officio ASH Guideline Oversight Subcommittee	August 31, 2020	Participation approved

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	August 3, 2021	Russell	Dr. Reyad Al Jabiri agreed to continue to adhere to the policies described herein.
Attestation	October 6, 2021	Russell	Dr. Reyad Al Jabiri agreed to continue to adhere to the policies described herein.
Attestation	January 19, 2022	Kendall Alexander, ASH staff	Dr. Reyad Al Jabiri agreed to continue to adhere to the policies described herein.
	April 11, 2022	Deion Smith, ASH Staff	Dr. Reyad Al Jabiri confirmed that all information in this form is correct.



Yazan Al Jabiri, MD
Internal Medicine Resident
Lincoln Medical Center
Bronx, New York, United States

Project

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

Role

Review Team Member

Profile

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

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

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest A situation in which a reasonable person would consider that an

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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

that provide accredited continuing medical education

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?

X	No	

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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 o	described b	elow:				
	Add rows a	Add rows as needed for each equity interest.					
Ci	отрапу		Description	Date Divested	For ASH Internal Use		
He 3.	Do you cur	rently or in ctual prope	•	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•		
	⊠ No						
	☐ Yes, as o	\square Yes, as described below:					
	Add rows as needed for each patent or royalty interest.						
Ci	ompany		Description	Date Divested	For ASH Internal Use		
Pe: 4 .	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 directransfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any for profit healthcare company?				income or other direct		
	⊠ No						
\square Yes, as described below:							
	Column 1	Name the	company.				
Column 2 Describe the activity for which you received the income or other transfer of values research, consultancy, speakers bureau involvement, service on an advisory coor board, expert testimony.							
	Column 3		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,		

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use		
My Partner's or Spouse's Interests					

Му	My Partner's or Spouse's Interests						
5. Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?							
	⊠ No						
	\square Yes, as described be	elow:					
	Add rows as needed for	or each interest.					
Ca	отрапу	Description	End Date	For ASH Internal Use			
Co	ompany	Description	End Date	For ASH Internal Use			
	ompany ner Relevant Direct Fi	·	End Date	For ASH Internal Use			
	ner Relevant Direct Fi Do you have other cur	nancial Interests rent or recent (within the	End Date past 24 months) direct finate could be relevant to the v	ancial interests with any			
Oth	ner Relevant Direct Fi Do you have other cur institution, organizatio	nancial Interests rent or recent (within the	past 24 months) direct fina	ancial interests with any			

Part B. Indirect Financial Interests

Add rows as needed for each organization.

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 suppo	rting the rese	arch.	
	Column 2	Briefly des	cribe the research project.			
	Column 3	steering co	our role: (a) national or over ommittee of a study that do or. If other than these optio	es not have a	principal inv	
	Column 4		hen your involvement ende icate "current" or "ongoing		le. (If your in	volvement has not yet
	Add rows a	s needed fo	r each research project.			
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use
	id and Volu Do you cur	rently or in t	Description of Research ities for Organizations Su the past 24 months have yo wholly or partially funded I	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur an organiza	rently or in t	ities for Organizations Su the past 24 months have yo wholly or partially funded I	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur an organiza	rently or in the second	ities for Organizations Su the past 24 months have yo wholly or partially funded I	pported by Fou been involved any for-pro	For-Profit He ved in any vo ofit healthcar	althcare Companies lunteer or paid work for re company?
Pa	id and Volu Do you cur an organiza ☑ No ☐ Yes, as o	rently or in the stion that is described be Name the Briefly described services.	ities for Organizations Su the past 24 months have yo wholly or partially funded I	pported by Fou been involved any for-pro	For-Profit He ved in any vo ofit healthcar	althcare Companies lunteer or paid work for re company? unding or support.
Pa	id and Volu Do you cur an organiza No Yes, as o	described be Name the Briefly describer volui	ities for Organizations Su the past 24 months have yo wholly or partially funded I clow: organization. If known to yo cribe your activity and role,	pported by Fou been involved any for-pro	For-Profit He ved in any vo ofit healthcar	althcare Companies lunteer or paid work for re company? unding or support.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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? \boxtimes 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.")

Funder	Description of Research	My Role	End Date

Add rows as needed for each research project.

Institutional Relationships 4. Could your compensation be affected by recommendations on this topic? ☐ Don't know \bowtie No ☐ Yes If yes, please explain: 5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic? ☐ Don't know \boxtimes No ☐ Yes If yes, please explain: 6. Could your institution benefit or be harmed by guidelines on this topic? ☐ Don't know \bowtie No ☐ Yes If yes, please explain:

Career Advancement

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

Neutral support

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

	guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?				
	⊠ No				
	\square Yes, as described below:				
Column 2 Describe or reference the relevant policy, position, or guideline			n, or guidelines.		
	•	our role with the organization, includin ting, or implementing the relevant polic			
	Add rows as needed for	or each organization.			
O	rganization	Relevant Policy Position	Your Role		
Cli 9.	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 diagnost				
	⊠ No				
	□ Yes				
	If yes, please explain:				
	her Do you have other nor to the work of develop No Yes	-	described above that could be relevant		

 Do	ed Interests you expect to enter into, within the next 24 months, any new financial or nonfinancial interests described above that could be relevant to the work of developing these guidelines?
\boxtimes	No
	Yes
If y	es, please describe:

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:

Policy	Initials
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").	YA
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.	YA
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.	YA
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	YA
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.	YA
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.	YA

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

Agreed by YAZAN AL JABIRI

Date 08/28/2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	August 31, 2020	
Menaka Pai, MD, ex officio ASH Guideline Oversight Subcommittee	August 31, 2020	Participation approved

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Disclosure	July 21, 2021	Russell	Dr. Al Jabiri provided an answer of 'no' to question 4, page 9.
Attestation	July 26, 2021	Russell	Dr. Al Jabiri agreed to continue to adhere to the policies described herein.
Attestation	October 5, 2021	Russell	Dr. Al Jabiri agreed to continue to adhere to the policies described herein.
Attestation	January 28, 2022	Deion Smith, ASH Staff	Dr. Al Jabiri agreed to continue to adhere to the policies described herein.
	April 3, 2022	Smith	Dr. Al Jabiri confirmed that all information in the form is correct.



Angela M, Barbara, BSc, MSc, PhD

Research Coordinator

Department of Health Research Methods, Evidence, and Impact

Health Sciences Centre, McMaster University

Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

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

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

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?

\boxtimes	No	

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

Equity in For-Profit Healthcare Companies

	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.						
Ci	ompany		Description	Date Divested	For ASH Internal Use		
He 3.	Do you cur	rently or in	•	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•		
	⊠ No						
	☐ Yes, as o	described b	elow:				
	Add rows a	is needed fo	or each patent or royalty in	nterest.			
Ci	ompany		Description	Date Divested	For ASH Internal Use		
Pe 4 .	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 forprofit healthcare company?						
	⊠ No						
☐ Yes, as described below:							
	Column 1	mn 1 Name the company.					
	Column 2	research,		received the income or oth eau involvement, service o			
Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")				nas not yet ended,			

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare**

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use			
My Partner's or Spouse's Interests						
5. Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?						
⊠ No						

Add rows as needed for each interest.

Company

Description

End Date

For ASH Internal Use

Other Relevant Direct Financial Interests

 $\hfill\square$ Yes, as described below:

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.	research fu	Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any forprofit healthcare company?					
	⊠ No						
	☐ Yes, as o	described be	elow:				
	Column 1	Name the	company funding or suppo	rting the rese	arch.		
	Column 2	Briefly des	cribe the research project.				
	Column 3	steering co	our role: (a) national or ove ommittee of a study that do or. If other than these optio	oes not have a	a principal inv		
	Column 4		hen your involvement ende icate "current" or "ongoing		le. (If your inv	volvement has not yet	
	Add rows a	s needed fo	r each research project.				
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use	
Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Compan 2. Do you currently or in the past 24 months have you been involved in any volunteer or paid wo an organization that is wholly or partially funded by any for-profit healthcare company?				lunteer or paid work for			
	⊠ No						
	☐ Yes, as o	described be	elow:				
	Column 1	Name the	organization. If known to y	ou, describe a	any industry f	unding or support.	
	Column 2		cribe your activity and role nteer services.	, e.g., employ	ment, service	e on board of directors,	
	Column 3	Indicate if	your activity was paid or vo	olunteered.			
	Column 4	Indicate w	hen your involvement with	the organiza	tion ended. (I	f your involvement has	

Add rows as needed for each organization.

not yet ended, indicate "current" or "ongoing.")

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Funder	Description of Research	My Role	End Date

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 \boxtimes No ☐ Yes

Career Advancement

If yes, please explain:

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					
	\square Yes, as described below:					
	Column 1 Name the organization.					
	Column 2	Describe o	or reference the relevant policy, p	oosition	n, or guidelines.	
	Column 3		rour role with the organization, ir ting, or implementing the relevan		g your involvement in developing, cy, position, or guidelines.	
	Add rows a	is needed fo	or each organization.			
0	rganization		Relevant Policy Position		Your Role	
	☑ No☐ YesIf yes, what	t is your pri	mary specialty or subspecialty?			
		-	e or otherwise recommend clinic atments, procedures) that may be		rventions (e.g., screening or diagnostic essed by these guidelines?	
	□ No					
	☐ Yes					
	If yes, pleas	se explain:				
Otl 10.	Do you hav		nfinancial interests or relationshi oing these guidelines?	ps not	described above that could be relevant	
	⊠ No					
	□ Yes					
	If yes, pleas	se 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	AB
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	AB
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	AB
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	AB
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	AB
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	AB

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

Agreed by Angela M. Barbara

Date 2021 July 19

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	July 19, 2021	
Dee Terrell, PhD, Ex Officio, ASH Guideline Oversight Subcommittee	July 21, 2021	Participation Approved

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	July 19, 2021	Russell	Dr. Barbara agreed to adhere to the policies described herein.
Attestation	October 5, 2021	Russell	Dr. Barbara agreed to adhere to the policies described herein.
Attestation	January 24, 2022	Kendall Alexander, ASH Staff	Dr. Barbara agreed to adhere to the policies described herein.
	April 2, 2022	Deion Smith, ASH Staff	Dr. Barbara confirmed that all information in this form is correct.



Antonio Bognanni, MD

Physician

McMaster University

Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

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

After a post-graduate internship at the HEI Department of McMaster University, Dr. Bognanni collaborated in different methodological projects regarding food allergy and other topics. He then joined the Health Research Methodology MSc program and actively contributed to systematic reviews dealing with physical distancing, preventive measures for transmission of SARS-CoV-2, ventilation techniques and safe management of bodies of deceased persons with suspected or confirmed COVID-19. In September 2021, Dr. Bognanni entered the Health Research Methodology PhD program.

[July 17, 2020: profile approved by Dr. Bognanni. Updated September 2021.]

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an
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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?

\boxtimes	INO	

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

Equity in For-Profit Healthcare Companies 2. Do you currently or in the past 24 months have you had equity in any for-pro

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						
	\square Yes, as d	lescribed b	elow:				
	Add rows as needed for each equity interest.						
Co	отрапу		Description	Date Divested	For ASH Internal Use		
Не 3 .	Do you curi	rently or in ctual prope	•	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•		
	⊠ No						
	☐ Yes, as d	lescribed b	elow:				
	Add rows a	s needed fo	or each patent or royalty in	nterest.			
Co	ompany		Description	Date Divested	For ASH Internal Use		
Pei 4.	Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies 1. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit healthcare company?						
	⊠ No						
	☐ Yes, as d	lescribed b	elow:				
	Column 1	Name the	company.				
	Column 2	research,		eceived the income or oth eau involvement, service o			

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

Add rows as needed for each activity.

Сотрапу	Description	End Date	For ASH Internal Use

	My Partner's or Spouse's Interests . 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 be	elow:					
	Add rows as needed for	or each interest.					
Ci	Company Description End Date For ASH Internal Use						
	Other Relevant Direct Financial Interests 5. 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

1.	Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any forprofit healthcare company?						
	⊠ No						
	☐ Yes, as o	described be	low:				
	Column 1	Name the	company funding or suppo	rting the rese	arch.		
	Column 2	Briefly des	cribe the research project.				
	Column 3	lumn 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		nen your involvement endoicate "current" or "ongoing		le. (If your inv	volvement has not yet	
Add rows as needed for each research project.							
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use	
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?						lunteer or paid work for	
	⊠ No						
\square Yes, as described below:							
	Column 1	Name the	organization. If known to y	ou, describe a	any industry f	unding or support.	
	Column 2		cribe your activity and role nteer services.	, e.g., employ	ment, service	e on board of directors,	
	Column 3	Indicate if	your activity was paid or vo	olunteered.			

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.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Fu	nder	Description of Research	My Role	End Date

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 \boxtimes No ☐ Yes If yes, please explain:

Career Advancement

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

Answer: Likely positive

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?			
\square No			
⊠ Yes, as d	lescribed 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.

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

Cli	nical 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:
her 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:
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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	AB
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	AB
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	AB
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	AB
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	AB
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	AB

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

Agreed by Antonio Bognanni

Date 29.06.2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	July 15, 2020	
Menaka Pai, MD, Ex Officio, ASH Guideline Oversight Subcommittee	July 15, 2020	Participation Approved

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 29, 2021	Russell	Dr. Bognanni agreed to continue to adhere to the policies described herein.
Attestation	October 6, 2021	Russell	Dr. Bognanni agreed to continue to adhere to the policies described herein.
Attestation	January 18, 2022	Kendall Alexander, ASH Staff	Dr. Bognanni agreed to continue to adhere to the policies described herein.
	April 6, 2022	Deion Smith, ASH Staff	Dr. Bognanni confirmed that all information in this form is correct.



Imad Bouakl, MD

Assistant Professor, School of Medicine

American University of Beirut

Beirut, Lebanon

Project

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

Role

Review Team Member

Profile

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

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

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an
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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

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

Yes,	as	desc	ribed	bel	ow:

 \bowtie No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

Equity in For-Profit Healthcare Companies

2.	company ? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.						
	⊠ No						
	☐ Yes, as o	\square Yes, as described below:					
	Add rows as needed for each equity interest.						
C	отрапу		Description	Date Divested	For ASH Internal Use		
He 3.	Do you cur	rently or in ctual prope	•	r Intellectual Property you owned patents for or i gnose, treat, monitor, man	•		
	⊠ No						
	☐ Yes, as o	described b	elow:				
	Add rows a	s needed fo	or each patent or royalty i	nterest.			
Ci	ompany		Description	Date Divested	For ASH Internal Use		
Pe: 4 .	Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit healthcare company?						
	⊠ No						
	☐ Yes, as o	described b	elow:				
	Column 1	Name the	company.				
	Column 2	research,		received the income or oth reau involvement, service o			
	Column 3		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,		

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use
My Partner's or Spouse'	s Interests		

Му	Partner's or Spouse's	s Interests					
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?						
	⊠ No						
	\square Yes, as described be	elow:					
	Add rows as needed for	or each interest.					
Ca	отрапу	Description	End Date	For ASH Internal Use			
Co	ompany	Description	End Date	For ASH Internal Use			
	ompany ner Relevant Direct Fi	·	End Date	For ASH Internal Use			
	ner Relevant Direct Fi Do you have other cur	nancial Interests rent or recent (within the	End Date past 24 months) direct finate could be relevant to the v	ancial interests with any			
Oth	ner Relevant Direct Fi Do you have other cur institution, organizatio	nancial Interests rent or recent (within the	past 24 months) direct fina	ancial interests with any			

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

1.	research fu	Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any forprofit healthcare company?						
	⊠ No							
	\square Yes, as described below:							
	Column 1	Name the company funding or supporting the research.						
	Column 2	Briefly describe the research project.						
	Column 3	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		hen your involvement ende icate "current" or "ongoing		le. (If your in	volvement has not yet		
	Add rows a	as needed fo	r each research project.					
C	отрапу		Description of Research	My Role	End Date	For ASH Internal Use		
Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare C 2. Do you currently or in the past 24 months have you been involved in any volunteer or pan organization that is wholly or partially funded by any for-profit healthcare company No ☐ Yes, as described below:				lunteer or paid work for				
	•							
	Column 1	Name the organization. If known to you, describe any industry funding or support.						
	Column 2		cribe your activity and role, nteer services.	, e.g., employ	ment, service	on board of directors,		
	Column 3	Indicate if	your activity was paid or vo	lunteered.				
	Column 4	1 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.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Fu	nder	Description of Research	My Role	End Date

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 \boxtimes No ☐ Yes If yes, please explain:

Career Advancement

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

Positive support.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

☑ No☐ Yes, as described below:		
Column 2 Descr	ibe or reference the relevant policy, p	osition, or guidelines.
Column 3 Describe your role with the organization, including your involvement in deve disseminating, or implementing the relevant policy, position, or guidelines.		
Add rows as need	ed for each organization.	
Organization	Relevant Policy Position	Your Role
Do you see patien□ No☑ Yes		
☐ No ☑ Yes If yes, what is you I see patients clini	r primary specialty or subspecialty? ically. I see pulmonary patients in clin	c, in hospital and in the ICU. I also cover the
Do you see patien No Yes If yes, what is you I see patients clinic COVID 2019 ICU p If yes, do you pres	r primary specialty or subspecialty? ically. I see pulmonary patients in clin patients.	al interventions (e.g., screening or diagnost
Do you see patien No Yes If yes, what is you I see patients clinic COVID 2019 ICU p If yes, do you pres	r primary specialty or subspecialty? ically. I see pulmonary patients in clin patients. scribe or otherwise recommend clinic	al interventions (e.g., screening or diagnost
Do you see patien No Yes If yes, what is you I see patients clinic COVID 2019 ICU p If yes, do you prestests, evaluations	r primary specialty or subspecialty? ically. I see pulmonary patients in clin patients. scribe or otherwise recommend clinic	al interventions (e.g., screening or diagnost
Do you see patien No Yes If yes, what is you I see patients clinic COVID 2019 ICU p If yes, do you prestests, evaluations	r primary specialty or subspecialty? ically. I see pulmonary patients in clin patients. scribe or otherwise recommend clinic , treatments, procedures) that may be	al interventions (e.g., screening or diagnost
Do you see patien No Yes If yes, what is you I see patients clinic COVID 2019 ICU p If yes, do you prestests, evaluations, No Yes If yes, please expl.	r primary specialty or subspecialty? ically. I see pulmonary patients in clinoatients. scribe or otherwise recommend clinic, treatments, procedures) that may be	al interventions (e.g., screening or diagnost

	□ Yes
	If yes, please describe:
Exp	pected 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	IB
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	IB
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	IB
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	IB
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	IB
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	IB

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

Agreed by Imad Bouakl

Date 13-7-2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	July 16, 2020	
Menaka Pai, MD, Ex Officio, Guideline Oversight Subcommittee	July 16, 2020	Participation Approved

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	July 13, 2020	Russell	Dr. Bouakl agreed to adhere to the policies described herein.
Attestation	July 5, 2021	Russell	Dr. Bouakl agreed to adhere to the policies described herein.
Attestation	October 6, 2021	Russell	Dr. Bouakl agreed to adhere to the policies described herein.
	April 5, 2022	Deion Smith, ASH Staff	Dr. Bouakl confirmed that all information in this form is correct.



Mary Ellene Boulos, BSc, MSc

Medical Student

Michael G. DeGroote School of Medicine, McMaster University

Hamilton, ON, Canada

Project

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

Role

Review Team Member

Profile

Ms. Boulos is a medical student at McMaster University in Canada. She completed a Master of Science in Rehabilitation Sciences at the University of Toronto. Her thesis examined the feasibility and efficacy of delivering virtual mood and cognitive interventions to individuals living with chronic acquired brain injury. Her research interests include health services research, clinical trials, health equity, and epidemiology.

[August 31, 2020 profile approved by Ms. Boulos]

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?

\boxtimes	No	

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use
			_

Equity in For-Profit Healthcare Companies

2.	company?	o you currently or in the past 24 months have you had equity in any for-profit healthcare ompany? Equity includes stock, stock options, and other ownership interests but excludes versified mutual fund shares.				
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Add rows a	s needed fo	or each equity interest.			
C	отрапу		Description	Date Divested	For ASH Internal Use	
He 3.	Do you cur	rently or in ctual prope	•	r Intellectual Property you owned patents for or i gnose, treat, monitor, man	•	
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Add rows as needed for each patent or royalty interest.					
Ci	ompany		Description	Date Divested	For ASH Internal Use	
Pe: 4 .	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 forprofit healthcare company?					
	⊠ No					
\square Yes, as described below:						
	Column 1 Name the company.					
Column 2 Describe the activity for which you received the income or other transfer of values research, consultancy, speakers bureau involvement, service on an advisory cor or board, expert testimony.						
	Column 3		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,	

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use	
My Partner's or Spouse's Interests				

Μy	/ Partner's or Spouse's	s Interests			
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?				
	⊠ No				
	\square Yes, as described b	elow:			
	Add rows as needed for	or each interest.			
C	ompany	Description	End Date	For ASH Internal Use	
Ot	her Relevant Direct Fi	nancial 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				

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					
	\square Yes, as described below:					
	Column 1	Name the	company funding or suppo	rting the rese	arch.	
	Column 2	Briefly des	cribe 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		hen your involvement ende icate "current" or "ongoing		le. (If your in	volvement has not yet
	Add rows a	s needed fo	r each research project.			
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use
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 fo an organization that is wholly or partially funded by any for-profit healthcare company?						lunteer or paid work for
	⊠ No					
	\square Yes, as described below:					
	Column 1	Name the	organization. If known to y	ou, describe a	any industry f	unding or support.
	Column 2		cribe your activity and role nteer services.	, e.g., employ	ment, service	e on board of directors,
	Column 3	Indicate if	your activity was paid or vo	olunteered.		
		Column 4 Indicate when your involvement with the organization ended (If your involvement has				

Add rows as needed for each organization.

not yet ended, indicate "current" or "ongoing.")

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Fu	ınder	Description of Research	My Role	End Date

Ins	titutional Relationships 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 □ N
	□ Yes
	If yes, please explain:
_	reer Advancement
7.	How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?
	N/A

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

⊠ No		
\square Yes, as descri	ped below:	
Column 1 Nam	e the organization.	
Column 2 Desc	ribe or reference the relevant policy, I	position, or guidelines.
	ribe your role with the organization, in minating, or implementing the releva	ncluding your involvement in developing, nt policy, position, or guidelines.
Add rows as nee	ded for each organization.	
Organization	Relevant Policy Position	Your Role
	,	
☑ No☐ YesIf yes, what is yo	nts clinically? ur primary specialty or subspecialty?	
☐ Yes If yes, what is you	ur primary specialty or subspecialty? escribe or otherwise recommend clinic	
☐ Yes If yes, what is you	ur primary specialty or subspecialty?	al interventions (e.g., screening or diagnos e addressed by these guidelines?
☐ Yes If yes, what is you If yes, do you pretests, evaluation	ur primary specialty or subspecialty? escribe or otherwise recommend clinic	
☐ Yes If yes, what is you present tests, evaluation ☑ No	ur primary specialty or subspecialty? escribe or otherwise recommend clinics, treatments, procedures) that may b	
☐ Yes If yes, what is you If yes, do you pretests, evaluation ☑ No ☐ Yes	ur primary specialty or subspecialty? escribe or otherwise recommend clinics, treatments, procedures) that may b	
☐ Yes If yes, what is you If yes, do you pretests, evaluation ☑ No ☐ Yes If yes, please exponents.	ur primary specialty or subspecialty? escribe or otherwise recommend clinic s, treatments, procedures) that may b	
☐ Yes If yes, what is you If yes, do you pretests, evaluation ☑ No ☐ Yes If yes, please exponents Other O. Do you have other	ur primary specialty or subspecialty? escribe or otherwise recommend clinic s, treatments, procedures) that may b lain:	e addressed by these guidelines?

 Do	ected Interests 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?			
\boxtimes	No			
	Yes			
If y	es, please describe:			

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:

Policy	Initials
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").	МВ
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.	МВ
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.	МВ
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	МВ
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.	МВ
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.	МВ

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

Agreed by Mary Ellene Boulos

Date August 25, 2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	August 28, 2020	
Menaka Pai, MD, Ex Officio ASH	August 28, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	July 14, 2021	Russell	Ms. Boulos agreed to
			adhere to the policies
			described herein.
Attestation	October 2, 2021	Russell	Ms. Boulos agreed to
			adhere to the policies
			described herein.
Attestation	January 18, 2022	Deion Smith, ASH Staff	Ms. Boulos agreed to
			adhere to the policies
			described herein.
	March 3, 2022	Smith	Ms. Boulos confirmed
			that all information in the
			form is correct.



Emma Cain, HBSc

Medical Student

McMaster University

Guelph, Ontario, Canada

Project

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

Role

Review Team Member

Profile

Ms. Emma Cain is from Guelph, Ontario where she grew up and attended the University of Guelph. She received her Bachelor of Science with a major in Bio-Medical Science in 2019 and began medical school at the Michael G. DeGroote School of Medicine at McMaster University from which she is expected to graduate in the spring of 2022.

[August 6, 2020 profile approved by Ms. Cain]

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable	person would consider that an
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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?

\square Yes, as described below:	

⊠ No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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					
	Add rows a	as needed fo	or each equity interest.			
Co	ompany		Description	Date Divested	For ASH Internal Use	
He 3.	Do you cur	rently or in ctual prope	the past 24 months have	er Intellectual Property e you owned patents for or I agnose, treat, monitor, man	•	
	⊠ No					
	☐ Yes, as	described b	elow:			
	Add rows a	Add rows as needed for each patent or royalty interest.				
Co	ompany		Description	Date Divested	For ASH Internal Use	
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 forprofit healthcare company?					income or other direct	
	⊠ 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. research, consultancy, speakers bureau involvement, service on an advisory committed or board, expert testimony. Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")
nas not yet ended,						

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use
My Partner's or Spouse's	s Interests		

M	Ny Partner's or Spouse's Interests						
5.	'	st 24 months has <i>your part</i>	<i>ner or spouse</i> had any of th	ne interests or			
	⊠ No						
	\square Yes, as described b	elow:					
	Add rows as needed for	or each interest.					
C	Company Description End Date For ASH Internal Use						
Ot 6.	Other Relevant Direct Financial Interests Do you have other current or recent (within the past 24 months) direct financial interests with any						

Oti	ner Neievant Direct i maneiai 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

1.	Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any forprofit healthcare company?							
	⊠ No							
	☐ Yes, as o	☐ Yes, as described below:						
	Column 1	Name the	company funding or suppo	rting the rese	arch.			
	Column 2	Briefly des	cribe 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	umn 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")						
	Add rows a	s needed fo	r each research project.					
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use		
Ра 2 .	Do you cur	rently or in t	ties for Organizations Su the past 24 months have you wholly or partially funded	ou been invol	ved in any vo	lunteer or paid work for		
	⊠ No							
	\square Yes, as described below:							
	Column 1 Name the organization. If known to you, describe any industry funding or support.							
	Column 2	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 vo	olunteered.				
	Column 4	Indicate w	nen your involvement with	the organizat	tion ended. (I	f your involvement has		

Add rows as needed for each organization.

not yet ended, indicate "current" or "ongoing.")

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Other Relevant Indirect Financial Interests

0 01	Tel Relevant manest 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? \bowtie 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? \boxtimes 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.")

Funder	Description of Research	My Role	End Date

Add rows as needed for each research project.

Ins	stitutional 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 guidelin 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 not aware of how my institution would support me if the guidelines generated a strong reaction from peers; however, I do not believe this is relevant to me.

8.	Ivement in Organizations With Relevant Policies, Positions, or Guidelines 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			
	\square Yes, as described b	elow:		
	Column 1 Name the	organization.		
	Column 2 Describe of	or reference the relevant policy, position	n, or guidelines.	
	·	our role with the organization, includin ting, or implementing the relevant police.		
	Add rows as needed for	or each organization.		
0	rganization	Relevant Policy Position	Your Role	
0	rganization	Relevant Policy Position	Your Role	
	nical Practice Do you see patients cl ⊠ No □ Yes		Your Role	

Other

If yes, please explain:

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:
ΞXĮ	pected 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 ves, 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a a="" ash="" href="https://www.hematology.org/about/governance/conflict-of-interest-including-the-special-Policy-on-Management-of-Conflicts-in-the-Development-of-Clinical-Practice Guidelines (" policy").<="">	EC
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.	EC
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.	EC
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	EC
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.	EC
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.	EC

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

Agreed by Emma Cain

Date July 31st 2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	August 4, 2020	
Menaka Pai, MD, Ex Officio ASH	August 4, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	October 6, 2021	Russell	Ms. Cain agreed to
			adhere to the policies
			described herein.
Attestation	January 28, 2022	Deion Smith, ASH Staff	Ms. Cain agreed to
			adhere to the policies
			described herein.
	April 2, 2022	Smith	Ms. Cain confirmed that
			all information in this
			form is correct.



Matthew Chan, MD

PGY 3 Internal Medicine Resident
McMaster University
Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

Dr. Matthew Chan is a PGY 3 Internal Medicine Resident at the McMaster University. After graduating from Queen's University in Life Sciences, he completed his medical school training at McMaster University. His clinical research interests include medical education, curriculum development and evidence-based medicine.

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

1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an
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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?

\boxtimes	No		

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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 o	described b	elow:			
	Add rows a	s needed fo	or each equity interest.			
Ci	отрапу		Description	Date Divested	For ASH Internal Use	
He 3.	Do you cur	rently or in ctual prope	•	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•	
	⊠ No					
	☐ Yes, as o	☐ Yes, as described below:				
	Add rows as needed for each patent or royalty interest.					
Ci	ompany		Description	Date Divested	For ASH Internal Use	
Pe: 4 .	Do you cur transfers o	rently or in	the past 24 months have , honoraria, gifts, travel su	lue From For-Profit Healt you received any personal upport, meeting registratio	income or other direct	
☑ No☐ Yes, as described below:						
	Column 1	Column 1 Name the company.				
	Column 2	research,		received the income or oth eau involvement, service o		
	Column 3		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,	

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use
My Partner's or Spouse'	s Interests		

My	/ Partner's or Spouse's	s Interests		
5.	ne interests or			
	⊠ No			
	\square Yes, as described be	elow:		
	Add rows as needed for	or each interest.		
C	ompany	Description	End Date	For ASH Internal Use
Ot	her Relevant Direct Fi	nancial Interests		
6.	5. 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			

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 forprofit healthcare company?					
	⊠ No					
	☐ Yes, as o	described be	elow:			
	Column 1	Name the	company funding or suppo	rting the rese	arch.	
	Column 2	Briefly des	cribe the research project.			
	Column 3	Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or 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.					
C	отрапу		Description of Research	My Role	End Date	For ASH Internal Use
Pai 2 .	Do you cur an organiza	rently or in tation that is	ities for Organizations Su the past 24 months have yo wholly or partially funded I	ou been invol	ved in any vo	lunteer or paid work for
	•	☐ Yes, as described below:				
	Column 1		organization. If known to y			
	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 vo	lunteered.		
	Column 4		hen your involvement with ded, indicate "current" or "	_	tion ended. (I	f your involvement has

Add rows as needed for each organization.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Fu	ınder	Description of Research	My Role	End Date

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 \boxtimes No ☐ Yes If yes, please explain:

Career Advancement

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

Supportive.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

	⊠ No				
	☐ Yes, as described below:				
	Column 1	Name the	organization.		
	Column 2	Describe o	or reference the relevant policy, pos	sition, or guid	elines.
	Column 3	•	our role with the organization, incl		
	Add rows a	is needed fo	or each organization.		
Oi	rganization		Relevant Policy Position	Your Ro	le
	Internal Mo	edicine ou prescrib	mary specialty or subspecialty? e or otherwise recommend clinical		
	tests, evalu	uations, trea	atments, procedures) that may be a	ddressed by	these guidelines?
	□ No				
	⊠ Yes				
	If yes, pleas	se explain:			
	DVT prever	ntion remai	ns a important cornerstone of inpa	tient care.	
	Other 1.0. Do you have other nonfinancial interests or relationships not described above that could be relevan to the work of developing these guidelines?				
	⊠ No				
	□ Yes				
	If yes, plea	se 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	MC
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	MC
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	MC
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	MC
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	MC
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	MC

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

Agreed by Matthew Chan

Date July 8th 2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	July 16, 2020	
Menaka Pai, MD, Ex Officio ASH	July 16, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	July 3, 2021	Russell	Dr. Chan agreed to
			adhere to the policies
			described herein.
Attestation	October 5, 2021	Russell	Dr. Chan agreed to
			adhere to the policies
			described herein.
	April 3, 2022	Deion Smith, ASH Staff	Dr. Chan confirmed that
			all information in the
			form is correct.



Rana Charide, BS, MPH

Research Coordinator

McMaster University, Department of Health Research Methods, Evidence, and Impact

Ontario, Canada

Project

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

Role

Review Team Member

Profile

Ms. Rana Charide is a Research Coordinator at McMaster University. She holds a BS in Medical Laboratory Sciences and has completed her Master's in Public Health concentrating in Epidemiology & Biostatistics. She has extensive research experience, specifically in systematic, rapid and scoping reviews, gap maps and guidelines development. Her research interests are in methods for conducting, reporting and appraising evidence synthesis, clinical epidemiology and knowledge translation.

[September 14, 2020 profile approved by Ms. Charide]

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?

\boxtimes	No	

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

Equity in For-Profit Healthcare Companies

	company ? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.					
\boxtimes	No					
	\square Yes, as described below:					
Ad	Add rows as needed for each equity interest.					
Com	oany		Description	Date Divested	For ASH Internal Use	
3. Do	you cur	rently or in ctual prope	·	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•	
\boxtimes	No					
	Yes, as o	described b	elow:			
Ac	dd rows a	s needed fo	or each patent or royalty in	nterest.		
Com	pany		Description	Date Divested	For ASH Internal Use	
4. Do	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 forprofit healthcare company?					
\boxtimes	No					
	Yes, as o	described b	elow:			
Co	olumn 1	Name the	company.			
Co	olumn 2	research,		received the income or oth eau involvement, service o		
Co	olumn 3		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,	

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare**

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use
My Partner's or Spouse'	s Interests		

My	/ Partner's or Spouse's	s Interests			
5.	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				
	\square Yes, as described be	elow:			
	Add rows as needed for	or each interest.			
C	ompany	Description	End Date	For ASH Internal Use	
Ot	her Relevant Direct Fi	nancial Interests			
6.	Other Relevant Direct Financial Interests 5. 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				

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 suppo	rting the rese	arch.		
	Column 2	Briefly des	cribe the research project.				
	Column 3	steering co	our role: (a) national or ove ommittee of a study that do or. If other than these optio	es not have a	principal inv		
	Column 4		hen your involvement ende icate "current" or "ongoing		le. (If your inv	volvement has not yet	
	Add rows a	s needed fo	r each research project.				
C	отрапу		Description of Research	My Role	End Date	For ASH Internal Use	
 Paid and Volunteer Activities for Organizations Supported by For-Profit 2. Do you currently or in the past 24 months have you been involved in any an organization that is wholly or partially funded by any for-profit healt ☑ No ☐ Yes, as described below: 		ved in any vo	lunteer or paid work for				
	Column 1	Name the	organization. If known to y	ou, describe a	iny industry f	unding or support.	
	Column 2		cribe your activity and role, nteer services.	, e.g., employ	ment, service	on board of directors,	
	Column 3	Indicate if	your activity was paid or vo	lunteered.			
	Column 4		hen your involvement with ded, indicate "current" or "		tion ended. (I	f your involvement has	

Add rows as needed for each organization.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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:

Personal Beliefs 1. Do you have strongly held beliefs related to the topic of these guidelines? \bowtie 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 X Yes If yes, what were those views and where were they made? Co-authored systematic reviews on the topic. No specific opinion made. Non-Industry Supported Research 3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization? ⊠ No ☐ Yes, as described below: Column 1 Name the entity funding the research. Column 2 Describe the research project. Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.") Add rows as needed for each research project. Funder End Date Description of Research My Role

Part C. Relevant Other Interests That Are Not Mainly Financial

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 \boxtimes No ☐ Yes

Career Advancement

If yes, please explain:

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

No effect or change. My current type of work at my institution is not related to this guideline and can't be affected by it in any way.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

⊠ No		
\square Yes, as described	d below:	
Column 1 Name to	he organization.	
Column 2 Describ	e or reference the relevant policy, p	osition, or guidelines.
	e your role with the organization, in nating, or implementing the relevan	cluding your involvement in developing, t policy, position, or guidelines.
Add rows as needed	d for each organization.	
Organization	Relevant Policy Position	Your Role
☑ No☐ YesIf yes, what is your properties of the propertie	primary specialty or subspecialty?	
☐ Yes If yes, what is your purchase If yes, do you prescr		Il interventions (e.g., screening or diagnostic addressed by these guidelines?
☐ Yes If yes, what is your purchase If yes, do you prescr	ribe or otherwise recommend clinica	
☐ Yes If yes, what is your p If yes, do you prescr tests, evaluations, to	ribe or otherwise recommend clinica	
☐ Yes If yes, what is your pure pure pure pure pure pure pure pu	ribe or otherwise recommend clinica reatments, procedures) that may be	

 Do	ed Interests you expect to enter into, within the next 24 months, any new financial or nonfinancial interests described above that could be relevant to the work of developing these guidelines?
\boxtimes	No
	Yes
If y	es, please describe:

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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	RC
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	RC
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	RC
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	RC
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	RC
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	RC

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

Agreed by [Rana Charide]

Date [August 28, 2020]

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	August 31, 2020	
Menaka Pai, MD, Ex Officio, ASH	August 31, 2020	Participation Approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	July 2, 2021	Russell	Ms. Charide agreed to
			adhere to the policies
			described herein.
Attestation	October 7, 2021	Russell	Ms. Charide agreed to
			adhere to the policies
			described herein.
Attestation	January 18, 2022	Deion Smith, ASH Staff	Ms. Charide agreed to
			adhere to the policies
			described herein.
	April 4, 2022	Smith	Ms. Charide confirmed
			that all information in
			this form is correct.



Luis Enrique Colunga Lozano, MD, MSc

Professor

Universidad de Guadalajara, Departamento de clínicas médicas, profesor de asignatura

Guadalajara, Jalisco, México

Project

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

Role

Review Team Member

Profile

Dr. Colunga-Lozano is an internal medicine / critical care physician from Guadalajara, México. Currently, he works at a public hospital "Hospital Civil de Guadalajara - Dr. Juan I Menchaca" at the COVID-19 intensive care unit. He is, also, a junior professor in a local university (Universidad de Guadalajara) in which he teaches Evidence-Based Medicine. Dr. Colunga-Lozano has a Master's degree in Health Related Methods from McMaster University, is a member of the Cochrane Collaboration, and works closely with the GRADE working group.

[September 1, 2020 profile approved by Dr. Colunga-Lozano]

1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an
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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?

_					
Yes,	as de	escrib	ed l	belo	w:

⊠ No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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 o	described b	elow:				
	Add rows a	is needed fo	or each equity interest.				
C	отрапу		Description	Date Divested	For ASH Internal Use		
He 3.	Do you cur	rently or in ctual prope	·	er Intellectual Property you owned patents for or a gnose, treat, monitor, man	•		
	⊠ No						
	☐ Yes, as o	\square Yes, as described below:					
	Add rows as needed for each patent or royalty interest.						
C	отрапу		Description	Date Divested	For ASH Internal Use		
 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? 					income or other direct		
	⊠ No						
☐ Yes, as described below:							
	Column 1	olumn 1 Name the company.					
	Column 2	research,		received the income or oth reau involvement, service o			
	Column 3		when the activity ended, if current" or "ongoing.")	applicable. (If the activity I	nas not yet ended,		

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use		
My Partner's or Spouse's Interests					

Му	My Partner's or Spouse's Interests							
5.	. Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?							
	⊠ No							
	\square Yes, as described b	elow:						
	Add rows as needed for	or each interest.						
Co	отрапу	Description	End Date	For ASH Internal Use				
Otl	her Relevant Direct Fi	nancial Interests						
6.	5. 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

Add rows as needed for each organization.

Institutional Research Funded by For-Profit Healthcare Companies

1.	research fu		on, do you currently or in the oported (e.g., in kind suppo oany?	•	•	
	⊠ No					
	☐ Yes, as o	described be	elow:			
	Column 1	Name the	company funding or suppo	rting the rese	arch.	
	Column 2	Briefly des	cribe the research project.			
	Column 3	steering co	our role: (a) national or over ommittee of a study that do or. If other than these optio	es not have a	principal inv	
	Column 4		hen your involvement ende icate "current" or "ongoing		le. (If your in	volvement has not yet
	Add rows a	s needed fo	r each research project.			
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use
	id and Volu Do you cur	rently or in t	Description of Research ities for Organizations Su the past 24 months have yo wholly or partially funded I	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur an organiza	rently or in t	ities for Organizations Su the past 24 months have yo wholly or partially funded I	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur an organiza	rently or in the second	ities for Organizations Su the past 24 months have yo wholly or partially funded I	pported by Fou been involved any for-pro	For-Profit He ved in any vo ofit healthcar	althcare Companies lunteer or paid work for re company?
Pa	id and Volu Do you cur an organiza ☑ No ☐ Yes, as o	rently or in the stion that is described be Name the Briefly described services.	ities for Organizations Su the past 24 months have yo wholly or partially funded I	pported by Fou been involved any for-pro	For-Profit He ved in any vo ofit healthcar	althcare Companies lunteer or paid work for re company? unding or support.
Pa	id and Volu Do you cur an organiza No Yes, as o	described be Name the Briefly describer volui	ities for Organizations Su the past 24 months have yo wholly or partially funded I clow: organization. If known to yo cribe your activity and role,	pported by Fou been involved any for-pro	For-Profit He ved in any vo ofit healthcar	althcare Companies lunteer or paid work for re company? unding or support.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Fu	nder	Description of Research	My Role	End Date

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 \boxtimes No ☐ Yes

Career Advancement

If yes, please explain:

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

Response: The support will be the same.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

	guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?				
⊠ No	⊠ No				
\square Yes, as described be	\square Yes, as described below:				
Column 1 Name the	organization.				
Column 2 Describe o	or reference the relevant policy, positio	n, or guidelines.			
•	our role with the organization, includir ting, or implementing the relevant poli				
Add rows as needed fo	or each organization.				
Organization	Relevant Policy Position	Your Role			
□ No ⊠ Yes	□ No				
I am an internal medic unit.	I am an internal medicine/critical care physician working in a public hospital at the intensive care unit.				
If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?					
□ No	□ No				
⊠ Yes	⊠ Yes				
If yes, please explain:					
Response: My hospital is a COVID-19 center and part of my clinical duty is to provide diagnostic and treatment strategies related to the current guideline topic.					

Other

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

⊠ No
□ Yes
If yes, please describe:
Expected Interests
11. Do you expect to enter into, within the next 24 months, any new financial or nonfinancial interests not described above that could be relevant to the work of developing these guidelines?
⊠ No
□ Yes
If yes, please describe:

Section 2. Attestation of Compliance With Conflict of Interest Policies

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

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	LECL
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	LECL
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	LECL
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	LECL
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	LECL
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	LECL

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

Agreed by Luis Enrique Colunga Lozano

Date 25/08/2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	August 28, 2020	
Menaka Pai, MD, Ex Officio ASH	August 28, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	July 14, 2021	Russell	Dr. Colunga-Lozano agreed to adhere to the policies described herein.
Attestation	October 4, 2021	Russell	Dr. Colunga-Lozano agreed to adhere to the policies described herein.
Attestation	January 18, 2022	Deion Smith, ASH Staff	Dr. Colunga-Lozano agreed to adhere to the policies described herein.
	March	Smith	Dr. Colunga-Lozano confirmed that all information in the form is correct.



Andrea Darzi, MD, PhD, MPH

Health research methodologist

McMaster University

Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

Andrea Darzi is a health research methodologist in the Department of Health Research Methods, Evidence, and Impact at McMaster University. She has also recently started her postdoctoral fellowship at the Michael G. DeGroote National Pain Center. Prior to joining McMaster University, she was the assistant director of the American University of Beirut GRADE Center, and a member of the GRADE working group. She is a Medical Doctor (2012) and holds a Master's in Public Health concentrating in epidemiology and biostatistics (2014). Her research interests include evidence synthesis, prognosis research, and guideline development. She has contributed to the development and adaptation of guidelines for the Kingdom of Saudi Arabia Ministry of Health, with Cornell University in Qatar, WHO, the European commission and the American Society of Hematology. The scope of her PhD work is related to the identification of prognostic factors and the development of risk assessment models for VTE and bleeding in hospitalized medical patients.

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

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?

X	ΝO	

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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. \bowtie No \square Yes, as described below: Add rows as needed for each equity interest. Date Divested For ASH Internal Use Company Description 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 \square Yes, as described below: Add rows as needed for each patent or royalty interest.

Company	Description	Date Divested	For ASH Internal Use

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

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

 \square Yes, as described below: Column 1 Name the company.

⊠ No

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

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

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

My Partner's or Spouse's Interests5. 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					
\square Yes, as described b	elow:				
Add rows as needed for	or each interest.				
Company	End Date	For ASH Internal Use			
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	⊠ No				
☐ Yes	□ Yes				
If yes, please explain:					

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

1.	research fu	our institutio	on, do you currently or in the oported (e.g., in kind suppo	ne past 24 mo	nths have yo	
	⊠ No					
	☐ Yes, as o	described be	elow:			
	Column 1	Name the	company funding or suppo	rting the rese	arch.	
	Column 2	Briefly des	cribe 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 loc investigator. If other than these options, please describe.					
	Column 4		hen your involvement ende icate "current" or "ongoing		le. (If your inv	volvement has not yet
Add rows as needed for each research project.						
С	company		Description of Research	My Role	End Date	For ASH Internal Use
С	Company		Description of Research	My Role	End Date	For ASH Internal Use
	id and Volu Do you cur	rently or in t	Description of Research ities for Organizations Su the past 24 months have you wholly or partially funded	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur	rently or in t	ities for Organizations Su the past 24 months have yo	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur an organiza ⊠ No	rently or in t	ities for Organizations Su the past 24 months have yo wholly or partially funded	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur an organiza ⊠ No	rently or in tation that is	ities for Organizations Su the past 24 months have yo wholly or partially funded	pported by F ou been involv by any for-pro	For-Profit He ved in any vo ofit healthcar	althcare Companies lunteer or paid work for re company?
Pa	id and Volu Do you cur an organiza ☑ No □ Yes, as o	rently or in to ation that is described be Name the Briefly described	ities for Organizations Su the past 24 months have yo wholly or partially funded	pported by Fou been involved by any for-pro	For-Profit He ved in any vo ofit healthcar	althcare Companies lunteer or paid work for re company?

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.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Other Relevant Indirect Financial Interests

Oti	ner 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 hav	re strongly held beliefs related to the topic of these guidelines?					
	⊠ No						
	☐ Yes						
	If yes, plea	se explain:					
Pre 2.	Have you e	olished Opinions ever authored, coauthored, or publicly provided an opinion related to the topic of these e.g., a clinical practice guideline, textbook, review article, meeting poster or on, grand rounds talk, letter to the editor?					
	⊠ No						
	☐ Yes						
	If yes, what were those views and where were they made?						
Nc 3.	Currently of project not	Supported Research or in the past 24 months, have you been involved in a leadership role in any research already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., 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.					

Funder	Description of Research	My Role	End Date
CDC through Karna	Systematic review and meta-analysis of prognostic factors for VTE and bleeding in hospitalized medical patients.	First author and coordinator	Contract ended August 2018
CDC through Karna	Risk models for VTE and bleeding in hospitalized medical patients using a novel approach.	First author and coordinator	Contract ended August 2018

Ins 4.	titutional Relationships Could your compensation be affected by recommendations on this topic?
	☐ Don't know
	⊠ No
	□ Yes
	If yes, please explain:
5.	Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
	□ Don't know
	⊠ No
	□ Yes
	If yes, please explain:
6.	Could your institution benefit or be harmed by guidelines on this topic?
	☐ Don't know
	⊠ No
	□ Yes
	If yes, please explain:

Career Advancement

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

Will not be influenced by reactions to guidelines.

 Involvement in Organizations With Relevant Policies, Positions, or Guidelines 8. Are you involved as an employee, volunteer, or member of any organization that has published your knowledge is currently developing policies, positions, or guidelines relevant to these ASF guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statements in Statement, advocacy statement, amicus brief, or legislature or legal testimony? 				ny organization that has published or to guidelines relevant to these ASH riteria, expert consensus statement,		
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Column 1	Name the	organization.			
	Column 2	Describe o	or reference the relevant policy, position	n, or guidelines.		
	Column 3	lumn 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.				
	Add rows a	s needed fo	or each organization.			
0	rganization		Relevant Policy Position	Your Role		
Cli 9.	nical Praction Do you see No Yes If yes, what	patients cl	inically? mary specialty or subspecialty?			
			e or otherwise recommend clinical inter atments, procedures) that may be addre			

	□ Yes
	If yes, please explain:
Otł	ner
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:
Exp	pected 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	AJD
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	AJD
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	AJD
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	AJD
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	AJD
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	AJD

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

Agreed by Andrea Darzi

Date June 30, 2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	July 15, 2020	
Menaka Pai, MD, Ex Officio, ASH	July 15, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Disclosure	June 29, 2021	Russell	Dr. Darzi agreed to
			adhere to the policies
			described herein. No
			special management
			considerations are
			required, including
			requirement for recusal.
Disclosure	October 1, 2021	Russell	Dr. Darzi agreed to
			adhere to the policies
			described herein.
Disclosure	January 18, 2022	Deion Smith, ASH Staff	Dr. Darzi agreed to
			adhere to the policies
			described herein.
	April 4, 2022	Smith	Dr. Darzi confirmed that
			all information in the
			form is correct.



Karin Dearness, BSc, MLS

Director, Library Services
St. Joseph's Healthcare Hamilton
Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

Ms. Karin Dearness has more than thirty years of experience in health library and information services. She has supported the development of health evidence synthesis products ranging from knowledge guides and websites to systematic reviews and guidelines. Ms. Dearness has a passion for information retrieval, in particular systematic literature searching,

[July 22, 2020 profile approved by Ms. Dearness]

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

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

Equity in For-Profit Healthcare Companies

	company ? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.						
	⊠ No						
	☐ Yes, as o	described b	elow:				
A	Add rows a	s needed fo	or each equity interest.				
Con	npany		Description	Date Divested	For ASH Internal Use		
3. C	o you cur	rently or in ctual prope	•	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•		
	⊠ No						
	☐ Yes, as o	described b	elow:				
A	Add rows a	s needed fo	or each patent or royalty in	nterest.			
Con	npany		Description	Date Divested	For ASH Internal Use		
4. E	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 forprofit healthcare company?						
	⊠ No						
	\square Yes, as described below:						
Column 1 Name the company.							
C	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.						
C	Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")						

2. Do you currently or in the past 24 months have you had equity in any for-profit healthcare

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use		
My Partner's or Spouse's Interests					

\vdash							
My	/ Partner's or Spouse's	s Interests					
5.							
	⊠ No						
	\square Yes, as described b	elow:					
	Add rows as needed for	or each interest.					
Сотрапу		Description	End Date	For ASH Internal Use			
Ot	her Relevant Direct Fi	nancial 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						

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 o	described be	elow:			
	Column 1	Name the	company funding or suppo	rting the rese	arch.	
	Column 2	Briefly des	cribe the research project.			
	Column 3	umn 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		hen your involvement ende icate "current" or "ongoing		le. (If your in	volvement has not yet
	Add rows a	s needed fo	r each research project.			
Ci	ompany		Description of Research	My Role	End Date	For ASH Internal Use
Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Compa 2. Do you currently or in the past 24 months have you been involved in any volunteer or paid w an organization that is wholly or partially funded by any for-profit healthcare company? ☑ No					lunteer or paid work for	
\square 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., emp other volunteer services.					ment, service	on board of directors,
	Column 3	Indicate if	your activity was paid or vo	olunteered.		
	Column 4		hen your involvement with ded, indicate "current" or "	_	tion ended. (I	f your involvement has

Add rows as needed for each organization.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Other Relevant Indirect Financial Interests

0 0	Her Relevant man est i maneral met ests		
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 hav	re strongly held beliefs related to the topic of these guidelines?
	⊠ No	
	☐ Yes	
	If yes, pleas	se explain:
Pre 2.	Have you e guidelines,	olished Opinions ever authored, coauthored, or publicly provided an opinion related to the topic of these e.g., a clinical practice guideline, textbook, review article, meeting poster or on, grand rounds talk, letter to the editor?
	⊠ No	
	☐ Yes	
	If yes, wha	t were those views and where were they made?
No 3.	Currently of project not	Supported Research or in the past 24 months, have you been involved in a leadership role in any research already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., 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

Funder	Description of Research	My Role	End Date
Society for Critical Care Medicine	Systematic review of treatments for Covid-19 patients in critical care. The SCCM guidelines do not cover anticoagulation.	Literature searching	Ongoing

Institutional Relationships

4.	Could your compensation be affected by recommendations on this topic?
	☐ Don't know
	⊠ No
	□ Yes
	If yes, please explain:
5.	Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
	☐ Don't know
	□ No
	⊠ Yes
	If yes, please explain: Searching work for systematic review/guideline is billed at hourly rate.
6.	Could your institution benefit or be harmed by guidelines on this topic?
	☐ Don't know
	⊠ No
	□ Yes
	If yes, please explain:

Career Advancement

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

I would anticipate support from my direct supervisor and institution if the work generated strong reactions.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

□ No

 \boxtimes 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.

Organization	Relevant Policy Position	Your Role
GUIDE group (McMaster University/St. Joseph's Healthcare Hamilton)	Produces guidelines on critical care	Supportive – conducting literature searches. Not involved in drafting guidelines or recommendations.

Cli	ical 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:
Oth	ner
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:
Exp	pected 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	KD
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	KD
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	KD
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	KD
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	KD
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	KD

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

Agreed by Karin Dearness

Date 09 July 2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	July 16, 2020	
Menaka Pai, MD, Ex Officio ASH	July 16, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 30, 2021	Russell	Ms. Dearness agreed to adhere to the policies described herein.
Attestation	October 1, 2021	Russell	Ms. Dearness agreed to adhere to the policies described herein.
Attestation	January 19, 2022	Deion Smith, ASH Staff	Ms. Dearness agreed to adhere to the policies described herein.
	March 30, 2022	Smith	Ms. Dearness confirmed that all information in this form is correct.



Heba Hussein, BDS, MDSc, PhD

Lecturer at Oral Medicine, Oral Diagnosis, and Periodontology Department,
Faculty of Dentistry, Cairo University
Cairo, Egypt

Project

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

Role

Review Team Member

Profile

Dr. Hussein is a Cochrane author and translator and a member of Cochrane Oral Health. She has worked as a part of the research team of the eCOVID recmap project and is an Oral Medicine lecturer at Faculty of Dentistry, Cairo University. Initiated many student research groups being able to motivate, guide, and train undergraduates. She is currently, working as a research volunteer at the University of Illinois at Chicago (UIC). Her career goals involve utilizing the combined training in Oral Medicine, Molecular Biology, and Evidence-Based Dentistry in designing and executing studies aimed at diagnosis and management of oral lesions.

[May 14, 2021 profile approved by Dr. Hussein]

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

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

Yes,	as	desc	ribed	belo	w:

 \bowtie No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use
			_

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 o	described b	elow:					
	Add rows a	s needed fo	or each equity interest.					
Ci	отрапу		Description	Date Divested	For ASH Internal Use			
He 3.	Do you cur	rently or in ctual prope	•	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•			
	⊠ No							
	☐ Yes, as o	\square Yes, as described below:						
	Add rows as needed for each patent or royalty interest.							
Ci	ompany		Description	Date Divested	For ASH Internal Use			
Pe: 4 .	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 forprofit healthcare company?							
	⊠ No							
\square 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, research, consultancy, speakers bureau involvement, service on an advisory comm or board, expert testimony. Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.") 								
					nas not yet ended,			

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use	
My Partner's or Spouse's Interests				

My	/ Partner's or Spouse's	s Interests			
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?				
	⊠ No				
	\square Yes, as described be	elow:			
	Add rows as needed for	or each interest.			
C	ompany	Description	End Date	For ASH Internal Use	
Ot	her Relevant Direct Fi	nancial 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				

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 forprofit healthcare company?						
	⊠ No						
	☐ Yes, as o	described be	elow:				
	Column 1	Name the	company funding or suppo	rting the rese	arch.		
	Column 2	Briefly des	cribe 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		hen your involvement ende icate "current" or "ongoing		le. (If your inv	volvement has not yet	
	Add rows a	s needed fo	r each research project.				
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use	
Pai 2 .	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?					lunteer or paid work for	
	⊠ No						
	\square Yes, as described below:						
	Column 1	Name the	organization. If known to y	ou, describe a	any industry f	unding 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 vo	olunteered.			

Add rows as needed for each organization.

not yet ended, indicate "current" or "ongoing.")

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Fu	nder	Description of Research	My Role	End Date

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 \boxtimes No ☐ Yes

Career Advancement

If yes, please explain:

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

	guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?					
	⊠ No					
	☐ Yes, as described below:					
	Column 1 Name the	organization.				
	Column 2 Describe of	or reference the relevant policy, positio	n, or guidelines.			
	·	your role with the organization, including ting, or implementing the relevant policy.				
	Add rows as needed for	or each organization.				
0	rganization	Relevant Policy Position	Your Role			
9.	 9. Do you see patients clinically? □ No ☑ Yes If yes, what is your primary specialty or subspecialty? Dentist 					
		e or otherwise recommend clinical inte atments, procedures) that may be addr				
	⊠ No					
	□ Yes					
	If yes, please explain:					
	ner Do you have other not to the work of develop No		described above that could be relevant			

	□ Yes
	If yes, please describe:
Exp	pected 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:

Policy	Initials
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").	нн
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.	НН
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.	нн
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	НН
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.	нн
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.	НН

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

Agreed by Heba Hussein

Date 03/30/2021

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	April 19, 2021	
Dee Terrell, PhD, Ex Officio ASH	April 19, 2021	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 29, 2021	Russell	Dr. Hussein agreed to adhere to the policies described herein.
Attestation	October 2, 2021	Russell	Dr. Hussein agreed to adhere to the policies described herein.
Attestation	January 18, 2022	Deion Smith, ASH Staff	Dr. Hussein agreed to adhere to the policies described herein.
	March 30, 2020	Smith	Dr. Hussein confirmed that all information in this form was correct.



Samer G. Karam, MD, MSc

General Surgeon

McMaster University

Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

Dr. Samer Karam is a General Surgeon and who recently completed a trauma fellowship at the General Hamilton Hospital and is currently completing a PhD in Health Research Methods. He is a project coordinator and has completed his Master's degree at the Department of Health Research Methods, Evidence, and Impact at McMaster University. He is also a member of the GRADE working group. Dr. Karam has coordinated and contributed multiple systematic review efforts and was part of the American Society of Hematology guideline effort on management of VTE in thrombophilia. The scope of his current work is related to appraising risk of bias and indirectness in values and preferences studies.

[July 17, 2020 profile approved by Dr. Karam. Updated by Dr. Karam on April 4th 2022.]

1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable p	person would consider that an
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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

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gain or loss of monetary value, such as employment, stock

ownership, payment for services, or gifts given with the expectation

of reciprocity

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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?

 \bowtie No

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use
			_

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					
	\square Yes, as described below:					
	Add rows as needed for each equity interest.					
C	отрапу		Description	Date Divested	For ASH Internal Use	
He 3.	Do you cur	rently or in ctual prope	•	r Intellectual Property you owned patents for or i gnose, treat, monitor, man	•	
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Add rows a	s needed fo	or each patent or royalty i	nterest.		
Ci	ompany		Description	Date Divested	For ASH Internal Use	
Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Co 4. Do you currently or in the past 24 months have you received any personal income of transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) profit healthcare company?					income or other direct	
	⊠ No					
	\square Yes, as described below:					
	Column 1 Name the company.					
	Column 2	research,		received the income or oth reau involvement, service o		
	Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")					

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use		
My Partner's or Spouse's Interests					

My	/ Partner's or Spouse's	s Interests			
5.	5. Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?				
	⊠ No				
	\square Yes, as described be	elow:			
	Add rows as needed for	or each interest.			
C	ompany	Description	End Date	For ASH Internal Use	
Ot	her Relevant Direct Fi	nancial Interests			
6.	•	•	past 24 months) direct fin a could be relevant to the v	·	
	⊠ No				
	□ Yes				

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 forprofit healthcare company?						
	⊠ No						
	\square Yes, as described below:						
	Column 1	Name the	company funding or suppo	rting the rese	arch.		
	Column 2	Briefly des	cribe 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		hen your involvement ende icate "current" or "ongoing		le. (If your in	volvement has not yet	
	Add rows a	as needed fo	r each research project.				
C	отрапу		Description of Research	My Role	End Date	For ASH Internal Use	
Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Comp 2. Do you currently or in the past 24 months have you been involved in any volunteer or paid v an organization that is wholly or partially funded by any for-profit healthcare company? ☑ No				lunteer or paid work for			
	•	described be					
	Column 1	Name the organization. If known to you, describe any industry funding or support.					
	Column 2		cribe your activity and role, nteer services.	, e.g., employ	ment, service	on board of directors,	
	Column 3	Indicate if	your activity was paid or vo	lunteered.			
	Column 4		hen your involvement with ded, indicate "current" or "	_	tion ended. (I	f your involvement has	

Add rows as needed for each organization.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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 hav	ve strongly held beliefs related to the topic of these guidelines?
	⊠ No	
	☐ Yes	
	If yes, plea	se explain:
Pre 2.	Have you e	olished Opinions ever authored, coauthored, or publicly provided an opinion related to the topic of these e.g., a clinical practice guideline, textbook, review article, meeting poster or on, grand rounds talk, letter to the editor?
	⊠ No	
	☐ Yes	
	If yes, wha	t were those views and where were they made?
Nc 3.	Currently of project not	Supported Research or in the past 24 months, have you been involved in a leadership role in any research already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., 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.

Funder	Description of Research	My Role	End Date	
CDC through Karna	Systematic review and meta-analysis of prognostic factors for VTE and bleeding in hospitalized medical patients.	Co-author	Contract ended August 2018	
CDC through Karna	Risk models for VTE and bleeding in hospitalized medical patients using a novel approach.	Co-author	Contract ended August 2018	

Ins 4.	titutional Relationships Could your compensation be affected by recommendations on this topic?
	☐ Don't know
	⊠ No
	□ Yes
	If yes, please explain:
5.	Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
	□ Don't know
	⊠ No
	□ Yes
	If yes, please explain:
6.	Could your institution benefit or be harmed by guidelines on this topic?
	☐ Don't know
	⊠ No
	□ Yes
	If yes, please explain:

Career Advancement

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

Will not be influenced by reactions to guidelines.

lnv 8.	volvement in Organizations With Relevant Policies, Positions, or Guidelines 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 o	described b	elow:		
	Column 1	Name the	organization.		
	Column 2	Describe o	or reference the relevant policy, po	ositior	n, or guidelines.
	Column 3		our role with the organization, ind ting, or implementing the relevan		g your involvement in developing, cy, position, or guidelines.
	Add rows a	s needed fo	or each organization.		
0	rganization		Relevant Policy Position		Your Role
Cli 9.	nical Praction		inically?		
	□ No				
	⊠ Yes				
	If yes, what	t is your pri	mary specialty or subspecialty?		
	I am a gene	eral surgeor	n completing a trauma fellowship a	and se	ee patients in that capacity.

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

	⊠ No
	□ Yes
If	f yes, please explain:
Othe	er
	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	f yes, please describe:
Expe	ected Interests
	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	f 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	SGK
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	SGK
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	SGK
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	SGK
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	SGK
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	SGK

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

Agreed by [Samer G. Karam]

Date [30 June 2020]

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	July 16, 2020	
Menaka Pai, MD, Ex Officio ASH	July 16, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Disclosure	July 21, 2021	Russell	Dr. Karam disclosed he is
			no longer seeing patients
			in any capacity in 2021
			and at least until June
			2022.
Attestation	July 26, 2021	Russell	Dr. Karam agreed to
			adhere to the policies
			described herein.
Attestation	October 8, 2021	Russell	Dr. Karam agreed to
			adhere to the policies
			described herein.
Attestation	January 18, 2022	Deion Smith, ASH Staff	Dr. Karam agreed to
			adhere to the policies
			described herein.
	April 4, 2022	Smith	Dr. Karam confirmed
			that all information in
			this form is correct.



Philipp Kolb, MBA, BHSc

Medical Student

McMaster University

Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

Mr. Philipp Kolb is a MD Student at McMaster University with experience in both Basic Science and Clinical Research settings. Most of his research career was spent studying Pulmonary Fibrosis and other Respiratory Diseases. Recently, he switched interests to systematic reviews and guideline development. Prior to starting medical school, he completed a MBA and worked in Industry as an Analyst focused on the strategic use of big data and front-end data visualization.

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

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest A situation in which a reasonable person would consider that an

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individual's academic institution

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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

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

 \boxtimes Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use
AstraZeneca	(Respiratory) Data Analyst	July 2019	

Сотрапу	Description	End Date	For ASH Internal Use
Boehringer Ingelheim	Marketing Intern	August 2018	
•	in the past 24 months ha	ove you had equity in any f ns, and other ownership ir	•
☐ Yes, as described	d below:		
Сотрапу	Description	Date Divested	For ASH Internal Use
•	perty or product used to	diagnose, treat, monitor, r	or received royalties from manage, or alleviate health
Add rows as needed			

Column 1 Name the company.

 $\hfill\square$ Yes, as described below:

 \boxtimes No

Column 2	Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.						
Column 3	Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")						
Add rows a	Add rows as needed for each activity.						
Company		Description	End Date	For ASH Internal Use			
relationshi _l ☐ No ⊠ Yes, as o	 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. 						
Company		Description	End Date	For ASH Internal Use			
Stryker		Marketing Associate	Aug 2019				
Other Relevant Direct Financial Interests 5. 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							

Part B. Indirect Financial Interests

Add rows as needed for each organization.

Institutional Research Funded by For-Profit Healthcare Companies

1.	research fu		on, do you currently or in the ported (e.g., in kind suppo	•	•		
	⊠ No	⊠ No					
	☐ Yes, as o	described be	elow:				
	Column 1	Name the	company funding or suppo	rting the rese	arch.		
	Column 2	Briefly des	cribe 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 investigator. If other than these options, please describe.							
	Column 4		hen your involvement ende icate "current" or "ongoing		le. (If your inv	volvement has not yet	
	Add rows a	s needed fo	r each research project.				
C	отрапу		Description of Research	My Role	End Date	For ASH Internal Use	
Pai 2.	Do you cur an organiza	rently or in t	ities for Organizations Su the past 24 months have yo wholly or partially funded I	ou been involv	ved in any vo	lunteer or paid work for	
	Column 1	Name the	organization. If known to y	ou, describe a	iny industry f	unding or support.	
	Column 2		cribe your activity and role,	, e.g., employ	ment, service	on board of directors,	
	Column 3	Indicate if	your activity was paid or vo	lunteered.			
	Column 4		hen your involvement with ded, indicate "current" or "		tion ended. (I	f your involvement has	

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Fu	nder	Description of Research	My Role	End Date

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 \boxtimes No ☐ Yes

Career Advancement

If yes, please explain:

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

	⊠ No					
	☐ Yes, as o	described b	elow:			
	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 a	s needed fo	or each organization.			
0	rganization		Relevant Policy Position		Your Role	
	nical Practio		inically?			
	□ No					
	⊠ Yes					
	If yes, what is your primary specialty or subspecialty?					
	Medical Student					
		•	e or otherwise recommend clinica atments, procedures) that may be		ventions (e.g., screening or diagnostic ssed by these guidelines?	
	⊠ No					
	☐ Yes					
	If yes, pleas	se explain:				
			nfinancial interests or relationship oing these guidelines?	s not (described above that could be relevant	
	⊠ No					
	□ Yes					
	If yes, pleas	se 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	PK
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	PK
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	PK
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	PK
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	PK
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	PK

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

Agreed by Philipp Kolb

Date 2 July 2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	July 16, 2020	
Menaka Pai, MD, Ex Officio ASH	July 16, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	July 2, 2021	Russell	Mr. Kolb agreed to
			adhere to the policies
			described herein.
Attestation	October 6, 2021	Russell	Mr. Kolb agreed to
			adhere to the policies
			described herein.
	April 4 th , 2022	Deion Smith, ASH Staff	Mr. Kolb confirmed that
			all information in this
			form is correct.



Razan Mansour, MD

Postdoctoral Research Fellow

King Hussein Cancer Center

Amman, Jordan

Project

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

Role

Review Team Member

Profile

Dr. Razan Mansour is a Medical Doctor who graduated from the University of Jordan in 2019. She works as a postdoctoral research fellow at King Hussein Cancer Center, the largest cancer center in the Middle East region. Dr. Mansour's main fields of interest include hematology/oncology, and the areas of intersection between biology, ethics and the practice of medicine.

[September 12, 2020 profile approved by Dr. Mansour]

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an
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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?

Yes,	as	des	cribe	d b	elo	w:

 \bowtie No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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 o	described b	elow:				
	Add rows a	s needed fo	or each equity interest.				
Ci	отрапу		Description	Date Divested	For ASH Internal Use		
He 3.	Do you cur	rently or in ctual prope	•	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•		
	⊠ No						
	☐ Yes, as o	described b	elow:				
	Add rows a	s needed fo	or each patent or royalty i	nterest.			
Ci	ompany		Description	Date Divested	For ASH Internal Use		
Pe: 4 .	ersonal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit healthcare company?						
	⊠ No						
	\square Yes, as described below:						
Column 1 Name the company.							
	Column 2	research,		received the income or oth eau involvement, service o			
	Column 3		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,		

Add rows as needed for each activity.

Add rows as needed	Add rows as needed for each activity.						
Company	Description	End Date	For ASH Internal Use				
5. Currently or in the pa	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							
\square Yes, as described	pelow:						
Add rows as needed	for each interest.						
Company	Description	End Date	For ASH Internal Use				
	irrent or recent (within the ion, entity or individual tha						
☐ Yes							
If yes, please explain:							
Institutional Research F 1. Through your institut research funded or so	art B. Indirect Financial Interests stitutional Research Funded by For-Profit Healthcare Companies Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any forprofit healthcare company?						
⊠ No	⊠ No						
☐ Yes, as described I	☐ Yes, as described below:						
Column 1 Name the	e company funding or supp	orting the research.					

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

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

Add rows as needed for each research project.

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

C	ompany		Description of Research	IVIY NOIE	Liiu Dute	TOT ASTITITETTIAL USE	
Pai 2 .	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						
	\square Yes, as described below:						
	Column 1	Name the	organization. If known to y	ou, describe a	any industry funding or support.		
 Column 2 Briefly describe your activity and role, e.g., employment, service on board of direct 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 not yet ended, indicate "current" or "ongoing.") 					e on board of directors,		
					f your involvement has		
	Add rows a	s needed fo	r each organization.				
0	rganization		Description and role	Paid or Unpaid?	End Date	For ASH Internal Use	
Otl 3.	Do you hav	re other indi rution, orgar	inancial Interests rect financial interests wit nization, entity or individua				

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?

 \boxtimes No

	☐ Yes					
	If yes, plea	se explain:				
Pre 2.	reviously Published Opinions Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?					
	⊠ No					
	☐ Yes					
	If yes, wha	t were thos	e views and where were th	ney made?		
	on-Industry Supported Research Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?					
	⊠ No					
	☐ Yes, as described below:					
Column 1 Name the entity funding the research.						
	Column 2	Describe t	he 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 investigator. If other than these options, please describe.						
	Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not you ended, indicate "current" or "ongoing.")					
	Add rows	as needed f	or each research project.			
Fu	under		Description of Research	My Role	End Date	
_	titutional R			mandations on this tonic?		
4.	☐ Don't ki		tion be affected by recomr	пениаціонз он инз юріс:		

	⊠ 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:
Car	reer Advancement
7.	How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution? -As a research fellow, I have full institutional support if my contribution to this panel was to create a strong reaction from peers outside/inside my institution.
Inv	olvement 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 :	l Name the	organization.		
Column 2	2 Describe	or reference the relevant policy,	position, or guidelines.	
Column 3		your role with the organization, i ting, or implementing the releva		
Add row	s as needed f	or each organization.		
Organizatio	n	Relevant Policy Position	Your Role	
Clinical Prac 9. Do you s	tice ee patients cl	inically?		
⊠ No				
☐ Yes				
If yes, wh	nat is your pri	mary specialty or subspecialty?		
tests, eva		e or otherwise recommend clinicatments, procedures) that may b		
-		nfinancial interests or relationsh ping these guidelines?	ips not described above that co	ould be relevant
_				
☐ Yes	200 doorik -			
ii yes, pie	ease 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	R.M
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	R.M
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	R.M
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	R.M
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	R.M
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	R.M

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

Agreed by [Razan Mansour]

Date [8/28/2020]

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	August 31, 2020	
Menaka Pai, MD, Ex Officio ASH	August 31, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 30, 2021	Russell	Dr. Mansour agreed to adhere to the policies described herein.
Attestation	October 5, 2021	Russell	Dr. Mansour agreed to adhere to the policies described herein.
Attestation	January 18, 2022	Deion Smith, ASH Staff	Dr. Mansour agreed to adhere to the policies described herein.
	April 6, 2022	Smith	Dr. Mansour confirmed that all information in this form is correct.



Gian Paolo Morgano, PhD, MSc

Researcher, Methodologist
McMaster University
Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

Gian Paolo Morgano is a researcher and methodologist with an interest in evidence synthesis using qualitative and quantitative methods, development of health measurement scales, health technology assessment. His work as clinical practice guideline methodologist has informed the production of guidelines for several health organizations including the World Health Organization (WHO), American Society of Hematology (ASH), Work Allergy Organization (WAO), and the Italian Minister of Health (ISS).

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

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?

X	ΝO	

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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. \bowtie No \square Yes, as described below: Add rows as needed for each equity interest. Date Divested For ASH Internal Use Company Description 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 \square Yes, as described below: Add rows as needed for each patent or royalty interest.

Company	Description	Date Divested	For ASH Internal Use

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

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

 \square Yes, as described below: Column 1 Name the company.

⊠ No

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

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

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

My Partner's or Spouse's Interests5. 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				
\square Yes, as described be	elow:			
Add rows as needed fo	Add rows as needed for each interest.			
Сотрапу	Description	End Date	For ASH Internal Use	
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 forprofit healthcare company?							
	⊠ No	⊠ No						
	☐ Yes, as o	described be	low:					
	Column 1	Name the	company funding or suppo	rting the rese	arch.			
	Column 2	Briefly des	cribe 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 investigator. If other than these options, please describe.								
	Column 4		nen your involvement endoicate "current" or "ongoing		le. (If your in	volvement has not yet		
	Add rows a	s needed fo	r each research project.					
С	ompany		Description of Research	My Role	End Date	For ASH Internal Use		
С	ompany		Description of Research	My Role	End Date	For ASH Internal Use		
Pa	id and Volu Do you cur	rently or in t	Description of Research ities for Organizations Suche past 24 months have you wholly or partially funded	pported by F	or-Profit He	althcare Companies lunteer or paid work for		
Pa	id and Volu Do you cur	rently or in t	ities for Organizations Su the past 24 months have yo	pported by F	or-Profit He	althcare Companies lunteer or paid work for		
	id and Volu Do you cur an organiza ⊠ No	rently or in t	ities for Organizations Su the past 24 months have yo wholly or partially funded	pported by F	or-Profit He	althcare Companies lunteer or paid work for		
Pa	id and Volu Do you cur an organiza ⊠ No	rently or in tation that is	ities for Organizations Su the past 24 months have yo wholly or partially funded	pported by Fou been involved by any for-pro	For-Profit He ved in any vo ofit healthca	althcare Companies lunteer or paid work for re company?		
Pa	id and Volu Do you cur an organiza ☑ No ☐ Yes, as o	rently or in to ation that is described be Name the Briefly described	ities for Organizations Suche past 24 months have you wholly or partially funded	pported by Fou been involved by any for-pro	For-Profit He wed in any vo ofit healthcan	althcare Companies lunteer or paid work for re company?		

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.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Other Relevant Indirect Financial Interests

Oti	ner 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? \bowtie 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.

Fu	nder	Description of Research	My Role	End Date

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 \boxtimes No

Career Advancement

If yes, please explain:

☐ Yes

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

In case of a positive reaction, the citations that these guidelines will receive would have a beneficial impact on the indicators of my performance as a researcher (e.g. h-index, number of citations).

1n\ 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					
	\square Yes, as described b	elow:				
	Column 1 Name the	organization.				
	Column 2 Describe of	or reference the relevant policy, position	n, or guidelines.			
	·	our role with the organization, includin ting, or implementing the relevant polic				
	Add rows as needed for	or each organization.				
0	rganization	Relevant Policy Position	Your Role			
Cli 9.	nical Practice Do you see patients cl	inically?				
		⊠ No				
	☐ Yes					
		mary specialty or subspecialty?				
		mary specialty or subspecialty?				
	If yes, what is your pri	mary specialty or subspecialty? e or otherwise recommend clinical interactions atments, procedures) that may be addres				
	If yes, what is your pri	e or otherwise recommend clinical inter				

Other

If yes, please explain:

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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	GPM
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	GPM
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	GPM
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	GPM
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	GPM
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	GPM

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

Agreed by Gian Paolo Morgano

Date June 27th, 2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	July 15, 2020	
Menaka Pai, MD, Ex Officio ASH	July 15, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 30, 2021	Russell	Dr. Morgano agreed to
			adhere to the policies
			described herein.
Attestation	October 2, 2021	Russell	Dr. Morgano agreed to
			adhere to the policies
			described herein.
	April 1st, 2022	Deion Smith, ASH Staff	Dr. Morgano confirmed
			that all information in
			this form is correct.



Rami Morsi, MD

Neurology Resident
University of Chicago
Chicago, Illinois, United States

Project

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

Role

Review Team Member

Profile

Dr. Rami Morsi is a resident physician in Neurology at University of Chicago. Prior to his role at University of Chicago, he was a post-doctoral research fellow in the Department of Neurology at Massachusetts General Hospital with a particular interest in a career as a physician-scientist in the fields of vascular and interventional neurology. Dr. Morsi received his Doctor of Medicine degree from the American University of Beirut in 2018, and his work has been in published in fifteen peer-reviewed journals, including *Blood* and *Blood Advances*.

[September 11, 2020, profile approved by Dr. Morsi. Updated March 31, 2022.]

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an
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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?

Yes,	as	desc	ribed	below	:

 \bowtie No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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 o	described b	elow:			
	Add rows a	s needed fo	or each equity interest.			
Co	отрапу		Description	Date Divested	For ASH Internal Use	
He 3.	Do you cur	rently or in ctual prope	•	r Intellectual Property you owned patents for or I gnose, treat, monitor, man	•	
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Add rows as needed for each patent or royalty interest.					
Ci	ompany		Description	Date Divested	For ASH Internal Use	
 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? 					income or other direct	
	⊠ No					
\square Yes, as described below:						
	Column 1	umn 1 Name the company.				
 Column 2 Describe the activity for which you received the income or other transfer of value, or research, consultancy, speakers bureau involvement, service on an advisory commit or board, expert testimony. Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.") 						
					nas not yet ended,	

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use
My Partner's or Spouse'	s Interests		

My Partner's or S	pouse's Interests		
5. Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?			
⊠ No			
\square Yes, as described below:			
Add rows as ne	eeded for each interest.		
Company	Description	End Date	For ASH Internal Use
Other Relevant D	irect Financial Interests	-	
Da way baya a			ract financial interacts with any

0 0	Her Melevant Birect i maneral 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 yo	Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any forprofit healthcare company?				
	⊠ No					
	☐ Yes, as o	described be	elow:			
	Column 1	Name the	company funding or suppo	rting the rese	arch.	
	Column 2	Briefly des	cribe the research project.			
	Column 3	steering co	scribe your role: (a) national or overall principal investigator, (b) member of a sering committee of a study that does not have a principal investigator, (c) site or loc restigator. If other than these options, please describe.			
	Column 4		nen your involvement ende icate "current" or "ongoing		le. (If your in	volvement has not yet
	Add rows a	s needed fo	r each research project.			
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use
Pa 2 .	Do you cur an organiza	rently or in t	ties for Organizations Su the past 24 months have yo wholly or partially funded	ou been invol	ved in any vo	lunteer or paid work for
	⊠ No					
	☐ Yes, as o	described be	·low:			
	Column 1	Name the	organization. If known to y	ou, describe a	any industry f	unding or support.
	Column 2		cribe your activity and role nteer services.	, e.g., employ	ment, service	e on board of directors,
	Column 3	Indicate if	your activity was paid or vo	olunteered.		
	Column 4	Indicate w	hen your involvement with	the organizat	tion ended. (I	f your involvement has

Add rows as needed for each organization.

not yet ended, indicate "current" or "ongoing.")

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \boxtimes 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? \boxtimes 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

Add rows as needed for each research project.

Funder	Description of Research	My Role	End Date

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet

investigator. If other than these options, please describe.

ended, indicate "current" or "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 \bowtie No ☐ Yes If yes, please explain: 6. Could your institution benefit or be harmed by guidelines on this topic? ☐ Don't know \boxtimes No

Career Advancement

If yes, please explain:

☐ Yes

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

Great support from peers and institution.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

	⊠ No			
	\square Yes, as described below:			
	Column 1 Name the organization.			
	Column 2	Describe o	or reference the relevant policy, positio	n, or guidelines.
	Column 3		our role with the organization, including, or implementing the relevant policy	
	Add rows a	is needed fo	or each organization.	
0	rganization		Relevant Policy Position	Your Role
Cliı 9.	nical Praction		inically?	
	□ No			
	⊠ Yes			
	If yes, what is your primary specialty or subspecialty?			
	Internal Medicine/Neurology			
		-	e or otherwise recommend clinical inte atments, procedures) that may be addr	
	\square No			
	⊠ Yes			
	If yes, please explain:			
	It depends	on the case	e scenario and the relevance.	
	-		nfinancial interests or relationships not ping these guidelines?	described above that could be relevant
	⊠ No			
	□ Yes			
	If yes, pleas	se 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:

Policy	Initials
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
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	RM
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	RM
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	RM

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

Agreed by Rami Z. Morsi

Date 08/27/2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	August 31, 2020	
Menaka Pai, MD, Ex Officio ASH	August 31, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 30, 2021	Russell	Dr. Morsi agreed to
			adhere to the policies
			described herein.
Attestation	October 3, 2021	Russell	Dr. Morsi agreed to
			adhere to the policies
			described herein.
Attestation	January 18, 2022	Deion Smith, ASH Staff	Dr. Morsi agreed to
			adhere to the policies
			described herein.
	March 31, 2022	Smith	Dr. Morsi confirmed that
			all information in this
			form is correct.



Giovanna Elsa Ute Muti Schünemann, MD, MSc

HRM MSc Student
McMaster University
Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

Dr. Giovanna Elsa Ute Muti Schünemann recently graduated from "San Raffaele University" international medical school in Milan, Italy. She concluded her studies under the supervision of Prof. Maurilio Ponzoni in the field of Hematopathology.

She has started her MSc in Health Research Methodology at McMaster University under the supervision of Dr. Mark Crowther. Giovanna participated in different projects including systematic reviews dealing with physical distancing and preventive measures for person-to-person transmission of SARS-CoV-2, Ventilation techniques and risk for transmission of coronavirus disease including COVID-19, safe management of bodies of deceased persons with suspected or confirmed COVID-19 and the development of International guidelines on VTE prophylaxis in post-thoracic surgery patients.

[July 18, 2020 profile approved by Dr. Schünemann. April 7, 2022 profile updated by Dr. Schünemann]

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an
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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?

\triangle	ИO		

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

Equity in For-Profit Healthcare Companies 2. Do you currently or in the past 24 months have you had equity in any for-profit health

2.	company? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.					
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Add rows a	s needed fo	or each equity interes	st.		
Co	ompany		Description		Date Divested	For ASH Internal Use
Не 3 .	Do you cur	rently or in ctual prope	the past 24 months l	have y	Intellectual Property you owned patents for or nose, treat, monitor, man	•
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Add rows a	is needed fo	or each patent or roy	alty in	iterest.	
Co	ompany		Description		Date Divested	For ASH Internal Use
Pei 4.	Do you cur transfers o	rently or in	the past 24 months l , honoraria, gifts, tra	have y	ue From For-Profit Heal ou received any personal pport, meeting registratio	income or other direct
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Column 1	Name the	company.			
	Column 2	research,	•		eceived the income or oth eau involvement, service o	

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

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

	 My Partner's or Spouse's Interests 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	or each interest.				
С	отрапу	Description	End Date	For ASH Internal Use		
	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

1.	Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any forprofit healthcare company?							
	⊠ No	⊠ No						
	☐ Yes, as o	described be	elow:					
	Column 1	Name the	company funding or suppo	orting the rese	earch.			
	Column 2	Briefly des	cribe 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 lo investigator. If other than these options, please describe.								
	Column 4		hen your involvement end icate "current" or "ongoir		le. (If your in	volvement has not yet		
	Add rows a	s needed fo	r each research project.					
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use		
Ра 2 .	Do you cur	rently or in t	ities for Organizations Si the past 24 months have y wholly or partially funded	ou been invol	ved in any vo	lunteer or paid work for		
	⊠ No							
	☐ Yes, as o	described be	elow:					
	Column 1	Name the	organization. If known to	you, describe a	any industry f	unding or support.		
	Column 2		cribe your activity and rolenteer services.	e, e.g., employ	ment, service	e on board of directors,		

Column 4 Indicate when your involvement with the organization ended. (If your involvement has

Add rows as needed for each organization.

Column 3 Indicate if your activity was paid or volunteered.

not yet ended, indicate "current" or "ongoing.")

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Funder	Description of Research	My Role	End Date

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 \boxtimes No ☐ Yes If yes, please explain:

Career Advancement

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

Likely positive

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

•	e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, tement, advocacy statement, amicus brief, or legislature or legal testimony?
\square No	
⊠ Yes, as d	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.

Organization	Relevant Policy Position	Your Role
McMaster University	Systematic review and meta-analysis on physical distancing, face masks and eye protection to prevent person-to-person transmission of SARS-CoV-2	Volunteer screening and data extraction
McMaster University	Living systematic review on Ventilation techniques and risk for transmission of coronavirus disease, including COVID-19	Volunteer screening and data extraction
McMaster University	Rapid systematic review of the literature on safe management of bodies of deceased persons with suspected or confirmed COVID19	Volunteer screening and data extraction

Cli	nica	l Practice
9.	Do	you see patients clinically?
	\boxtimes	No
		Yes
	If y	es, 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	GEUMS
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	GEUMS
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	GEUMS
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	GEUMS
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	GEUMS
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	GEUMS

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

Agreed by Giovanna Elsa Ute Muti Schuenemann

Date 29/06/2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	June 29, 2020	
Menaka Pai, MD, Ex Officio ASH	July 15, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 29, 2021	Russell	Dr. Schünemann agreed
			to adhere to the policies
			described herein.
Attestation	October 6, 2021	Russell	Dr. Schünemann agreed
			to adhere to the policies
			described herein.
Attestation	January 18, 2021	Deion Smith, ASH Staff	Dr. Schünemann agreed
			to adhere to the policies
			described herein.
	April 5, 2022	Smith	Dr. Schünemann
			confirmed that all
			information in the form
			is correct.



Menatalla K. Nadim, MBBCh

Resident Physician

Department of Clinical Pathology, Faculty of Medicine, Ain Shams University

Cairo, Egypt

Project

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

Role

Review Team Member

Profile

Ms. Nadim's journey started when she graduated from School of Medicine at Ain Shams University, Egypt. She discovered her passion in Hematology and specialized in Clinical Pathology which incorporates Hematopathology practice at my university hospital. It also includes immunology, microbiology and clinical chemistry with all their diagnostic practices. She underwent research training and took part in "NuCLS", a breast cancer pathology image analysis research project. Ms. Nadim developed an interest in programming languages including R and Python. In Fall 2021, she will be starting a Master of science in Biomedical diagnostics at Arizona state University.

[May 19, 2021 profile approved by Ms. Nadim]

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an
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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?

Yes,	as	desc	ribed	belo	w:

 \bowtie No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

Equity in For-Profit Healthcare Companies

2.	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.						
C	отрапу		Description	Date Divested	For ASH Internal Use		
He 3.	Do you cur	rently or in ctual prope	·	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•		
	⊠ No						
	☐ Yes, as o	described b	elow:				
	Add rows a	s needed fo	or each patent or royalty i	nterest.			
Ci	ompany		Description	Date Divested	For ASH Internal Use		
Pe: 4 .	Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit healthcare company?						
	⊠ No						
	☐ Yes, as o	described b	elow:				
	Column 1	Name the	company.				
	Column 2	research,		received the income or oth eau involvement, service o			
	Column 3		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,		

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use
My Partner's or Spouse'	s Interests		

Му	Partner's or Spouse's	s Interests				
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?					
	⊠ No					
	\square Yes, as described be	elow:				
	Add rows as needed for	or each interest.				
Ca	отрапу	Description	End Date	For ASH Internal Use		
Co	ompany	Description	End Date	For ASH Internal Use		
	ompany ner Relevant Direct Fi	·	End Date	For ASH Internal Use		
	ner Relevant Direct Fi Do you have other cur	nancial Interests rent or recent (within the	End Date past 24 months) direct finate could be relevant to the v	ancial interests with any		
Oth	ner Relevant Direct Fi Do you have other cur institution, organizatio	nancial Interests rent or recent (within the	past 24 months) direct fina	ancial interests with any		

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

1.	Through yo	your institution, do you currently or in the past 24 months have you been involved in funded or supported (e.g., in kind support, such as provision of a study drug) by any foralthcare company?					
	⊠ No						
	☐ Yes, as o	described be	elow:				
	Column 1	Name the company funding or supporting the research.					
	Column 2	Briefly des	cribe 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		hen your involvement endoicate "current" or "ongoing		ole. (If your in	volvement has not yet	
	Add rows a	s needed fo	r each research project.				
С	ompany		Description of Research	My Role	End Date	For ASH Internal Use	
Pa 2.	Do you cur an organiza	rently or in	ities for Organizations Su the past 24 months have yo wholly or partially funded	ou been invol	ved in any vo	lunteer or paid work for	
	⊠ No						
	☐ Yes, as o	\square Yes, as described below:					
	Column 1	Name the organization. If known to you, describe any industry funding or support.					
	Column 2		cribe your activity and role nteer services.	, e.g., employ	ment, service	on board of directors,	
	Column 3	Indicate if	your activity was paid or vo	olunteered.			
	Column 4	Indicate w	hen your involvement with	the organiza	tion ended. (I	f your involvement has	

Add rows as needed for each organization.

not yet ended, indicate "current" or "ongoing.")

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Other Relevant Indirect Financial Interests

Oti	ner 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? \bowtie 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.

Fu	nder	Description of Research	My Role	End Date

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 \boxtimes No ☐ Yes If yes, please explain:

Career Advancement

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

It will have no effect

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

⊠ No		
\square Yes, as describ	ed below:	
Column 1 Name	e the organization.	
Column 2 Descr	ribe or reference the relevant policy,	position, or guidelines.
	ribe your role with the organization, i minating, or implementing the releva	ncluding your involvement in developing, ant policy, position, or guidelines.
Add rows as need	led for each organization.	
Organization	Relevant Policy Position	Your Role
☑ No☐ YesIf yes, what is you	or primary specialty or subspecialty?	
☐ Yes If yes, what is you If yes, do you pre		cal interventions (e.g., screening or diagnosti be addressed by these guidelines?
☐ Yes If yes, what is you If yes, do you pre	scribe or otherwise recommend clinic	
☐ Yes If yes, what is you If yes, do you pre- tests, evaluations	scribe or otherwise recommend clinic	
☐ Yes If yes, what is you If yes, do you pre- tests, evaluations	scribe or otherwise recommend clinion, treatments, procedures) that may b	
☐ Yes If yes, what is you If yes, do you pretests, evaluations ☑ No ☐ Yes If yes, please expl	scribe or otherwise recommend clinic , treatments, procedures) that may b ain:	
☐ Yes If yes, what is you If yes, do you pretests, evaluations ☑ No ☐ Yes If yes, please expl	scribe or otherwise recommend clinic , treatments, procedures) that may b ain:	ne addressed by these guidelines?

 Do	ed Interests you expect to enter into, within the next 24 months, any new financial or nonfinancial interests described above that could be relevant to the work of developing these guidelines?
\boxtimes	No
	Yes
If y	es, please describe:

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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	M.K.N.
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	M.K.N.
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	M.K.N.
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	M.K.N.
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	M.K.N.
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	M.K.N.

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

Agreed by Menatalla Nadim

Date April 2, 2021

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	April 19, 2021	
Dee Terrell, PhD, Ex Officio ASH	April 19, 2021	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 30, 3021	Russell	Dr. Nadim agreed to
			adhere to the policies
			described herein.
Attestation	October 5, 2021	Russell	Dr. Nadim agreed to
			adhere to the policies
			described herein.
Attestation	January 19, 2022	Deion Smith, ASH Staff	Dr. Nadim agreed to
			adhere to the policies
			described herein.
	April 4, 2022	Smith	Dr. Nadim confirmed
			that all information in
			this form is correct.



Atefeh Noori, MSc, Ph.D

Ph.D

McMaster University

Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

Ms. Atefeh Noori has a clinical background in nursing and graduated with a Master of Science with a concentration in Epidemiology. She recently earned her PhD from the Health Research Methodology program (Clinical Epidemiology stream) in the Faculty of Health Science at McMaster University. She has a strong interest in population-level public health interventions, quantitative analysis, methods in evidence-based medicine, network meta-analysis, and clinical trials. Ms. Noori has been working for more than five years in different research centers and mainly has focused on the systematic review, meta-analysis, population health metrics, and social determinants of health.

[August 6, 2020 profile approved by Ms. Noori]

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?

\square Yes, as described below:	

 \bowtie No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

Equity in For-Profit Healthcare Companies

	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.					
Ci	ompany		Description	Date Divested	For ASH Internal Use	
He 3.	Do you cur	rently or in ctual prope	•	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•	
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Add rows a	s needed fo	or each patent or royalty i	nterest.		
Ci	ompany		Description	Date Divested	For ASH Internal Use	
Pe 4 .	Do you cur transfers o	rently or in	the past 24 months have ., honoraria, gifts, travel so	lue From For-Profit Healt you received any personal upport, meeting registratio	income or other direct	
	⊠ No					
	☐ Yes, as described below:					
	Column 1	Name the	company.			
	Column 2	research,		received the income or oth reau involvement, service o		
	Column 3		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,	

2. Do you currently or in the past 24 months have you had equity in any for-profit healthcare

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use
My Partner's or Spouse'	s Interests		

My Partner's or S	pouse's Interests		
•	the past 24 months has you escribed in questions 1-4?	ır partner or spouse had a	any of the interests or
⊠ No			
☐ Yes, as desc	ribed below:		
Add rows as ne	eeded for each interest.		
Company	Description	End Date	For ASH Internal Use
Other Relevant D	irect Financial Interests	-	,
Da way baya a			ract financial interacts with any

00	Her Melevant Birect i maneral 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 forprofit healthcare company?					
	⊠ No					
	☐ Yes, as o	described be	elow:			
	Column 1	Name the	company funding or suppo	rting the rese	arch.	
	Column 2	Briefly des	cribe the research project.			
	Column 3	imn 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	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.					
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use
Pa 2 .	Do you cur an organiza	rently or in t	ties for Organizations Su the past 24 months have yo wholly or partially funded	ou been invol	ved in any vo	lunteer or paid work for
	⊠ No 					
	☐ Yes, as described below:					
	Column 1	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 vo	olunteered.		
	Column 4	Indicate w	hen your involvement with	the organizat	tion ended. (I	f your involvement has

Add rows as needed for each organization.

not yet ended, indicate "current" or "ongoing.")

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \boxtimes 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? \boxtimes 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

Add rows as needed for each research project.

Funder	Description of Research	My Role	End Date

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet

investigator. If other than these options, please describe.

ended, indicate "current" or "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 \bowtie No ☐ Yes If yes, please explain: 6. Could your institution benefit or be harmed by guidelines on this topic? ☐ Don't know \boxtimes No ☐ Yes

Career Advancement

If yes, please explain:

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 o	described b	elow:		
	Column 1	Name the	organization.		
	Column 2	Describe o	or reference the relevant policy,	positio	n, or guidelines.
	Column 3		our role with the organization, in ting, or implementing the releva		g your involvement in developing, cy, position, or guidelines.
	Add rows a	as needed fo	or each organization.		
Oi	rganization		Relevant Policy Position		Your Role
	☑ No☐ YesIf yes, what	t is your pri	mary specialty or subspecialty?		
		-	e or otherwise recommend clinic atments, procedures) that may b		rventions (e.g., screening or diagnostic essed by these guidelines?
	□ No				
	□ Yes				
	If yes, plea	se explain:			
Otł 10.	Do you hav		nfinancial interests or relationshi oing these guidelines?	ips not	described above that could be relevant
	□ Yes				
	If yes, plea	se 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	AN
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	AN
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	AN
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	AN
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	AN
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	AN

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

Agreed by [Atefeh Noori]

Date [31 July 2020]

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	August 4, 2020	
Menaka Pai, MD, Ex Officio ASH	August 4, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	July 2, 20201	Russell	Ms. Noori agreed to
			adhere to the policies
			described herein.
Attestation	October 5, 2021	Russell	Ms. Noori agreed to
			adhere to the policies
			described herein.
	April 8, 2022	Deion Smith, ASH Staff	Ms. Noori confirmed
			that all information in
			this form is correct.



Binu Abraham Philip, BDS, MSc

Research Assistant (IV)

McMaster University

Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

Mr. Philip received his Bachelor of Dental Surgery from India and had over eight years of clinical experience involved with all facets of general practice. He earned his Masters in eHealth from McMaster University while working as a Dental Educator with a business consultant group. His experience also involves working at the Health and Impact Research Unit (HIRU) as a Research Assistant. As a graduate of the McMaster eHealth MSc program, his interests lie in research methodologies and data analysis. Apart from research, he is also an avid history researcher.

[2/07/2021 profile approved]

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.

Company	Description	End Date	For ASH Internal Use

Equity in For-Profit Healthcare Companies

	company ? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.				
\boxtimes	⊠ No				
	Yes, as o	described b	elow:		
Ad	dd rows a	s needed fo	or each equity interest.		
Com	oany		Description	Date Divested	For ASH Internal Use
3. Do	you cur	rently or in ctual prope	·	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•
\boxtimes	No				
	Yes, as o	described b	elow:		
Ac	dd rows a	s needed fo	or each patent or royalty in	nterest.	
Com	Company Description Date Divested For ASH Internal Use				For ASH Internal Use
4. Do	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 forprofit healthcare company?				
\boxtimes	No				
	☐ Yes, as described below:				
Co	olumn 1	Name the	company.		
Co	olumn 2	research,		received the income or oth eau involvement, service o	
Co	Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")			nas not yet ended,	

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare**

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use
My Partner's or Spouse's Interests			

My	/ Partner's or Spouse's	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			
	\square Yes, as described be	elow:		
	Add rows as needed for	or each interest.		
C	ompany	Description	End Date	For ASH Internal Use
Ot	her Relevant Direct Fi	nancial Interests		
6.	5. 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			

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 forprofit healthcare company?							
	⊠ No							
	☐ Yes, as o	described be	elow:					
	Column 1	Name the company funding or supporting the research.						
	Column 2	Briefly des	cribe the research project.					
	Column 3	mn 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		hen your involvement ende icate "current" or "ongoing		le. (If your in	volvement has not yet		
	Add rows as needed for each research project.							
C	отрапу		Description of Research	My Role	End Date	For ASH Internal Use		
Pai 2 .	Do you cur an organiza	rently or in tation that is	ities for Organizations Su the past 24 months have yo wholly or partially funded I	ou been invol	ved in any vo	lunteer or paid work for		
	☐ 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 vo	lunteered.				
	Column 4	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.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Fu	nder	Description of Research	My Role	End Date

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 \boxtimes No ☐ Yes

Career Advancement

If yes, please explain:

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

Answer: I hope to receive strong support from my primary mentor and institution if my work on the said panel generated a strong reaction from peers outside the institution.

Inv 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		
	\square Yes, as described be	elow:	
	Column 1 Name the	organization.	
	Column 2 Describe of	or reference the relevant policy, position	n, or guidelines.
	•	rour role with the organization, includin ting, or implementing the relevant polic	
	Add rows as needed for	or each organization.	
О	rganization	Relevant Policy Position	Your Role
Cli 9.	nical Practice Do you see patients cl ☑ No □ Yes If yes, what is your pri	inically? mary 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		

Other

If yes, please explain:

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:

Policy	Initials
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").	ВАР
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.	ВАР
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.	ВАР
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	ВАР
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.	ВАР
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.	ВАР

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

Agreed by Binu, Abraham Philip

Date 02-02-2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	February 7, 2020	
Menaka Pai, MD, Ex Officio ASH	February 7, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 29, 2021	Russell	Mr. Abraham Philip agreed to adhere to the
Attestation	October 4, 2021	Russell	policies described herein. Mr. Abraham Philip agreed to adhere to the policies described herein.
Attestation	January 18, 2022	Deion Smith, ASH Staff	Mr. Abraham Philip agreed to adhere to the policies described herein.
	April 2, 2022	Smith	Mr. Abraham Philip confirmed that all information in this form is correct.



Thomas Piggott, MD, MSc, CCFP, FRCPC

Medical Officer of Health

Labrador-Grenfell Health

Hamilton, Ontario, Canada; Goose Bay, Newfoundland;

Labrador, Canada

Project

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

Role

Review Team Member

Profile

Dr. Thomas Piggott is the MOH/CEO of Peterborough Public Health, Dr. Piggott brings experience working at various levels of public health in Canada and Internationally. Most recently, Dr. Piggott has been Medical Officer of Health and VP lead for Population Health and Rural and Remote Health in the northern region of Labrador-Grenfell Health. Dr. Piggott has experience in collaborative Indigenous public health in Canada and internationally.

Prior to working with Labrador-Grenfell Health, Dr. Piggott worked as a field doctor with Médicins Sans Frontières (Doctors Without Borders) in the Democratic Republic of the Congo. Dr. Piggott is a public health and preventive medicine specialist, and a practicing family physician who completed his Masters in Public Health at London School of Hygiene and Tropical Medicine and residency training at McMaster University.

Dr. Piggott is actively involved in research and teaching in public health at McMaster University and Memorial University. Dr. Piggott's research work has focused on guideline development and health equity. He was the co-editor of the book *Under-Served: Health Determinant of Indigenous, Inner-City, and Migrant Populations in Canada* (2018). Dr. Piggott is a member of the GRADE Working Group and has advised in public health guideline development methodology for multiple organizations including the World Health Organization and European Commission. In 2019, Dr. Piggott was appointed to the provincial Health Accord Newfoundland-Labrador Task Force Social Determinants of Health Committee to provide expertise on health system reform. Dr. Piggott has previously served on the board of

directors of the Public Health Physicians of Canada and the World Federation of Public Health Associations and currently sits on the board of directors of the Canadian Public Health Association.

[July 17, 2020 profile approved by Dr. Piggott. Profile updated by Dr. Piggott on March 30, 2022.]

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?

	_						
Ш	Yes,	as	des	cribe	ed .	bel	ow

⊠ No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use
			_

Equity in For-Profit Healthcare Companies

	company ? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.							
\boxtimes	⊠ No							
\square Yes, as described below:								
Ad	dd rows a	s needed fo	or each equity interest.					
Com	oany		Description Date Divested		For ASH Internal Use			
3. Do	you cur	rently or in ctual prope	·	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•			
\boxtimes	No							
	Yes, as o	described b	elow:					
Ac	dd rows a	s needed fo	or each patent or royalty in	nterest.				
Com	pany		Description	Date Divested	For ASH Internal Use			
4. Do	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 forprofit healthcare company?							
\boxtimes	No							
	\square Yes, as described below:							
Co	Column 1 Name the company.							
Co	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.							
Co	olumn 3		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,			

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare**

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use		
My Partner's or Spouse's Interests					

Му	Partner's or Spouse's	s Interests					
5.	. Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?						
	⊠ No						
	\square Yes, as described be	elow:					
	Add rows as needed for	or each interest.					
Co	отрапу	Description	End Date	For ASH Internal Use			
Otl	ner Relevant Direct Fi	nancial Interests					
6.	5. 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 o	described be	elow:					
	Column 1	Name the	company funding or suppo	orting the rese	earch.			
	Column 2	Briefly des	cribe the research project.					
	Column 3	steering co	our role: (a) national or overall principal investigator, (b) member of a ommittee of a study that does not have a principal investigator, (c) site or local or. If other than these options, please describe.					
	Column 4		hen your involvement end icate "current" or "ongoing		le. (If your in	volvement has not yet		
	Add rows a	s needed fo	r each research project.					
C	ompany		Description of Research	My Role	End Date	For ASH Internal Use		
Pai 2 .	Do you cur	rently or in t	ities for Organizations Su the past 24 months have y wholly or partially funded	ou been invol	ved in any vo	lunteer or paid work for		
	⊠ No							
	☐ Yes, as o	described be	escribed below:					
	Column 1	Name the	organization. If known to y	ou, describe a	any industry f	unding or support.		
	Column 2		cribe your activity and role nteer services.	e, e.g., employ	ment, service	e on board of directors,		
	Column 3	Indicate if	your activity was paid or vo	olunteered.				

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.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Other Relevant Indirect Financial Interests

Oti	Her Nelevant munect i mandiai 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? \bowtie 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.

Funder	Description of Research	My Role	End Date

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 \boxtimes No ☐ Yes If yes, please explain: Career Advancement 7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution? No concerns foreseen.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?				
⊠ No				
☐ Yes, as described below:				
Column 1 Name the organization.				
Column 2 Describe or reference the relevant policy, position, or guidelines.				
Column 3 Describe your role with the organization, including your involvement in developing disseminating, or implementing the relevant policy, position, or guidelines.	,			
Add rows as needed for each organization.				
Organization Relevant Policy Position Your Role				
Clinical Practice 9. Do you see patients clinically? □ No ⊠ Yes If yes, what is your primary specialty or subspecialty? Emergency medicine If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?				
⊠ No				
□ Yes				
If yes, please explain:				
Other 10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?				
No □ Yes				

 Do	ected Interests 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?			
\boxtimes	No			
	Yes			
If y	es, please describe:			

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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	TP
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	TP
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	TP
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	TP
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	TP
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	TP

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

Agreed by Thomas Piggott

Date June 28 2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	June 28, 2020	
Menaka Pai, MD, Ex Officio ASH	July 16, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 29, 2021	Russell	Dr. Piggott agreed to adhere to the policies described herein.
Attestation	October 2, 2021	Russell	Dr. Piggott agreed to adhere to the policies described herein.
	March 30, 2022	Deion Smith, ASH Staff	Dr. Piggott confirmed that all information in this form is correct.



Yuan Yuan Qiu, BHSc

Medical Student

McMaster University

Hamilton, ON, Canada

Project

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

Role

Review Team Member

Profile

Ms. Qiu is currently a medical student at the Michael G. DeGroote School of Medicine in Hamilton, Ontario. She graduated from the Bachelor of Health Sciences program at McMaster University. She is interested in clinical and epidemiological research related to the cardiovascular and gastrointestinal systems.

[August 31, 2020 profile approved by Ms. Qiu]

Section 1. Disclosures Prior to Participation

Definitions

Conflict of interest	A situation in which a reasonable person would consider that an
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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?

X	ΝO	

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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 o	\square Yes, as described below:						
	Add rows a	Add rows as needed for each equity interest.						
Co	отрапу		Description	Date Divested	For ASH Internal Use			
He 3.	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 o	\square Yes, as described below:						
	Add rows as needed for each patent or royalty interest.							
Ci	ompany		Description	Date Divested	For ASH Internal Use			
 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 di transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any profit healthcare company? ☑ No ☐ Yes, as described below: 								
							Column 1	
						Column 2 Describe the activity for which you received the income or other transfer of valuresearch, consultancy, speakers bureau involvement, service on an advisory con 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.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use	
My Partner's or Spouse's Interests				

Му	My Partner's or Spouse's Interests							
5.	. Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?							
⊠ No								
\square Yes, as described below:								
	Add rows as needed for	or each interest.						
Ca	ompany	Description	End Date	For ASH Internal Use				
Co	ompany	Description	End Date	For ASH Internal Use				
	ompany ner Relevant Direct Fi	·	End Date	For ASH Internal Use				
	ner Relevant Direct Fi Do you have other cur	nancial Interests rent or recent (within the	End Date past 24 months) direct fine could be relevant to the v	ancial interests with any				
Oth	ner Relevant Direct Fi Do you have other cur institution, organizatio	nancial Interests rent or recent (within the	past 24 months) direct fin	ancial interests with any				

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 forprofit 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.							
C	отрапу		Description of Research	My Role	End Date	For ASH Internal Use		
Pai 2 .	id and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies 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 vo	lunteered.				
	Column 4	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.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Fu	ınder	Description of Research	My Role	End Date

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

Career Advancement

If yes, please explain:

□ No

☐ Yes

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

The researchers I am working with are experts in the field with many years of experience so I would be adequately supported in that case. Additionally, McMaster is a research intensive school in which I'm sure I would receive plenty of support for if these guidelines generated a strong reaction from peers outside of my institution.

Inv 8.	Are you involved as an your knowledge is cur guidelines, e.g., clinical	tions With Relevant Policies, Position employee, volunteer, or member of ar rently developing policies, positions, or Il practice guidelines, appropriate use cr vocacy statement, amicus brief, or legis	ny organization that has published or to guidelines relevant to these ASH riteria, expert consensus statement,
	⊠ No		
	\square Yes, as described be	elow:	
	Column 1 Name the	organization.	
	Column 2 Describe of	or reference the relevant policy, position	n, or guidelines.
	•	our role with the organization, includin ting, or implementing the relevant polic	
	Add rows as needed for	or each organization.	
0	rganization	Relevant Policy Position	Your Role
Cli 9.	nical Practice Do you see patients cl ☑ No □ Yes If yes, what is your pri	inically? mary specialty or subspecialty?	
	tests, evaluations, trea	e or otherwise recommend clinical inter atments, procedures) that may be addre	
	☐ Yes		

Other

If yes, please explain:

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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	YQ
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	YQ
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	YQ
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	YQ
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	YQ
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	YQ

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

Agreed by Yuan Yuan Qiu

Date August 25, 2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	August 25, 2020	
Menaka Pai, MD, Ex Officio ASH	August 28, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	July 6, 2021	Russell	Ms. Qiu agreed to
			continue to adhere to the
			policies described herein.
Attestation	October 5, 2021	Russell	Ms. Qiu agreed to
			continue to adhere to the
			policies described herein.
Attestation	January 18, 2022	Deion Smith, ASH Staff	Ms. Qiu agreed to
			continue to adhere to the
			policies described herein.
	March 30, 2022	Smith	Ms. Qiu confirmed that
			all information in this
			form was correct.



Yetiani Maria Roldan, MD

Research Assistant
HEI department, McMaster University
Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

Dr. Roldan earned her medical degree in 2007 at the Universidad Autonoma de Nuevo Leon, Mexico and specialized as Pediatrician in 2012 (Tecnologico de Monterrey School of Medicine, Mexico). She has NICU/PICU experience and is currently working as a researcher in the Department of Health Research Methods, Evidence, and Impact (HEI) at McMaster University, participating in the development of systematic reviews and clinical practice guidelines.

[August 31, 2020 profile approved by Dr. Roldan. Updated January 18, 2022.]

Section 1. Disclosures Prior to Participation

Definitions

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individual's judgments or actions regarding any aspect of the guideline development process is, or could be perceived to be,

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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?

_							
	Yes,	as	des	cribe	ed	belo	ow:

⊠ No

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

Equity in For-Profit Healthcare Companies

		Equity inclumutual fun		and other ownership intere	ests but excludes
	⊠ No				
	☐ Yes, as o	described b	elow:		
	Add rows a	is needed fo	or each equity interest.		
Ci	ompany		Description	Date Divested	For ASH Internal Use
He 3.	Do you cur	rently or in	•	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•
	⊠ No				
	☐ Yes, as o	described b	elow:		
	Add rows a	is needed fo	or each patent or royalty in	nterest.	
Ci	ompany		Description	Date Divested	For ASH Internal Use
Pe 4 .	Do you cur transfers o	rently or in	the past 24 months have so, honoraria, gifts, travel so	lue From For-Profit Healt you received any personal upport, meeting registratio	income or other direct
	⊠ No				
	☐ Yes, as o	described b	elow:		
	Column 1	Name the	company.		
	Column 2	research,		received the income or oth eau involvement, service o	
	Column 3		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare**

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use
My Partner's or Spouse'	s Interests		

Му	Partner's or Spouse's	s Interests		
5.	Currently or in the pas relationships describe		<i>ner or spouse</i> had any of tl	ne interests or
	⊠ No			
	\square Yes, as described be	elow:		
	Add rows as needed for	or each interest.		
Ca	отрапу	Description	End Date	For ASH Internal Use
Co	ompany	Description	End Date	For ASH Internal Use
	ompany ner Relevant Direct Fi	·	End Date	For ASH Internal Use
	ner Relevant Direct Fi Do you have other cur	nancial Interests rent or recent (within the	End Date past 24 months) direct finate could be relevant to the v	ancial interests with any
Oth	ner Relevant Direct Fi Do you have other cur institution, organizatio	nancial Interests rent or recent (within the	past 24 months) direct fina	ancial interests with any

Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

1.	Through yo	our institutio	on, do you currently or in the oported (e.g., in kind suppo pany?	ie past 24 mo	nths have yo			
	⊠ No							
	☐ Yes, as o	☐ 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 a	as needed fo	r each research project.					
C	отрапу		Description of Research	My Role	End Date	For ASH Internal Use		
Pai 2 .	Do you cur an organiza	rently or in tation that is	ities for Organizations Su the past 24 months have yo wholly or partially funded I	ou been invol	ved in any vo	lunteer or paid work for		
	☐ 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 vo	lunteered.				
	Column 4	folumn 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.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Fu	nder	Description of Research	My Role	End Date

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

Career Advancement

If yes, please explain:

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 o	described b	elow:		
	Column 1	Name the	organization.		
	Column 2	Describe o	or reference the relevant policy, p	position	n, or guidelines.
	Column 3		our role with the organization, ir ting, or implementing the relevan		g your involvement in developing, cy, position, or guidelines.
	Add rows a	is needed fo	or each organization.		
0	rganization		Relevant Policy Position		Your Role
	☑ YesIf yes, what	t is your pri	mary specialty or subspecialty?		
		-	e or otherwise recommend clinic atments, procedures) that may be		essed by these guidelines?
	□ No				
	☐ Yes				
	If yes, pleas	se explain:			
Otl 10.	Do you hav		nfinancial interests or relationshi	ps not	described above that could be relevant
	⊠ No				
	□ Yes				
	If yes, pleas	se 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	YR
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	YR
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	YR
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	YR
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	YR
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	YR

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

Agreed by Yetiani Roldan

Date 08/27/2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	August 27, 2020	
Menaka Pai, MD, Ex Officio, ASH Guideline Oversight Subcommittee	August 28, 2020	Participation Approved

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 29, 2021	Russell	Dr. Roldan agreed to continue to adhere to the policies described herein.
Attestation	October 5, 2021	Russell	Dr. Roldan agreed to continue to adhere to the policies described herein.
Attestation	January 18, 2022	Deion Smith, ASH Staff	Dr. Roldan agreed to continue to adhere to the policies described herein. Updated name in profile.
	March 30, 2022	Smith	Dr. Roldan confirmed that all information in this form was correct.



Dr. Finn Schünemann, MD

Physician

Klinikum Lueneburg

Lueneburg, Germany

Project

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

Role

Review Team Member

Profile

Dr. Finn Schünemann recently graduated from medical school in Germany. After a year of basic biology studies at RWTH University in Aachen, he started his medical education at the Paul Stradins University of Riga in Latvia and graduated from medical school at the Otto-von-Guericke University of Magdeburg in December 2019.

During an internship at McMaster University in Hamilton, Canada, in 2009 he worked at the Department of Clinical Epidemiology and Biostatistics for two months and gained first experience in research, especially in the field of health research methods. He started his doctoral research work with a focus on evaluating the quality of surgical guidelines and how to improve this quality in a joint project of the University Freiburg, Germany, and McMaster University; currently he is working in the public hospital of Lueneburg, Germany.

[July 17, 2020 profile approved by Dr. Schünemann. April 3, 2022 profile updated by Dr. Schünemann]

Section 1. Disclosures Prior to Participation

Definitions

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

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gain or loss of monetary value, such as employment, stock

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e.g., research funding to an individual received through the

individual's academic institution

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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?

\boxtimes	No	

 \square Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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. \bowtie No \square Yes, as described below: Add rows as needed for each equity interest. Date Divested For ASH Internal Use Company Description 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? \bowtie No \square Yes, as described below: Add rows as needed for each patent or royalty interest. Company Description Date Divested For ASH Internal Use

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

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

☐ Yes, as described below:

⊠ No

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.

Company	Description	End Date	For ASH Internal Use

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						
\square Yes, as des	cribed b	elow:				
Add rows as n	eeded fo	or each interest.				
Company		Description	End Date	For ASH Internal Use		
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	⊠ No					
☐ Yes						
If yes, please o	explain:	☐ 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 forprofit healthcare company?					
	⊠ No					
	☐ Yes, as o	described be	low:			
	Column 1	Name the	company funding or suppo	rting the rese	arch.	
	Column 2	Briefly des	cribe the research project.			
steering co			our role: (a) national or over mmittee of a study that do or. If other than these option	pes not have a	principal inv	
	Column 4		hen your involvement ended, if applicable. (If your involvement has not yet icate "current" or "ongoing.")			
	Add rows a	s needed fo	r each research project.			
С	ompany		Description of Research	My Role	End Date	For ASH Internal Use
С	ompany		Description of Research	My Role	End Date	For ASH Internal Use
Pa	id and Volu Do you cur	rently or in t	Description of Research ities for Organizations Su the past 24 months have you wholly or partially funded	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur	rently or in t	ities for Organizations Su the past 24 months have yo	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur an organiza ⊠ No	rently or in t	ities for Organizations Su the past 24 months have yo wholly or partially funded	pported by F	or-Profit He	althcare Companies lunteer or paid work for
Pa	id and Volu Do you cur an organiza ⊠ No	rently or in that is described be	ities for Organizations Su the past 24 months have yo wholly or partially funded	pported by F ou been involv by any for-pro	or-Profit He ved in any vo	althcare Companies lunteer or paid work for re company?
	id and Volu Do you cur an organiza ☑ No ☐ Yes, as o	rently or in the stion that is described be Name the Briefly described seconds.	ities for Organizations Su the past 24 months have yo wholly or partially funded llow:	pported by Fou been involved by any for-pro	For-Profit He yed in any vo ofit healthcar	althcare Companies lunteer or paid work for re company?

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.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

Other Relevant Indirect Financial Interests

Oti	ner 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? \bowtie 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.

Funder	Description of Research	My Role	End Date

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 \boxtimes 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

Likely positive support, primary mentor is part of the developing group for this guideline.

guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statem mission statement, advocacy statement, amicus brief, or legislature or legal testimony?				
	□ No			
			elow:	
	Column 1	Name the	organization.	
	Column 2	Describe o	or reference the relevant policy, position	n, or guidelines.
	Column 3		our role with the organization, includin ting, or implementing the relevant polic	
	Add rows a	s needed fo	or each organization.	
0	rganization		Relevant Policy Position	Your Role
N	IcMaster Un	iversity	NIV living systematic review on COVID19; living systematic review on distancing, masks and eye protection related to COVID19	Part of the systematic review team
Cli 9.	nical Praction Do you see ☑ No ☐ Yes If yes, what	patients cl	inically? mary specialty or subspecialty?	
			e or otherwise recommend clinical inter atments, procedures) that may be addre	
	\square No			
	☐ Yes			
	If yes, pleas	se 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	FS
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	FS
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	FS
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	FS
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	FS
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	FS

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

Agreed by Finn Schünemann

Date June 27, 2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH staff	June 27, 2020	
Menaka Pai, MD, Ex Officio ASH	July 15, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	July 3, 2021	Russell	Dr. Schünemann agreed
			to adhere to the policies
			described herein.
Attestation	October 3, 2021	Russell	Dr. Schünemann agreed
			to adhere to the policies
			described herein.
	April 3, 2022	Deion Smith, ASH Staff	Dr. Schünemann
			confirmed that all
			information in this form
			is correct.



Karla Solo, MSc

Research Coordinator

McMaster University

Hamilton, Ontario, Canada

Project

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

Role

Review Team Member

Profile

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

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

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?

_				

 \bowtie No

☐ Yes, as described below:

Add rows as needed for each employment relationship.

Company	Description	End Date	For ASH Internal Use

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 o	described b	elow:					
	Add rows a	s needed fo	or each equity interest.					
C	отрапу		Description	Date Divested	For ASH Internal Use			
He 3.	Do you cur	rently or in ctual prope	·	r Intellectual Property you owned patents for or r gnose, treat, monitor, man	•			
	⊠ No							
	☐ Yes, as described below:							
	Add rows as needed for each patent or royalty interest.							
Ci	ompany		Description	Date Divested	For ASH Internal Use			
Pe: 4 .	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 forprofit healthcare company?							
⊠ No								
\square Yes, as described below:								
	Column 1	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		when the activity ended, if current" or "ongoing.")	applicable. (If the activity h	nas not yet ended,			

Add rows as needed for each activity.

If yes, please explain:

Company	Description	End Date	For ASH Internal Use
My Partner's or Spouse's Interests			

My	ly Partner's or Spouse's Interests					
5.	. Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests or relationships described in questions 1-4?					
	⊠ No					
	\square Yes, as described be	elow:				
	Add rows as needed for	or each interest.				
C	ompany	Description	End Date	For ASH Internal Use		
Ot	her Relevant Direct Fi	nancial Interests				
6.	5. 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					

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 o	described be	elow:				
	Column 1	Name the	company funding or suppo	rting the rese	arch.		
	Column 2	Briefly des	cribe 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 loc investigator. If other than these options, please describe.						
	Column 4		hen your involvement ende icate "current" or "ongoing		le. (If your inv	volvement has not yet	
	Add rows a	s needed fo	r each research project.				
C	отрапу		Description of Research	My Role	End Date	For ASH Internal Use	
Pai 2.	Do you cur an organiza	rently or in t	ities for Organizations Su the past 24 months have yo wholly or partially funded I	ou been involv	ved in any vo	lunteer or paid work for	
	Column 1	Name the	organization. If known to y	ou, describe a	iny industry f	unding or support.	
	Column 2		cribe your activity and role, nteer services.	, e.g., employ	ment, service	on board of directors,	
	Column 3	Indicate if	your activity was paid or vo	lunteered.			
	Column 4		hen your involvement with ded, indicate "current" or "		tion ended. (I	f your involvement has	

Add rows as needed for each organization.

Organization	Description and role	Paid or Unpaid?	End Date	For ASH Internal Use

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? \bowtie 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.

Fu	nder	Description of Research	My Role	End Date

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 \boxtimes No

Career Advancement

If yes, please explain:

☐ Yes

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

Research publications may lead to career advancement.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

	⊠ No					
	☐ Yes, as o	described b	elow:			
	Column 1	Name the	organization.			
	Column 2	Describe o	or reference the relevant policy,	position	n, or guidelines.	
	Column 3		our role with the organization, i ting, or implementing the releva		g your involvement in developing, cy, position, or guidelines.	
	Add rows a	s needed fo	or each organization.			
0	rganization		Relevant Policy Position		Your Role	-
						_
Clii	Do you see ☑ No ☐ Yes If yes, what	patients cl	inically? mary specialty or subspecialty?			
	-	-	e or otherwise recommend clinic atments, procedures) that may b		rventions (e.g., screening or diagnosticessed by these guidelines?	
	□ No					
	☐ Yes					
	If yes, pleas	se explain:				
	-		nfinancial interests or relationshioning these guidelines?	ips not	described above that could be relevan	t
	□ Yes					
	If yes, pleas	se 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:

Policy	Initials
I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at https://www.hematology.org/about/governance/conflict-of-interest including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines ("ASH Policy").	KS
I have disclosed and will continue to disclose completely all potential conflicts of interest for myself and for my partner or spouse, to the best of my ability and knowledge, in accordance with ASH Policy and this Disclosure Form.	KS
To ensure completeness and avoid discrepancies, I have checked and periodically will check my financial disclosures against other published information, including from the U.S. Centers for Medicare and Medicaid Services' Open Payments database (or similar non-U.S. database) and explain any discrepant information.	KS
 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: Any direct financial interest of myself or my partner or spouse in any forprofit 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 undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines 	KS
I understand that if a disqualifying interest is reported, the usual course of action will be dismissal from participation and acknowledgment within the guideline publication rather than authorship.	KS
At regular intervals during the guideline development process, as determined by ASH, I will review my information in this Disclosure Form; provide updated disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.	KS

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

Agreed by Karla Solo

Date July 13, 2020

Section 3. ASH Review Prior to Participation

For ASH Internal Use Only

Name, Role	Date	Management Notes
Eddrika Russell, ASH Staff	July 13, 2020	
Menaka Pai, MD, Ex Officio ASH	July 16, 2020	Participation approved
Guideline Oversight		
Subcommittee		

Section 4. Disclosures and Attestations During Participation

For ASH Internal Use Only

Disclosure or attestation	Date	Reviewed by	Management Notes
Attestation	June 29, 2021	Russell	Ms. Solo agreed to
			adhere to the policies
			described herein.
Attestation	October 2, 2021	Russell	Ms. Solo agreed to
			adhere to the policies
			described herein.
Attestation	January 23, 2022	Deion Smith, ASH Staff	Ms. Solo agreed to
			adhere to the policies
			described herein.
	March 30, 2022	Smith	Ms. Solo confirmed that
			all information in this
			form is correct.