Supplement 5: Disclosure of Interest Forms for Methods Team and Systematic Review Team

Methods Team

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

Systematic Review Team

- Reyad Al Jabiri (University of Jordan)
- Yazan Al Jabiri, MD (Lincoln Medical Center)
- Elie A. Akl, MD, PhD, MPH (American University of Beirut)
- 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 (Clinical Research Institute, American University of Beirut, Beirut, Lebanon)
- Andrea J. Darzi, MD, PhD, MPH (McMaster University)
- Karin Dearness, BSc, MLS (St. Joseph’s Healthcare, Hamilton, Ontario)
- Samer Karam, MD (McMaster University)
- Philipp Kolb, MBA, BHSc (McMaster University)
• Claudia (Zhe) Li, MPH, BSc, BBA (Western University)
• Luis Enrique Colunga Lozano, MD, MSc (Universidad de Guadalajara, México)
• Razan Mansour, MD (King Hussein Cancer Center, Amman, Jordan)
• Gian Paolo Morgano, PhD, MSc (McMaster University)
• Rami Z. Morsi, MD (University of Chicago)
• Giovanna Muti-Schünemann, MD (McMaster University)
• Robby Nieuwlaat, PhD, MSc (McMaster University)
• Atefeh Noori, 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)
• Holger Schünemann, MD, PhD (McMaster University)
• Finn Schünemann, MD (Albert-Ludwigs University, Freiburg, Germany)
• Karla Solo, MSc (McMaster University)
• Adrienne Stevens, MSc, PhD (McMaster University)
• Matthew Ventresca, MSc, MBA, CHE (McMaster University)
• Wojtek Wiercioch, 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]

Disclosures Prior to Participation

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<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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Agreement to Conflict of Interest Policies and Attestations  

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

Disclosures During Participation  

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
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Participation History  

Section 2

Section 3

Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each employment relationship.

<table>
<thead>
<tr>
<th>Company</th>
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</tr>
</thead>
</table>
Equity in For-Profit Healthcare Companies

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

☐ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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</table>

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.

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

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

☐ No
☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.
Column 3  Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

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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.

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

☒ No

☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

| Column 1 | Name the company funding or supporting the research. |
| Column 2 | Briefly describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.

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

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

☒ No
☐ Yes, as described below:

| Column 1 | Name the organization. If known to you, describe any industry funding or support. |
| Column 2 | Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services. |
| Column 3 | Indicate if your activity was paid or volunteered. |
| Column 4 | Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No

☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

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

☒ No
☐ Yes

If yes, please explain:

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

☒ No
☐ Yes

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the entity funding the research.
Column 2 Describe the research project.
Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   
   ☒ 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?
   
   ☒ No
   
   ☐ Yes
   
   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   
   ☐ Don’t know
   
   ☒ No
   
   ☐ Yes
   
   If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?
☒ No
☐ Yes, as described below:

Column 1  Name the organization.
Column 2  Describe or reference the relevant policy, position, or guidelines.
Column 3  Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
</table>

Clinical Practice
9. Do you see patients clinically?

☐ No
☒ Yes

If yes, what is your primary specialty or subspecialty?
General Internal Medicine; General Preventive Medicine

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

☐ No
☒ Yes

If yes, please explain:

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

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

☒ No
☐ Yes

If yes, please describe:
Expected Interests

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

- No
- Yes

If yes, please describe:
**Section 2. Attestation of Compliance With Conflict of Interest Policies**

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>EA</td>
</tr>
<tr>
<td>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.</td>
<td>EA</td>
</tr>
<tr>
<td>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.</td>
<td>EA</td>
</tr>
<tr>
<td>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:</td>
<td>EA</td>
</tr>
<tr>
<td>• Any <strong>direct financial interest</strong> of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
<td></td>
</tr>
<tr>
<td>• Any noneducational speaking by myself on behalf of any <strong>for-profit healthcare company</strong> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</td>
<td></td>
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<tr>
<td>• Consulting or advising about the marketing of products by any <strong>for-profit healthcare company</strong> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</td>
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<tr>
<td>• Simultaneous participation on guidelines by another organization on the same topic</td>
<td></td>
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<tr>
<td>• Any <strong>undisclosed</strong> financial interest in any <strong>for-profit healthcare company</strong> occurring in the 24 months prior to my participation on these guidelines</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>EA</td>
</tr>
<tr>
<td>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.</td>
<td>EA</td>
</tr>
<tr>
<td>I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.</td>
<td>EA</td>
</tr>
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</tr>
<tr>
<td>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.</td>
<td>EA</td>
</tr>
</tbody>
</table>

Agreed by: Elie Akl  
Date: July 10, 2020  
Disclosures reviewed by: Russell (ASH Staff), Pai (GOS)  
Participation approved by: Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee  
Date: July 14, 2020
Section 3. Disclosures During Participation

<table>
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<th>Company</th>
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Reyad Al Jabiri
Medical Student
University of Jordan
Amman, Jordan

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

Role
Review Team Member

Profile
Mr. Reyad Al Jabiri is a sixth year medical student in University of Jordan, I have always been passionate about medicine so I started my journey in medicine in 2015 after finishing my high school, enjoying every step in my way, and trying to learn from every opportunity in my life, focusing on being the better version of myself with every day to be able to help others; patients and colleagues, trying to expand my experience and knowledge by participating in researches, learning from my teachers and dreaming about continuing the rest of my journey in medicine in the other half of the world.

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

Disclosures Prior to Participation

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<th>Direct Financial Interests (End Date)</th>
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Other (End Date)  
None in past 24 months (August 28, 2020)  

Agreement to Conflict of Interest Policies and Attestations  
Section 2

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

Disclosures During Participation  
Section 3

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Participation History  
Section 4

Section 1. Disclosures Prior to Participation

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Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any for-profit healthcare company?
   - ☒ No
   - ☐ Yes, as described below:

   Add rows as needed for each employment relationship.

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Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any for-profit healthcare company? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.
   - ☒ No
   - ☐ Yes, as described below:

   Add rows as needed for each equity interest.

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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.

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

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

☒ No

☐ Yes, as described below:

| Column 1 Name the company. |
| Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony. |
| Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each activity.

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.

Other Relevant Direct Financial Interests

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

☒ No

☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests
Institutional Research Funded by For-Profit Healthcare Companies

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

☐ No
☐ Yes, as described below:

| Column 1 | Name the company funding or supporting the research. |
| Column 2 | Briefly describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.

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

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

☐ No
☐ Yes, as described below:

| Column 1 | Name the organization. If known to you, describe any industry funding or support. |
| Column 2 | Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services. |
| Column 3 | Indicate if your activity was paid or volunteered. |
| Column 4 | Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☒ No
   - ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☒ No
   - ☐ Yes, as described below:

   | Column 1 | Name the entity funding the research. |
   | Column 2 | Describe the research project.       |
   | Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
   | Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes
   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes
   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes
   If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?
☒ No
☐ Yes, as described below:

**Column 1** Name the organization.

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

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

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
</table>

**Clinical Practice**

9. Do you see patients clinically?

☒ No

☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☐ No

☐ Yes

If yes, please explain:

**Other**

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

☒ No

☐ Yes

If yes, please describe:
Expected Interests

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

☒ No
☐ Yes

If yes, please describe:
# Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
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<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>R.N.A</td>
</tr>
<tr>
<td>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.</td>
<td>R.N.A</td>
</tr>
<tr>
<td>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.</td>
<td>R.N.A</td>
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| 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 for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be >$5,000/year, regardless of relevance to the guidelines  
  - Any noneducational speaking by myself on behalf of any for-profit healthcare company (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines  
  - Consulting or advising about the marketing of products by any for-profit healthcare company (e.g., service on a company “advisory board”), regardless of relevance to the guidelines  
  - Simultaneous participation on guidelines by another organization on the same topic  
  - Any 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.

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

Section 3. Disclosures During Participation

<table>
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</table>

R.N.A
Yazan Al Jabiri, MD

Internal Medicine Resident
Lincoln Medical Center
Bronx, New York, United States

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

Role
Review Team Member

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

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

Disclosures Prior to Participation

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<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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<td>None in past 24 months (August 28, 2020)</td>
<td></td>
</tr>
</tbody>
</table>
Other (End Date) | Check if for spouse
---|---
Specialty: Internal medicine | 

Agreement to Conflict of Interest Policies and Attestations  

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

Disclosures During Participation  

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
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Participation History  

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
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</tbody>
</table>

#### Equity in For-Profit Healthcare Companies

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

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
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</tr>
</thead>
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</tbody>
</table>

#### 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.

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

☒ No

☐ Yes, as described below:

| Column 1 | Name the company. |
| Column 2 | Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony. |
| Column 3 | Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each activity.

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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.

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

☒ No

☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

| Column 1 | Name the company funding or supporting the research. |
| Column 2 | Briefly describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.

---

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

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

☒ No
☐ Yes, as described below:

| Column 1 | Name the organization. If known to you, describe any industry funding or support. |
| Column 2 | Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services. |
| Column 3 | Indicate if your activity was paid or volunteered. |
| Column 4 | Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☒ No
   - ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☒ No
   - ☐ Yes, as described below:

   | Column 1 | Name the entity funding the research. |
   | Column 2 | Describe the research project. |
   | Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
   | Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

9. Do you see patients clinically?

☐ No
☒ Yes

If yes, what is your primary specialty or subspecialty?

Internal medicine

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

☒ No
☐ Yes

If yes, please explain:

Other

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

☒ No
☐ Yes
If yes, please describe:

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

☒  No
☐  Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

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| 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  

| Agree by | YAZAN AL JABIRI  
| Date | 08/28/2020  
| Disclosures reviewed by | Russell (ASH Staff), Pai (GOS)  
| Participation approved by | Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee  
| Date | August 31, 2020 }
Section 3. Disclosures During Participation

<table>
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Yetiani Maria Roldan Benitez, MD
Research Assistant
HEI department, McMaster University
Hamilton, Ontario, Canada

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

Role
Review Team Member

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

[August 31, 2020 profile approved by Dr. Roldan Benitez]

Disclosures Prior to Participation

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<th>Check if for spouse</th>
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<tbody>
<tr>
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</table>
On August 27, 2020, Dr. Roldan Benitez agreed to adhere to the policies described herein. No special management considerations.

Disclosures During Participation

<table>
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<tr>
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Participation History

Section 1. Disclosures Prior to Participation

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Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies
1. Are you currently or in the past 24 months have you been an employee of any for-profit healthcare company?

☒ No
☐ Yes, as described below:

Add rows as needed for each employment relationship.

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

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

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</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
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</table>
Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

| Column 1  | Name the company. |
| Column 2  | Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony. |
| Column 3  | Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each activity.

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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.

<table>
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<th>Company</th>
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Other Relevant Direct Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

<table>
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<tr>
<th>Company</th>
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</table>

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

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

☒ No

☐ Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:

   | Column 1 | Name the entity funding the research. |
   | Column 2 | Describe the research project.       |
   | Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
   | Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?
No

☐ Yes, as described below:

**Column 1** Name the organization.

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

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

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
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</tbody>
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**Clinical Practice**

9. Do you see patients clinically?

☒ No

☐ Yes

If yes, what is your primary specialty or subspecialty?

☐ 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?

- [x] 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:

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
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<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>YR</td>
</tr>
<tr>
<td>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.</td>
<td>YR</td>
</tr>
<tr>
<td>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.</td>
<td>YR</td>
</tr>
<tr>
<td>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:</td>
<td>YR</td>
</tr>
<tr>
<td>• Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
<td>YR</td>
</tr>
<tr>
<td>• Any noneconomic 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</td>
<td>YR</td>
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<tr>
<td>• Any undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines</td>
<td>YR</td>
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<tr>
<td>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.</td>
<td>YR</td>
</tr>
<tr>
<td>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.</td>
<td>YR</td>
</tr>
</tbody>
</table>
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 Yetiani Roldan
Date 08/27/2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date Aug 28, 2020
## Section 3. Disclosures During Participation

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</tbody>
</table>
Antonio Bognanni, MD

Physician
McMaster University
Hamilton, Ontario, Canada

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

Role
Review Team Member

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

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

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

Disclosures Prior to Participation

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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<tbody>
<tr>
<td>None in past 24 months (June 29, 2020)</td>
<td></td>
</tr>
</tbody>
</table>
### Indirect Financial Interests (End Date)

| None in past 24 months (June 29, 2020) |

### Other (End Date)

| None in past 24 months (June 29, 2020) |

### Agreement to Conflict of Interest Policies and Attestations

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

### Disclosures During Participation

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
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### Participation History
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.

<table>
<thead>
<tr>
<th>Company</th>
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<th>For ASH Internal Use</th>
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</thead>
<tbody>
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</tbody>
</table>
Equity in For-Profit Healthcare Companies

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

☐ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
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</thead>
</table>

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.

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<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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

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

☐ No
☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.
Column 3  Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
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</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
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</tr>
</thead>
</table>

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

☒ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.
Column 2 Briefly describe the research project.
Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
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</thead>
</table>

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.
Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.
Column 3 Indicate if your activity was paid or volunteered.
Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes

   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☒ No
   - ☐ Yes

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

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☒ No
   - ☐ Yes, as described below:

   | Column 1 | Name the entity funding the research. |
   | Column 2 | Describe the research project.       |
   | Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
   | Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
Institutional Relationships

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

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

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

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

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

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

Career Advancement

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

Answer: Likely positive

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

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<td>McMaster University</td>
<td>Systematic review and meta-analysis on physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2</td>
<td>Assessment of reference eligibility, screening, data extraction, RoB assessment, final manuscript revision and approval.</td>
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<tr>
<td>McMaster University</td>
<td>Living systematic review on ventilation techniques and risk for transmission of coronavirus disease, including COVID-19</td>
<td>Assessment of reference eligibility, screening, data extraction, RoB assessment, final manuscript revision and approval.</td>
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<td>McMaster University</td>
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</table>

**Clinical Practice**

9. Do you see patients clinically?

☒ No
☐ Yes

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

☒ No
☐ Yes

If yes, please explain:

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

☒ No
☐ Yes

If yes, please describe:

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

☒ No
☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

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

**Section 3. Disclosures During Participation**

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Imad Bouakl, MD

Assistant Professor, School of Medicine
American University of Beirut
Beirut, Lebanon

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

Role
Review Team Member

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

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

Disclosures Prior to Participation

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<tr>
<th>Indirect Financial Interests (End Date)</th>
<th>Check if for spouse</th>
</tr>
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<tbody>
<tr>
<td>None in past 24 months (July 13, 2020)</td>
<td></td>
</tr>
</tbody>
</table>
Agreement to Conflict of Interest Policies and Attestations  
On July 13, 2020, Dr. Bouakl agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

Disclosures During Participation  

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Participation History  

Section 2

Section 3

Section 4
Section 1. Disclosures Prior to Participation

Definitions

**Conflict of interest**
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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.

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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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
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</table>
Equity in For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
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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.

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the company.

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

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)
Add rows as needed for each activity.

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**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.

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</table>

**Other Relevant Direct Financial Interests**

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

- ☒ No
- ☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

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

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

☒ No

☐ Yes, as described below:

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Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:

   Column 1  Name the entity funding the research.
   Column 2  Describe the research project.
   Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
   Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

   Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   ☒ 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?
   ☒ No
   ☐ Yes
   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   ☒ No
   ☐ Yes
   If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

☒ No

☐ Yes, as described below:

Column 1  Name the organization.
Column 2  Describe or reference the relevant policy, position, or guidelines.
Column 3  Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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<th>Organization</th>
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<th>Your Role</th>
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Clinical Practice

9. Do you see patients clinically?

☐ No

☒ Yes

If yes, what is your primary specialty or subspecialty?

I see patients clinically. I see pulmonary patients in clinic, in hospital and in the ICU.

I also cover the COVID 2019 ICU patients.

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

☐ No

☒ Yes

If yes, please explain:

I will be prescribing medication in the COVID ICU units to my patients that are covered in the guidelines.

Other

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

☒ No
☐ Yes

If yes, please describe:

Expected Interests

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

☒ No

☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
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<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>IB</td>
</tr>
<tr>
<td>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.</td>
<td>IB</td>
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<tr>
<td>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.</td>
<td>IB</td>
</tr>
<tr>
<td>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:</td>
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<tr>
<td>• Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
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<tr>
<td>• Any undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
<td>IB</td>
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</table>
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
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date July 16, 2020

Section 3. Disclosures During Participation

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</table>
Mary Ellene Boulos, BSc, MSc

Medical Student

Michael G. DeGroote School of Medicine, McMaster University

Hamilton, ON, Canada

Project

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

Role

Review Team Member

Profile

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

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

Disclosures Prior to Participation

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Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Employment With For-Profit Healthcare Companies

1. Are you currently or in the past 24 months have you been an employee of any **for-profit healthcare company**?
   - ☒ No
   - ☐ Yes, as described below:

   Add rows as needed for each employment relationship.

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Equity in For-Profit Healthcare Companies

2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.
   - ☒ No
   - ☐ Yes, as described below:

   Add rows as needed for each equity interest.

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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.

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

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

☒ No

☐ Yes, as described below:

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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:

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Other Relevant Direct Financial Interests

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

☒ No

☐ Yes

*If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Column 1  Name the company funding or supporting the research.
Column 2  Briefly describe the research project.
Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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

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

☒ No
☐ Yes, as described below:

Column 1  Name the organization. If known to you, describe any industry funding or support.
Column 2  Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.
Column 3  Indicate if your activity was paid or volunteered.
Column 4  Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each organization.
**Other Relevant Indirect Financial Interests**

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

☒ No

☐ Yes

**If yes, please explain:**
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:

   Column 1  Name the entity funding the research.
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   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.

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Institutional Relationships
4. Could your compensation be affected by recommendations on this topic?
   □ Don’t know
   ☒ No
   □ Yes

   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   □ Don’t know
   ☒ No
   □ Yes

   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   □ Don’t know
   ☒ No
   □ Yes

   If yes, please explain:

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines
8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?
☒ No
☐ Yes, as described below:

**Column 1**  Name the organization.
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**Clinical Practice**
9. Do you see patients clinically?
   
   ☒ No
   ○ Yes

   If yes, what is your primary specialty or subspecialty?

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

   ☒ No
   ○ Yes

   If yes, please explain:

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

   ☒ No
   ○ Yes

   If yes, please describe:
Expected Interests

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

☒ No
☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies
In consideration of my participation on these guidelines, I hereby certify and agree that:

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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 Mary Ellene Boulos
Date August 25, 2020
Disclosures reviewed by Russell (ASH Staff) Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date Aug 28, 2020

Section 3. Disclosures During Participation

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Romina Brignardello-Petersen, PhD, MSc, DDS
Assistant Professor
McMaster University
Hamilton, Ontario, Canada

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

Role
Methods Team Member

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

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

Disclosures Prior to Participation

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

**Agreement to Conflict of Interest Policies and Attestations**  
Section 2

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

**Disclosures During Participation**  
Section 3

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
</tr>
</thead>
</table>

**Participation History**  
Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each employment relationship.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Equity in For-Profit Healthcare Companies

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

☐ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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

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

☐ No
☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.
Column 3  Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

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</tr>
</tbody>
</table>

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.

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<thead>
<tr>
<th>Company</th>
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<tbody>
<tr>
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<td></td>
<td></td>
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</tr>
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</table>

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

☒ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

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<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
</tr>
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</table>

Add rows as needed for each research project.

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

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

☒ No

☐ Yes, as described below:

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<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
</tr>
</thead>
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Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No

☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☒ No
   - ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☒ No
   - ☐ Yes
   If yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funder</td>
<td>Description of Research</td>
<td>My Role</td>
<td>End Date</td>
</tr>
</tbody>
</table>

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes

   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes

   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes

   If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

☒ No
☐ Yes, as described below:

Column 1 Name the organization.
Column 2 Describe or reference the relevant policy, position, or guidelines.
Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
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Clinical Practice
9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☒ No
☐ Yes

If yes, please explain:

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

☒ No
☐ Yes
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:

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>RBP</td>
</tr>
<tr>
<td>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.</td>
<td>RBP</td>
</tr>
<tr>
<td>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.</td>
<td>RBP</td>
</tr>
<tr>
<td>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:</td>
<td>RBP</td>
</tr>
<tr>
<td>• Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be $5,000/year, regardless of relevance to the guidelines</td>
<td></td>
</tr>
<tr>
<td>• 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</td>
<td></td>
</tr>
<tr>
<td>• 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</td>
<td></td>
</tr>
<tr>
<td>• Simultaneous participation on guidelines by another organization on the same topic</td>
<td></td>
</tr>
<tr>
<td>• Any undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>RBP</td>
</tr>
<tr>
<td>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.</td>
<td>RBP</td>
</tr>
<tr>
<td>I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.</td>
<td>RBP</td>
</tr>
<tr>
<td>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.</td>
<td>RBP</td>
</tr>
</tbody>
</table>

Agreed by: Romina Brignardello-Petersen  
Date: July 2, 2020  
Disclosures reviewed by: Russell (ASH Staff), Pai (GOS)  
Participation approved by: Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee  
Date: July 14, 2020
### Section 3. Disclosures During Participation

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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<th>ASH Internal Notes</th>
</tr>
</thead>
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---
ASH Clinical Practice Guidelines
Participant Information

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]

Disclosures Prior to Participation

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (July 31, 2020)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indirect Financial Interests (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (July 31, 2020)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (July 31, 2020)</td>
<td></td>
</tr>
</tbody>
</table>
Agreement to Conflict of Interest Policies and Attestations  Section 2

On July 31, 2020, Ms. Cain agreed to adhere to the policies described herein. No special management considerations.

Disclosures During Participation  Section 3

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
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Participation History  Section 4
Section 1. Disclosures Prior to Participation

Definitions

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Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

☐ No

☐ Yes, as described below:

Add rows as needed for each employment relationship.
Equity in For-Profit Healthcare Companies
2. Do you currently or in the past 24 months have you had equity in any for-profit healthcare company? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

- ☒ No
- ☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
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<tr>
<th>Company</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
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</table>

Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies
4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any for-profit healthcare company?

- ☒ No
- ☐ Yes, as described below:

Column 1 Name the company.
Column 2  Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

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

Add rows as needed for each activity.

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<th>Company</th>
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</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Company</th>
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**Other Relevant Direct Financial Interests**

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

☒ No

☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

| Column 1 Name the company funding or supporting the research. |
| Column 2 Briefly describe the research project. |
| Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.

---

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

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

☒ No

☐ Yes, as described below:

| Column 1 Name the organization. If known to you, describe any industry funding or support. |
| Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services. |
| Column 3 Indicate if your activity was paid or volunteered. |
| Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☐ No

☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:

   | Column 1 | Name the entity funding the research. |
   | Column 2 | Describe the research project. |
   | Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
   | Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   ☑ 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?
   ☑ No
   ☐ Yes
   If yes, please explain:

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

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<th>Your Role</th>
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Clinical Practice

9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☒ No
☐ Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?
☒ No
☐ Yes

If yes, please describe:

**Expected Interests**

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

☒ No
☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

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<td>EC</td>
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<td>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.</td>
<td>EC</td>
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<td>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.</td>
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<td>• Any <em>direct financial interest</em> of myself or my partner or spouse in any <em>for-profit healthcare company</em> or <em>companies</em>, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
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<tr>
<td>• Simultaneous participation on guidelines by another organization on the same topic</td>
<td></td>
</tr>
<tr>
<td>• Any <em>undisclosed</em> financial interest in any <em>for-profit healthcare company</em> occurring in the 24 months prior to my participation on these guidelines</td>
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<tr>
<td>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.</td>
<td>EC</td>
</tr>
<tr>
<td>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.</td>
<td>EC</td>
</tr>
</tbody>
</table>
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: Emma Cain  
Date: July 31st 2020  
Disclosures reviewed by: Russell (ASH Staff), Pai (GOS)  
Participation approved by: Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee  
Date: August 4, 2020

Section 3. Disclosures During Participation

<table>
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<th>Company</th>
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<th>ASH Internal Notes</th>
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</thead>
</table>
Matthew Chan, MD
PGY 3 Internal Medicine Resident
McMaster University
Hamilton, Ontario, Canada

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

Role
Review Team Member

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

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

Disclosures Prior to Participation

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<tr>
<th>Direct Financial Interests (End Date)</th>
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<th>Check if for spouse</th>
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<td>Clinical specialty: Internal Medicine</td>
<td></td>
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</tbody>
</table>
Agreement to Conflict of Interest Policies and Attestations

Section 2

On July 8, 2020, Dr. Chan agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

Disclosures During Participation

Section 3

<table>
<thead>
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<th>Disclosed</th>
<th>Description and Date</th>
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</tr>
</thead>
</table>

Participation History

Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

Add rows as needed for each employment relationship.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Equity in For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the company.

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

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)
Add rows as needed for each activity.

<table>
<thead>
<tr>
<th>Company</th>
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</tr>
</thead>
</table>

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.

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<tr>
<th>Company</th>
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</thead>
</table>

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

☒ No

☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

| Column 1 | Name the company funding or supporting the research. |
| Column 2 | Briefly describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.

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

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

☒ No

☐ Yes, as described below:

| Column 1 | Name the organization. If known to you, describe any industry funding or support. |
| Column 2 | Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services. |
| Column 3 | Indicate if your activity was paid or volunteered. |
| Column 4 | Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each organization.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Description and role</th>
<th>Paid or Unpaid?</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

Other Relevant Indirect Financial Interests

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

☒ No

☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:

   Column 1  Name the entity funding the research.
   Column 2  Describe the research project.
   Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
   Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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</table>
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes

If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes

If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes

If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?
☒ No
☐ Yes, as described below:

Column 1  Name the organization.
Column 2  Describe or reference the relevant policy, position, or guidelines.
Column 3  Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
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</table>

Clinical Practice
9. Do you see patients clinically?

☐ No
☒ Yes

If yes, what is your primary specialty or subspecialty?

Internal Medicine

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

☐ No
☒ Yes

If yes, please explain:

DVT prevention remains a important cornerstone of inpatient care.

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

☒ No
☐ Yes

If yes, please describe:
Expected Interests

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

☒ No
☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
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<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>MC</td>
</tr>
<tr>
<td>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.</td>
<td>MC</td>
</tr>
<tr>
<td>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.</td>
<td>Mc</td>
</tr>
<tr>
<td>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:</td>
<td>MC</td>
</tr>
<tr>
<td>• Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
<td></td>
</tr>
<tr>
<td>• 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</td>
<td></td>
</tr>
<tr>
<td>• 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</td>
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<tr>
<td>• Simultaneous participation on guidelines by another organization on the same topic</td>
<td></td>
</tr>
<tr>
<td>• Any undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines</td>
<td></td>
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<td>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.</td>
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Agreed by Matthew Chan  
Date July 8th 2020  
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)  
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee  
Date July 16, 2020
Section 3. Disclosures During Participation

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</table>
Rana Charide, BS, MPH

Title MEAL Officer (Monitoring, Evaluation, Accountability and Learning Officer)
Anera Lebanon (American and Near East Refugee Aid, NGO)
Beirut, Lebanon

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

Role
Review Team Member

Profile
Ms. Rana Charide is a Monitoring, Evaluation, Accountability and Learning Officer at the American and Near East Refugee Aid Lebanon. She holds a BS in Medical Laboratory Sciences and has completed her Master’s in Public Health concentrating in Epidemiology & Biostatistics. She has extensive research experience, specifically in systematic, rapid and scoping reviews, gap maps and guidelines development. Her research interests are in methods for conducting, reporting and appraising evidence synthesis, clinical epidemiology and knowledge translation.

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

Disclosures Prior to Participation

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<td>None in past 24 months (August 28, 2020)</td>
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Agreement to Conflict of Interest Policies and Attestations  

On August 28, 2020, Ms. Charide agreed to adhere to the policies described herein. No special management considerations.

Disclosures During Participation  

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Participation History  

Section 1. Disclosures Prior to Participation  

Definitions  

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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

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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

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“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.

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

☒ No

☐ Yes, as described below:

Add rows as needed for each equity interest.

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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.

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

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

☐ No
☐ Yes, as described below:

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</thead>
</table>

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.

<table>
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<tr>
<th>Company</th>
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</tr>
</thead>
</table>

Other Relevant Direct Financial Interests

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

☐ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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

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

☒ No
☐ Yes, as described below:

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<tr>
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<th>My Role</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
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</thead>
</table>

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

☒ No

☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes

   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☐ No
   ☒ Yes

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

   Co-authored systematic reviews on the topic. No specific opinion made.

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:

   | Column 1 | Name the entity funding the research. |
   | Column 2 | Describe the research project. |
   | Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
   | Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   
   ☐ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   
   ☐ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   
   ☐ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?
   
   No effect or change. My current type of work at my institution is not related to this guideline and can’t be affected by it in any way.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

☑ No
☐ Yes, as described below:

**Column 1** Name the organization.

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

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

Add rows as needed for each organization.

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<th>Your Role</th>
</tr>
</thead>
</table>

Clinical Practice

9. Do you see patients clinically?

☑ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☐ No
☐ Yes

If yes, please explain:

Other

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

☑ No
☐ Yes
If yes, please describe:

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

☒ No
☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>RC</td>
</tr>
<tr>
<td>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.</td>
<td>RC</td>
</tr>
<tr>
<td>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.</td>
<td>RC</td>
</tr>
<tr>
<td>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 for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$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</td>
<td>RC</td>
</tr>
<tr>
<td>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.</td>
<td>RC</td>
</tr>
<tr>
<td>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.</td>
<td>RC</td>
</tr>
</tbody>
</table>
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 [Rana Charide]
Date [August 28, 2020]
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date August 31, 2020

Section 3. Disclosures During Participation

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</tbody>
</table>
Luis Enrique Colunga Lozano, MD, MSc

Professor
Universidad de Guadalajara, Departamento de clínicas médicas, profesor de asignatura
Guadalajara, Jalisco, México

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

Role
Review Team Member

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

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

Disclosures Prior to Participation

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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<tr>
<td>None in past 24 months (August 25, 2020)</td>
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</table>

<table>
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<tr>
<th>Indirect Financial Interests (End Date)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (August 25, 2020)</td>
<td></td>
</tr>
</tbody>
</table>
Other (End Date)          Check if for spouse
Clinical Specialty: Internal medicine/Critical care

Agreement to Conflict of Interest Policies and Attestations  Section 2

On August 25, 2020, Dr. Colunga-Lozano agreed to adhere to the policies described herein. No special management considerations.

Disclosures During Participation  Section 3

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
</tr>
</thead>
</table>

Participation History  Section 4

Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

#### Employment With For-Profit Healthcare Companies

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

   - ☒ No
   - ☐ Yes, as described below:

     Add rows as needed for each employment relationship.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Equity in For-Profit Healthcare Companies

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

   - ☒ No
   - ☐ Yes, as described below:

     Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any for-profit healthcare company?

☒ No
☐ Yes, as described below:

| Column 1 | Name the company. |
| Column 2 | Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony. |
| Column 3 | Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each activity.

<table>
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<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
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</thead>
</table>

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

☒ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

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

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Name the company funding or supporting the research.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column 2</td>
<td>Briefly describe the research project.</td>
</tr>
<tr>
<td>Column 3</td>
<td>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.</td>
</tr>
<tr>
<td>Column 4</td>
<td>Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)</td>
</tr>
</tbody>
</table>

Add rows as needed for each research project.

Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies
2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit healthcare company?

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Name the organization. If known to you, describe any industry funding or support.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column 2</td>
<td>Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.</td>
</tr>
<tr>
<td>Column 3</td>
<td>Indicate if your activity was paid or volunteered.</td>
</tr>
<tr>
<td>Column 4</td>
<td>Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”)</td>
</tr>
</tbody>
</table>

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No

☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:

   | Column 1 | Name the entity funding the research. |
   | Column 2 | Describe the research project. |
   | Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
   | Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   - Don’t know
   - No
   - Yes

   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   - Don’t know
   - No
   - Yes

   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - Don’t know
   - No
   - Yes

   If yes, please explain:

Career Advancement

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

Response: The support will be the same.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

☑ No
☐ Yes, as described below:

| Column 1 | Name the organization. |
| Column 2 | Describe or reference the relevant policy, position, or guidelines. |
| Column 3 | Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines. |

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
</table>

Clinical Practice
9. Do you see patients clinically?

☐ No
☑ Yes

If yes, what is your primary specialty or subspecialty?

I am an internal medicine/critical care physician working in a public hospital at the intensive care unit.

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

☐ No
☑ Yes

If yes, please explain:

Response: My hospital is a COVID-19 center and part of my clinical duty is to provide diagnostic and treatment strategies related to the current guideline topic.

Other
10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?
☐ No
☐ Yes
If yes, please describe:

**Expected Interests**

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

☐ No
☐ Yes
If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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<tr>
<td>I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.</td>
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<tr>
<td>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.</td>
<td>LECL</td>
</tr>
</tbody>
</table>

| Agreed by | Luis Enrique Colunga Lozano |
| Date | 25/08/2020 |
| Disclosures reviewed by | Russell (ASH Staff) and Pai (GOS) |
| Participation approved by | Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee |
| Date | Aug 28, 2020 |
Section 3. Disclosures During Participation

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</table>
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.

Disclosures Prior to Participation

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<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
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</tr>
<tr>
<td>Indirect Financial Interests (End Date)</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------____________________________________</td>
<td></td>
</tr>
<tr>
<td>First author and coordinator for systematic review and meta-analysis of prognostic factors for VTE and bleeding in hospitalized medical patients, funded by CDC through Karna (August 2018)</td>
<td></td>
</tr>
<tr>
<td>First author and coordinator for risk models for VTE and bleeding in hospitalized medical patients using a novel approach, funded by CDC through Karna (August 2018)</td>
<td></td>
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</table>

<table>
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<tr>
<th>Other (End Date)</th>
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</thead>
<tbody>
<tr>
<td>None in past 24 months (June 30, 2020)</td>
</tr>
</tbody>
</table>

**Agreement to Conflict of Interest Policies and Attestations**

On June 30, 2020, Dr. Darzi agreed to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

**Disclosures During Participation**

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
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**Participation History**

Section 2

Section 3

Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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“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.

<table>
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<tr>
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</table>
Equity in For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

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<th>Company</th>
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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.

<table>
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<tr>
<th>Company</th>
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</table>

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.
Column 3  Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

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</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
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</tr>
</thead>
</table>

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

☒ No

☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

| Column 1 | Name the company funding or supporting the research. |
| Column 2 | Briefly describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.

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<tr>
<th>Company</th>
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<th>My Role</th>
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Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

| Column 1 | Name the organization. If known to you, describe any industry funding or support. |
| Column 2 | Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services. |
| Column 3 | Indicate if your activity was paid or volunteered. |
| Column 4 | Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each organization.
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**Other Relevant Indirect Financial Interests**

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

- [ ] No
- [ ] Yes

*If yes, please explain:*
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☐ No
   ☒ Yes, as described below:

   Column 1  Name the entity funding the research.
   Column 2  Describe the research project.
   Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
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Add rows as needed for each research project.
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<tr>
<td>CDC through Karna</td>
<td>Systematic review and meta-analysis of prognostic factors for VTE and bleeding in hospitalized medical patients.</td>
<td>First author and coordinator</td>
<td>Contract ended August 2018</td>
</tr>
<tr>
<td>CDC through Karna</td>
<td>Risk models for VTE and bleeding in hospitalized medical patients using a novel approach.</td>
<td>First author and coordinator</td>
<td>Contract ended August 2018</td>
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**Institutional Relationships**

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

- [ ] Don’t know
- [x] 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
- [x] No
- [ ] Yes

If yes, please explain:

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

- [ ] Don’t know
- [x] No
- [ ] Yes

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

Will not be influenced by reactions to guidelines.

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

☒ No
☐ Yes, as described below:

Column 1 Name the organization.
Column 2 Describe or reference the relevant policy, position, or guidelines.
Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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Clinical Practice
9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☒ No
☐ Yes
If yes, please explain:

Other
10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?
   ☒ No
   ☐ Yes
   If yes, please describe:

Expected Interests
11. Do you expect to enter into, within the next 24 months, any new **financial or nonfinancial interests** not described above that could be relevant to the work of developing these guidelines?
   ☒ No
   ☐ Yes
   If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
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<th>Initials</th>
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<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>AJD</td>
</tr>
<tr>
<td>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.</td>
<td>AJD</td>
</tr>
<tr>
<td>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.</td>
<td>AJD</td>
</tr>
<tr>
<td>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:</td>
<td>AJD</td>
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<td>• Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
<td>AJD</td>
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<td>• 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</td>
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<td>AJD</td>
</tr>
<tr>
<td>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.</td>
<td>AJD</td>
</tr>
<tr>
<td>I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.</td>
<td>AJD</td>
</tr>
<tr>
<td>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.</td>
<td>AJD</td>
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</table>

Agreed by [Andrea J. Darzi]
Date [30 June 2020]
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee
Date July 15, 2020
### Section 3. Disclosures During Participation

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</tbody>
</table>
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 Dearon 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. Dearson has a passion for information retrieval, in particular systematic literature searching,

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

Disclosures Prior to Participation

<table>
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<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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<td>None in past 24 months (July 9, 2020)</td>
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<table>
<thead>
<tr>
<th>Indirect Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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<tbody>
<tr>
<td>None in past 24 months (July 9, 2020)</td>
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</table>
Searching literature for systematic review of treatments for Covid-19 patients in critical care, funded by Society for Critical Care Medicine (ongoing)

Agreement to Conflict of Interest Policies and Attestations  Section 2

On July 9, 2020, Ms. Dearness agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

Disclosures During Participation  Section 3

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
</tr>
</thead>
</table>

Participation History  Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

☐ No

☐ Yes, as described below:

Add rows as needed for each employment relationship.

<table>
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</thead>
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</table>
Equity in For-Profit Healthcare Companies

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

☑ No

☐ Yes, as described below:

*Add rows as needed for each equity interest.*

<table>
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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.*

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

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

☑ No

☐ Yes, as described below:

*Column 1 Name the company.*

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

*Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)*
Add rows as needed for each activity.

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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.

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

☒ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

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

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

☒ No

☐ Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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Other Relevant Indirect Financial Interests

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

☒ No

☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☒ No
   - ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☐ No
   - ☒ Yes, as described below:

| Column 1 | Name the entity funding the research. |
| Column 2 | Describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
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**Institutional Relationships**

4. Could your compensation be affected by recommendations on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   
   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   - ☐ Don’t know
   - ☐ No
   - ☒ Yes
   
   If yes, please explain: 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?

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Clinical Practice
9. Do you see patients clinically?

☒ No
☐ Yes

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

☐ No
☐ Yes

If yes, please explain:

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

☒ No
☐ Yes

If yes, please describe:

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

☒ No
☐ Yes

If yes, please describe:
### Section 2. Attestation of Compliance With Conflict of Interest Policies

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

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<td>KD</td>
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Agreed by: Karin Dearness  
Date: 09 July 2020  
Disclosures reviewed by: Russell (ASH Staff), Pai (GOS)  
Participation approved by: Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee  
Date: July 16, 2020
Section 3. Disclosures During Participation

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Samer G. Karam, MD

General Surgeon
McMaster University
Hamilton, Ontario, Canada

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

Role
Review Team Member

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

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

Disclosures Prior to Participation

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (June 30, 2020)</td>
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<tr>
<th>Indirect Financial Interests (End Date)</th>
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<tbody>
<tr>
<td>None in past 24 months (June 30, 2020)</td>
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<tr>
<td><strong>Other (End Date)</strong></td>
<td><strong>Check if for spouse</strong></td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Clinical specialty: General Surgeon, Trauma</td>
<td></td>
</tr>
<tr>
<td>Co-author of systematic review and meta-analysis of prognostic factors for VTE and bleeding in hospitalized medical patients, funded by CDC through Karna. (August 2018)</td>
<td></td>
</tr>
<tr>
<td>Co-author of risk models for VTE and bleeding in hospitalized medical patients using a novel approach, funded by CDC through Karna.</td>
<td></td>
</tr>
</tbody>
</table>

**Agreement to Conflict of Interest Policies and Attestations**

Section 2

On June 30, 2020, Dr. Karam agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

**Disclosures During Participation**

Section 3

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
</tr>
</thead>
</table>

**Participation History**

Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

   ☒ No

   ☐ Yes, as described below:

Add rows as needed for each employment relationship.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Do you currently or in the past 24 months have you had equity in any **for-profit healthcare company**? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

☒ No

☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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</tr>
</thead>
</table>

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

☒ No

☐ Yes, as described below:

Column 1 Name the company.

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

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)
Add rows as needed for each activity.

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<th>Description</th>
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</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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</tr>
</thead>
</table>

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

☐ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project.

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

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

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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

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

☒ No
☐ Yes, as described below:

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

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

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.
### Other Relevant Indirect Financial Interests

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

☒ No

☐ Yes

*If yes, please explain:*
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☐ No
   ☒ Yes, as described below:

   Column 1  Name the entity funding the research.
   Column 2  Describe the research project.
   Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
   Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.
<table>
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<tr>
<th><strong>Funder</strong></th>
<th><strong>Description of Research</strong></th>
<th><strong>My Role</strong></th>
<th><strong>End Date</strong></th>
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<tbody>
<tr>
<td>CDC through Karna</td>
<td>Systematic review and meta-analysis of prognostic factors for VTE and bleeding in hospitalized medical patients.</td>
<td>Co-author</td>
<td>Contract ended August 2018</td>
</tr>
<tr>
<td>CDC through Karna</td>
<td>Risk models for VTE and bleeding in hospitalized medical patients using a novel approach.</td>
<td>Co-author</td>
<td>Contract ended August 2018</td>
</tr>
</tbody>
</table>

**Institutional Relationships**

4. Could your compensation be affected by recommendations on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   
   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   
   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   
   If yes, please explain:
Career Advancement

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

Will not be influenced by reactions to guidelines.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

☒ No

☐ Yes, as described below:

Column 1  Name the organization.

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

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

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
</table>

Clinical Practice

9. Do you see patients clinically?

☐ No

☒ Yes

If yes, what is your primary specialty or subspecialty?

I am a general surgeon completing a trauma fellowship and see patients in that capacity.

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
☑ No
☐ Yes

If yes, please explain:

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

☑ No
☐ Yes

If yes, please describe:

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

☑ No
☐ Yes

If yes, please describe:
## Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>SGK</td>
</tr>
<tr>
<td>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.</td>
<td>SGK</td>
</tr>
<tr>
<td>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.</td>
<td>SGK</td>
</tr>
<tr>
<td>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:</td>
<td>SGK</td>
</tr>
<tr>
<td>* Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines*</td>
<td></td>
</tr>
<tr>
<td>* 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*</td>
<td></td>
</tr>
<tr>
<td>* 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*</td>
<td></td>
</tr>
<tr>
<td>* Simultaneous participation on guidelines by another organization on the same topic*</td>
<td></td>
</tr>
<tr>
<td>* Any undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines*</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>SGK</td>
</tr>
<tr>
<td>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.</td>
<td>SGK</td>
</tr>
<tr>
<td>I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.</td>
<td>SGK</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>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.</td>
<td>SGK</td>
</tr>
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<table>
<thead>
<tr>
<th>Agreed by</th>
<th>[Samer G. Karam]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>[30 June 2020]</td>
</tr>
<tr>
<td>Disclosures reviewed by</td>
<td>Russell (ASH Staff), Pai (GOS)</td>
</tr>
<tr>
<td>Participation approved by</td>
<td>Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee</td>
</tr>
<tr>
<td>Date</td>
<td>July 16, 2020</td>
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Section 3. Disclosures During Participation

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<tr>
<th>Company</th>
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<th>Disclosure Date</th>
<th>ASH Internal Notes</th>
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Philipp Kolb, MBA, BHSc

Medical Student
McMaster University
Hamilton, Ontario, Canada

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

Role
Review Team Member

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

July 20, 2020 profile approved by Mr. Kolb]

Disclosures Prior to Participation

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<th>Direct Financial Interests (End Date)</th>
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<tr>
<td>Marketing Intern for Boehringer Ingelheim (August 2018)</td>
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<tr>
<td>Marketing Associate for Stryker (August 2019)</td>
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<tr>
<th>Indirect Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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<tbody>
<tr>
<td>None in past 24 months (July 2, 2020)</td>
<td></td>
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<tr>
<td>Other (End Date)</td>
<td>Check if for spouse</td>
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<tr>
<td>None in past 24 months (July 2, 2020)</td>
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**Agreement to Conflict of Interest Policies and Attestations**  
Section 2

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

**Disclosures During Participation**  
Section 3

<table>
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<tr>
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<th>Description and Date</th>
<th>Management</th>
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**Participation History**  
Section 4
Section 1. Disclosures Prior to Participation

Definitions

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Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

☐ No
☒ Yes, as described below:

Add rows as needed for each employment relationship.

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<th>Company</th>
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</thead>
<tbody>
<tr>
<td>AstraZeneca</td>
<td>(Respiratory) Data Analyst</td>
<td>July 2019</td>
<td></td>
</tr>
<tr>
<td>Company</td>
<td>Description</td>
<td>End Date</td>
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<td>-------------------</td>
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</tr>
<tr>
<td>Boehringer Ingelheim</td>
<td>Marketing Intern</td>
<td>August 2018</td>
<td></td>
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</table>

**Equity in For-Profit Healthcare Companies**

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

☐ No

☐ Yes, as described below:

*Add rows as needed for each equity interest.*

<table>
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<tr>
<th>Company</th>
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**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.*

<table>
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<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
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**Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies**

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

☐ No

☐ Yes, as described below:

*Column 1 Name the company.*
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.

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.

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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.

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<tbody>
<tr>
<td>Stryker</td>
<td>Marketing Associate</td>
<td>Aug 2019</td>
<td></td>
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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.

<table>
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<tr>
<th>Company</th>
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Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.
Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.
Column 3 Indicate if your activity was paid or volunteered.
Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No

☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

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

☒ No
☐ Yes

If yes, please explain:

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

☒ No
☐ Yes

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

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

☒ No
☐ Yes, as described below:

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<tr>
<th>Column 1</th>
<th>Name the entity funding the research.</th>
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</thead>
<tbody>
<tr>
<td>Column 2</td>
<td>Describe the research project.</td>
</tr>
<tr>
<td>Column 3</td>
<td>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.</td>
</tr>
<tr>
<td>Column 4</td>
<td>Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)</td>
</tr>
</tbody>
</table>

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?
☒ No
☐ Yes, as described below:

**Column 1**  Name the organization.

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

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

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
</table>

**Clinical Practice**

9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

Medical Student

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

☒ No
☐ Yes

If yes, please explain:

**Other**

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

☒ No
☐ Yes

If yes, please describe:
Expected Interests

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

☒  No
☐  Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>PK</td>
</tr>
<tr>
<td>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.</td>
<td>PK</td>
</tr>
<tr>
<td>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.</td>
<td>PK</td>
</tr>
<tr>
<td>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:</td>
<td>PK</td>
</tr>
<tr>
<td>• Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
<td>PK</td>
</tr>
<tr>
<td>• 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</td>
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<td>PK</td>
</tr>
<tr>
<td>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.</td>
<td>PK</td>
</tr>
<tr>
<td>I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.</td>
<td>PK</td>
</tr>
<tr>
<td>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.</td>
<td>PK</td>
</tr>
</tbody>
</table>

**Agreed by**

Philipp Kolb

**Date**

2 July 2020

**Disclosures reviewed by**

Russell (ASH Staff), Pai (GOS)

**Participation approved by**

Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee

**Date**

July 16, 2020
## Section 3. Disclosures During Participation

<table>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Claudia “Zhe” Li, MPH, BSc, BBA
Doctoral Candidate
Western University
Ottawa, Ontario, Canada

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

**Role**
Review Team Member

**Profile**
Ms. Zhe Li is a fourth year doctoral candidate at Western University in the Department of Epidemiology and Biostatistics. She expects to graduate this August and start postdoctoral training in September at the University of Ottawa Heart Institute. Her research interests include evidence synthesis and health technology assessment.

[August 10, 2020 profile approved by Ms. Li]

**Disclosures Prior to Participation**

<table>
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<tr>
<th><strong>Direct Financial Interests (End Date)</strong></th>
<th>Check if for spouse</th>
</tr>
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<tbody>
<tr>
<td>None in past 24 months (July 31, 2020)</td>
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<thead>
<tr>
<th><strong>Indirect Financial Interests (End Date)</strong></th>
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<thead>
<tr>
<th><strong>Other (End Date)</strong></th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (July 31, 2020)</td>
<td></td>
</tr>
</tbody>
</table>
Agreement to Conflict of Interest Policies and Attestations  
Section 2

On July 31, 2020, Ms. Li agreed to adhere to the policies described herein. No special management considerations.

Disclosures During Participation  
Section 3

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
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</tr>
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Participation History  
Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Part A. Direct Financial Interests

**Employment With For-Profit Healthcare Companies**

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

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each employment relationship.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
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<td></td>
<td></td>
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</table>
Equity in For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the company.

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

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)
Add rows as needed for each activity.

<table>
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</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
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</tr>
</thead>
</table>

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

☒ No

☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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

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

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
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</thead>
</table>

Add rows as needed for each research project.
Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☒ No
   - ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☒ No
   - ☐ Yes, as described below:

   | Column 1 | Column 2 | Column 3 | Column 4 |
   | 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
   - ☒ 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
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6. Could your institution benefit or be harmed by guidelines on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?
☒ No
☐ Yes, as described below:

Column 1   Name the organization.
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Clinical Practice
9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☐ No
☐ Yes

If yes, please explain:

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

☒ No
☐ Yes

If yes, please describe:
Expected Interests

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

☑ No

☐ Yes

If yes, please describe:
### Section 2. Attestation of Compliance With Conflict of Interest Policies

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

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<td>ZL</td>
</tr>
<tr>
<td>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.</td>
<td>ZL</td>
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<tr>
<td>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.</td>
<td>ZL</td>
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<tr>
<td>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:</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
<td>ZL</td>
</tr>
<tr>
<td>I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.</td>
<td>ZL</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>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.</td>
<td>ZL</td>
</tr>
</tbody>
</table>

Agreed by: [Zhe (Claudia) Li]

Date: [2020-07-31]

Disclosures reviewed by: Russell (ASH Staff), Pai (GOS)

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

Date: August 4, 2020
Section 3. Disclosures During Participation

<table>
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</tbody>
</table>
Razan Mansour, MD
Postdoctoral Research Fellow
King Hussein Cancer Center
Amman, Jordan

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

Role
Review Team Member

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

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

Disclosures Prior to Participation

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
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</thead>
<tbody>
<tr>
<td>None in past 24 months (August 28, 2020)</td>
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</tr>
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<table>
<thead>
<tr>
<th>Other (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (August 28, 2020)</td>
<td></td>
</tr>
</tbody>
</table>
Agreement to Conflict of Interest Policies and Attestations

Section 2

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

Disclosures During Participation

<table>
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<th>Management</th>
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Participation History

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.

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“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.

<table>
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<tr>
<th>Company</th>
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</table>

**Equity in For-Profit Healthcare Companies**

2. Do you currently or in the past 24 months have you had equity in any for-profit healthcare company? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.
   - ☒ No
   - ☐ Yes, as described below:

   Add rows as needed for each equity interest.

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**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.

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

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

☐ No

☐ Yes, as described below:

| Column 1 | Name the company. |
| Column 2 | Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony. |
| Column 3 | Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each activity.

---

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.

---

Other Relevant Direct Financial Interests

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

☐ No

☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
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Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
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<td>Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.</td>
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<td>Indicate if your activity was paid or volunteered.</td>
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Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

If yes, please explain:

Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

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

☒ No
☐ Yes

If yes, please explain:

Previously Published Opinions

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

☒ No
☐ Yes

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

Non-Industry Supported Research

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

☒ No
☐ Yes, as described below:
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Institutional Relationships

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

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

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

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

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

☐ Don’t know
☒ No
☐ Yes
If yes, please explain:

Career Advancement
7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution? -As a research fellow, I have full institutional support if my contribution to this panel was to create a strong reaction from peers outside/inside my institution.

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

☒ No
☐ Yes, as described below:

Column 1 Name the organization.
Column 2 Describe or reference the relevant policy, position, or guidelines.
Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

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Clinical Practice
9. Do you see patients clinically?

☒ No
☐ Yes

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

☐ No
☐ Yes

If yes, please explain:

Other

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

☒ No
☐ Yes

If yes, please describe:

Expected Interests

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

☒ No
☐ Yes

If yes, please describe:
## Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
<thead>
<tr>
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<th>Initials</th>
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<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>R.M</td>
</tr>
<tr>
<td>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.</td>
<td>R.M</td>
</tr>
<tr>
<td>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.</td>
<td>R.M</td>
</tr>
<tr>
<td>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:</td>
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<td>• Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
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<td>R.M</td>
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<tr>
<td>I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.</td>
<td>R.M</td>
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<td>---</td>
<td>---</td>
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<td>R.M</td>
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</tbody>
</table>

**Agreed by**  
[Razan Mansour]

**Date**  
[8/28/2020]

**Disclosures reviewed by**  
Russell (ASH Staff), Pai (GOS)

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

**Date**  
August 31, 2020
### Section 3. Disclosures During Participation

<table>
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</tbody>
</table>
Gian Paolo Morgano, PhD, MSc
Researcher, Methodologist
McMaster University
Hamilton, Ontario, Canada

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

Role
Review Team Member

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

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

Disclosures Prior to Participation

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<tr>
<th>Direct Financial Interests (End Date)</th>
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<table>
<thead>
<tr>
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<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>
Agreement to Conflict of Interest Policies and Attestations  Section 2

On June 27, 2020, Dr. Morgano agreed to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

Disclosures During Participation  Section 3

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
</tr>
</thead>
</table>

Participation History  Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

Add rows as needed for each employment relationship.

<table>
<thead>
<tr>
<th>Company</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Equity in For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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</table>

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.
Column 3  Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

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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.

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

☒ No

☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Column 1  Name the company funding or supporting the research.

Column 2  Briefly describe the research project.

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

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

Add rows as needed for each research project.

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

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

☒ No
☐ Yes, as described below:

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

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

Column 3  Indicate if your activity was paid or volunteered.

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Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No

☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:
   
   | Column 1 | Name the entity funding the research. |
   | Column 2 | Describe the research project. |
   | Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
   | Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
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?
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   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   ☒ No
   ☐ Yes
   If yes, please explain:

Career Advancement

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

In case of a positive reaction, the citations that these guidelines will receive would have a beneficial impact on the indicators of my performance as a researcher (e.g. h-index, number of citations).
Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

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Clinical Practice

9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☐ No
☐ Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?
☒ No
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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
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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:

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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: Gian Paolo Morgano
Date: June 27th, 2020
Disclosures reviewed by: Russell (ASH Staff), Pai (GOS)
Participation approved by: Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee
Date: July 15, 2020
### Section 3. Disclosures During Participation

<table>
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ASH Clinical Practice Guidelines
Participant Information

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 neuro-oncology and neuro-critical care. Dr. Morsi received his Doctor of Medicine degree from the American University of Beirut in 2018, and his work has been in published in nine peer-reviewed journals, including Blood and Blood Advances.

[September 11, 2020 profile approved by Dr. Morsi]

Disclosures Prior to Participation

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<th>Direct Financial Interests (End Date)</th>
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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.*

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Equity in For-Profit Healthcare Companies**

2. Do you currently or in the past 24 months have you had equity in any for-profit healthcare company? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.
   - ☒ No
   - ☐ Yes, as described below:

   *Add rows as needed for each equity interest.*

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**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.*

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

Column 1  Name the company.

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

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

Add rows as needed for each activity.

<table>
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<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
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</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

Other Relevant Direct Financial Interests

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

☒ No

☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

| Column 1 | Name the company funding or supporting the research. |
| Column 2 | Briefly describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.

---

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

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

☒ No
☐ Yes, as described below:

| Column 1 | Name the organization. If known to you, describe any industry funding or support. |
| Column 2 | Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services. |
| Column 3 | Indicate if your activity was paid or volunteered. |
| Column 4 | Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each organization.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Description and role</th>
<th>Paid or Unpaid?</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

*If yes, please explain:*
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:

| Column 1 | Name the entity funding the research. |
| Column 2 | Describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   ☒ No
   ☐ Yes
   ☐ Don’t know
   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?
   ☒ No
   ☐ Yes
   ☐ Don’t know
   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   ☒ No
   ☐ Yes
   ☐ Don’t know
   If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?
☐ No
☐ Yes, as described below:

Column 1  Name the organization.

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

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

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
</table>

Clinical Practice
9. Do you see patients clinically?

☐ No
☒ Yes

If yes, what is your primary specialty or subspecialty?

Internal Medicine/Neurology

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

☐ No
☒ Yes

If yes, please explain:

It depends on the case scenario and the relevance.

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

☒ No
☐ Yes

If yes, please describe:
Expected Interests

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

☒ No
☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>RM</td>
</tr>
<tr>
<td>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.</td>
<td>RM</td>
</tr>
<tr>
<td>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.</td>
<td>RM</td>
</tr>
<tr>
<td>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:</td>
<td>RM</td>
</tr>
<tr>
<td>• Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
<td>RM</td>
</tr>
<tr>
<td>• 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</td>
<td>RM</td>
</tr>
<tr>
<td>• 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</td>
<td>RM</td>
</tr>
<tr>
<td>• Simultaneous participation on guidelines by another organization on the same topic</td>
<td>RM</td>
</tr>
<tr>
<td>• Any undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines</td>
<td>RM</td>
</tr>
<tr>
<td>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.</td>
<td>RM</td>
</tr>
<tr>
<td>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.</td>
<td>RM</td>
</tr>
</tbody>
</table>
I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.  

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Disclosure Date</th>
<th>ASH Internal Notes</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Agreed by</th>
<th>Rami Z. Morsi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>08/27/2020</td>
</tr>
<tr>
<td>Disclosures reviewed by</td>
<td>Russell (ASH Staff), Pai (GOS)</td>
</tr>
<tr>
<td>Participation approved by</td>
<td>Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee</td>
</tr>
<tr>
<td>Date</td>
<td>August 31, 2020</td>
</tr>
</tbody>
</table>

Section 3. Disclosures During Participation
Reem Mustafa, MBBS, PhD, MPH

Associate Professor, Department of Internal Medicine, Division of Nephrology and Hypertension
University of Kansas
Kansas City, KS, United States

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

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

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

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

Disclosures Prior to Participation

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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</thead>
<tbody>
<tr>
<td>None in past 24 months (June 7, 2020)</td>
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</table>

<table>
<thead>
<tr>
<th>Indirect Financial Interests (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (June 7, 2020)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical specialty: nephrology. Dr. Mustafa has seen and cares for patients with COVID-19 admitted to the hospital and in the ICU.</td>
<td></td>
</tr>
</tbody>
</table>
Site investigator for a study assessing the effect of empagliflozin on patients with chronic kidney disease, funded by Boehringer Ingelheim (ongoing; expected to end June 2022). Dr. Mustafa reports that she does not receive any direct or indirect compensation for her role on this study.

Dr. Mustafa has authored guidelines about COVID-19, but none address anticoagulation.

**Agreement to Conflict of Interest Policies and Attestations**

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

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

**Disclosures During Participation**

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
</tr>
</thead>
</table>

**Participation History**
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.

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<tr>
<th>Company</th>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Equity in For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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</table>

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the company.
Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.
Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)
Add rows as needed for each activity.

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<th>Company</th>
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</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
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<th>End Date</th>
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</thead>
</table>

Other Relevant Direct Financial Interests
6. Do you have other current or recent (within the past 24 months) *direct financial interests* with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?
   - ☒ No
   - ☐ Yes

   If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☐ No
☒ Yes, as described below:

Column 1  Name the company funding or supporting the research.

Column 2  Briefly describe the research project.

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

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

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boehringer Ingelhe</td>
<td>Study assessing the effect of Empagliflozin on patients with CKD (The Study of Heart</td>
<td>Site investigator – I do not receive any direct or indirect compensation based on my role from this study</td>
<td>June 2022</td>
</tr>
<tr>
<td></td>
<td>and Kidney Protection With Empagliflozin)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

☒ No
☐ Yes, as described below:

Column 1  Name the organization. If known to you, describe any industry funding or support.
Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.

Column 3 Indicate if your activity was paid or volunteered.

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

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description and role</th>
<th>Paid or Unpaid?</th>
<th>End Date</th>
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</tr>
</thead>
</table>

Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☒ No. I have published guidelines about COVID-19 but none address the question about anticoagulation.
   - ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☒ No
   - ☐ Yes, as described below:

   | Column 1 | Name the entity funding the research. |
   | Column 2 | Describe the research project. |
   | Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
   | Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?
   RM: They will likely support me.
Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

☒ No
☐ Yes, as described below:

Column 1 Name the organization.
Column 2 Describe or reference the relevant policy, position, or guidelines.
Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
</table>
| Clinical Practice

9. Do you see patients clinically?

☐ No
☒ Yes

If yes, what is your primary specialty or subspecialty?
Nephrology.

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

☐ No
☒ Yes

If yes, please explain:
I have seen and continue to care for patients with COVID19 admitted to the hospital and in the ICU.

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?
☒ No
☐ Yes
If yes, please describe:

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

☒ No
☐ Yes
If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

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<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>RM</td>
</tr>
<tr>
<td>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.</td>
<td>RM</td>
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<td>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.</td>
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disclosures; and, if requested, attest that I do not have any interests that should disqualify my participation.

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

Agreed by          Reem Mustafa  
Date              June 7, 2020  
Disclosures reviewed by       Russell (ASH staff), Kunkle (ASH staff)  
Participation approved by       Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee  
Date              June 11, 2020
Section 3. Disclosures During Participation

<table>
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### Section 4. Participation History

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<th>End Date</th>
<th>Participated?</th>
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<tbody>
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<td>Receive orientation.</td>
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<td>Yes</td>
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</table>
Ignacio Neumann, MD, PhD  
Assistant Professor  
Pontificia Universidad Católica de Chile  
Santiago, Chile

**Project**

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

**Roles**

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

**Profile**

Dr. Neumann is an internist and methodologist at the 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]

**Disclosures Prior to Participation**

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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<tbody>
<tr>
<td>None in past 24 months (June 7, 2020)</td>
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<thead>
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<table>
<thead>
<tr>
<th>Other (End Date)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Clinical specialty: internal medicine. Dr. Neumann provides care for patients with COVID-19, including diagnosis, prophylaxis and treatment of VTE.</td>
<td></td>
</tr>
</tbody>
</table>
Agreement to Conflict of Interest Policies and Attestations

Section 2

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

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

Disclosures During Participation

Section 3

<table>
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Participation History

Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

Add rows as needed for each employment relationship.

<table>
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</table>
Equity in For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
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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.

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the company.

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

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)
Add rows as needed for each activity.

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**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.

<table>
<thead>
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<th>Company</th>
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</table>

**Other Relevant Direct Financial Interests**

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

- ☒ No
- ☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.
Column 2 Briefly describe the research project.
Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
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</thead>
</table>

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.
Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.
Column 3 Indicate if your activity was paid or volunteered.
Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
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<tr>
<td>Funder</td>
<td>Description of Research</td>
<td>My Role</td>
<td>End Date</td>
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Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   - ☐ Don’t know
   - X 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
   - X No
   - ☐ Yes
   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - ☐ Don’t know
   - X No
   - ☐ Yes
   If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?
No

☐ Yes, as described below:

**Column 1** Name the organization.

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

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

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
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**Clinical Practice**

9. Do you see patients clinically?

☐ No

☒ Yes

If yes, what is your primary specialty or subspecialty?

**Internal Medicine**

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

☐ No

☒ Yes

If yes, please explain:

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

**Other**

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

☒ No

☐ Yes
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:

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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 Ignacio Neumann
Date June 7, 2020
Disclosures reviewed by Russell (ASH staff), Kunkle (ASH staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date June 11, 2020
## Section 3. Disclosures During Participation

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Robby Nieuwlaat, PhD, MSc

Associate Professor
McMaster University
Hamilton, Ontario, Canada

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

Role
Methods Team Member

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

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

Disclosures Prior to Participation

<table>
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<tr>
<th>Direct Financial Interests (End Date)</th>
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<tr>
<td>None in past 24 months (July 8, 2020)</td>
<td></td>
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</table>
**Indirect Financial Interests (End Date)**

None in past 24 months (July 8, 2020)

**Other (End Date)**

- Systematic review team lead for first 10 chapters of the ASH VTE guidelines, funded by ASH. (ongoing; expected to end January 2021)
- Panel member on ASH VTE guidelines on Optimal Management of Anticoagulation, funded by ASH. (November 2018)

**Agreement to Conflict of Interest Policies and Attestations**

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

**Disclosures During Participation**

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**Participation History**
Section 1. Disclosures Prior to Participation

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Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each employment relationship.

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Equity in For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

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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.

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

☒ No
☐ Yes, as described below:

**Column 1** Name the company.

**Column 2** Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.
Column 3  Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

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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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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

☒ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

| Column 1 | Name the company funding or supporting the research. |
| Column 2 | Briefly describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.

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

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

☒ No

☐ Yes, as described below:

| Column 1 | Name the organization. If known to you, describe any industry funding or support. |
| Column 2 | Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services. |
| Column 3 | Indicate if your activity was paid or volunteered. |
| Column 4 | Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each organization.
### 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?

- [x] No
- [ ] Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☒ No
   - ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☐ No
   - ☒ Yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name the entity funding the research.</td>
<td>Describe the research project.</td>
<td>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.</td>
<td>Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)</td>
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Add rows as needed for each research project.
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<tr>
<th>Funder</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
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<tbody>
<tr>
<td>ASH</td>
<td>VTE guidelines</td>
<td>Systematic review team lead</td>
<td>Ongoing, expected end date January 2021</td>
</tr>
<tr>
<td>ASH</td>
<td>VTE guidelines</td>
<td>Panel member – Optimal Management of Anticoagulation</td>
<td>November 2018</td>
</tr>
</tbody>
</table>

**Institutional Relationships**

4. Could your compensation be affected by recommendations on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   
   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   
   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   
   If yes, please explain:
Career Advancement
7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

Supportive of the established methodology we use.

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

☒ No
☐ Yes, as described below:

Column 1 Name the organization.
Column 2 Describe or reference the relevant policy, position, or guidelines.
Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
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<tr>
<td></td>
<td></td>
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</tr>
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</table>

Clinical Practice
9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☐ No
☐ Yes
If yes, please explain:

Other
10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?
   ☒ No
   ☐ Yes
   If yes, please describe:

Expected Interests
11. Do you expect to enter into, within the next 24 months, any new financial or nonfinancial interests not described above that could be relevant to the work of developing these guidelines?
   ☒ No
   ☐ Yes
   If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>RN</td>
</tr>
<tr>
<td>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.</td>
<td>RN</td>
</tr>
<tr>
<td>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.</td>
<td>RN</td>
</tr>
<tr>
<td>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:</td>
<td>RN</td>
</tr>
<tr>
<td>• Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
<td>RN</td>
</tr>
<tr>
<td>• 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</td>
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<td>• 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</td>
<td>RN</td>
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<td>• Simultaneous participation on guidelines by another organization on the same topic</td>
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<tr>
<td>• Any undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines</td>
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<td>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.</td>
<td>RN</td>
</tr>
<tr>
<td>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.</td>
<td>RN</td>
</tr>
<tr>
<td>I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.</td>
<td>RN</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>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.</td>
<td>RN</td>
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<table>
<thead>
<tr>
<th>Agreed by</th>
<th>Robby Nieuwlaat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>08-JUL-2020</td>
</tr>
<tr>
<td>Disclosures reviewed by</td>
<td>Russell (ASH Staff), Pai (GOS)</td>
</tr>
<tr>
<td>Participation approved by</td>
<td>Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee</td>
</tr>
<tr>
<td>Date</td>
<td>July 14, 2020</td>
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Section 3. Disclosures During Participation

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</tbody>
</table>
ASH Clinical Practice Guidelines
Participant Information

Atefeh Noori, MSc
Doctoral Candidate
McMaster University
Hamilton, Ontario, Canada

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

Role
Review Team Member

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

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

Disclosures Prior to Participation

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
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<tr>
<td>None in past 24 months (July 31, 2020)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Indirect Financial Interests (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (July 31, 2020)</td>
<td></td>
</tr>
</tbody>
</table>
Agreement to Conflict of Interest Policies and Attestations  
Section 2

On July 31, 2020, Ms. Noori agreed to adhere to the policies described herein. No special management considerations.

Disclosures During Participation  
Section 3

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
</tr>
</thead>
</table>

Participation History  
Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies
1. Are you currently or in the past 24 months have you been an employee of any for-profit healthcare company?

☒ No

☐ Yes, as described below:

Add rows as needed for each employment relationship.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Equity in For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
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</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
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</tr>
</thead>
</table>

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the company.

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

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)
Add rows as needed for each activity.

<table>
<thead>
<tr>
<th>Company</th>
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</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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</table>

**Other Relevant Direct Financial Interests**

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

- ☒ No
- ☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

Column 1   Name the company funding or supporting the research.
Column 2   Briefly describe the research project.
Column 3   Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
Column 4   Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
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</thead>
</table>

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

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

☒ No

☐ Yes, as described below:

Column 1   Name the organization. If known to you, describe any industry funding or support.
Column 2   Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.
Column 3   Indicate if your activity was paid or volunteered.
Column 4   Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☒ No
   - ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☒ No
   - ☐ Yes, as described below:

   | Column 1 | Name the entity funding the research. |
   | Column 2 | Describe the research project.        |
   | Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
   | Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   - [ ] Don’t know
   - [x] 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
   - [x] No
   - [ ] Yes

   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - [ ] Don’t know
   - [x] No
   - [ ] Yes

   If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?
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**Column 1**  Name the organization.

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**Clinical Practice**

9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☐ No
☐ Yes

If yes, please explain:

**Other**

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

☒ No
☐ Yes

If yes, please describe:
Expected Interests

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

☒ No
☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

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<td>AN</td>
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</table>
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: [Atefeh Noori]  
Date: [31 July 2020]  
Disclosures reviewed by: Russell (ASH Staff), Pai (GOS)  
Participation approved by: Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee  
Date: August 4, 2020

Section 3. Disclosures During Participation

<table>
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<tr>
<th>Company</th>
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</tr>
</tbody>
</table>
Thomas Piggott, MD, MSc, CCFP, FRCPC

Medical Officer of Health
Labrador-Grenfell Health
Hamilton, Ontario, Canada; Goose Bay, Newfoundland; Labrador, Canada

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

Role
Review Team Member

Profile
Dr. Thomas Piggott, is the Medical Officer of Health with Labrador-Grenfell Health in Newfoundland and Labrador, Canada. Thomas is a PhD candidate in Health Research Methods at McMaster University in conjunction with the MacGRADE Centre and Cochrane Canada. His PhD is supervised by Dr. Holger Schünemann and focused on health guideline development. Thomas completed specialty training in Family Medicine and Public Health at McMaster University, and his Master’s in Public Health Economics at the LSHTM, UK. Thomas works clinically in emergency medicine and recently worked with Médecins Sans Frontières in the Democratic Republic of the Congo.

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

Disclosures Prior to Participation

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (June 28, 2020)</td>
<td></td>
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<td>None in past 24 months (June 28, 2020)</td>
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</tbody>
</table>
On June 28, 2020, Dr. Piggott agreed to adhere to the policies described herein. No special management considerations, including requirement for recusal.

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
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<tbody>
<tr>
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Participation History
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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 described below:

Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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</tr>
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</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
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<th>Date Divested</th>
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</tr>
</thead>
</table>

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

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

☑ No

☐ Yes, as described below:

Column 1  Name the company.

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

Column 3  Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)
Add rows as needed for each activity.

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</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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</tr>
</thead>
</table>

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

☒ No
☐ Yes
If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
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Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
</tr>
</thead>
</table>

Add rows as needed for each research project.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Description and role</th>
<th>Paid or Unpaid?</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

*If yes, please explain:*
Part C. Relevant Other Interests That Are Not Mainly Financial

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

☒ No
☐ Yes

If yes, please explain:

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

☒ No
☐ Yes

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

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

☒ No
☐ Yes, as described below:

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<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
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<tbody>
<tr>
<td>Funder</td>
<td>Description of Research</td>
<td>My Role</td>
<td>End Date</td>
</tr>
</tbody>
</table>

Add rows as needed for each research project.
Institutional Relationships
4. Could your compensation be affected by recommendations on this topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   ☐ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

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

   No concerns foreseen.

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

☒ No
☐ Yes, as described below:

Column 1  Name the organization.
Column 2  Describe or reference the relevant policy, position, or guidelines.
Column 3  Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
</table>

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
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:

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
</tr>
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<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>TP</td>
</tr>
<tr>
<td>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.</td>
<td>TP</td>
</tr>
<tr>
<td>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.</td>
<td>TP</td>
</tr>
<tr>
<td>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:</td>
<td>TP</td>
</tr>
<tr>
<td>• Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
<td>TP</td>
</tr>
<tr>
<td>• 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</td>
<td>TP</td>
</tr>
<tr>
<td>• 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</td>
<td>TP</td>
</tr>
<tr>
<td>• Simultaneous participation on guidelines by another organization on the same topic</td>
<td>TP</td>
</tr>
<tr>
<td>• Any undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines</td>
<td>TP</td>
</tr>
<tr>
<td>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.</td>
<td>TP</td>
</tr>
<tr>
<td>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.</td>
<td>TP</td>
</tr>
<tr>
<td>I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.</td>
<td>TPP</td>
</tr>
<tr>
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</tr>
<tr>
<td>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.</td>
<td>TP</td>
</tr>
</tbody>
</table>

Agreed by: Thomas Piggott  
Date: June 28, 2020  
Disclosures reviewed by: Russell (ASH Staff), Pai (GOS)  
Participation approved by: Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee  
Date: July 16, 2020
Section 3. Disclosures During Participation

<table>
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<tr>
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</table>
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]

Disclosures Prior to Participation

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<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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<td>None in past 24 months (August 25, 2020)</td>
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<table>
<thead>
<tr>
<th>Other (End Date)</th>
<th>Check if for spouse</th>
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<tr>
<td>None in past 24 months (August 25, 2020)</td>
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</table>
Agreement to Conflict of Interest Policies and Attestations  

Section 2

On August 25, 2020, Ms. Qiu agreed to adhere to the policies described herein. No special management considerations.

Disclosures During Participation  

Section 3

<table>
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Participation History  

Section 4

Section 1. Disclosures Prior to Participation

Definitions

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Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

☒ No
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Add rows as needed for each employment relationship.

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Equity in For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

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</table>

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.

<table>
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<tr>
<th>Company</th>
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<th>Date Divested</th>
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</table>
Personal Income or Other Direct Transfers of Value From For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Column 1 Name the company.
Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.
Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

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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.

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<th>Company</th>
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Other Relevant Direct Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests
Institutional Research Funded by For-Profit Healthcare Companies
1. Through your institution, do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support, such as provision of a study drug) by any for-profit healthcare company?

☒ No
☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.
Column 2 Briefly describe the research project.
Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
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<tr>
<th>Company</th>
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Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies
2. Do you currently or in the past 24 months have you been involved in any volunteer or paid work for an organization that is wholly or partially funded by any for-profit healthcare company?

☒ No
☐ Yes, as described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.
Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.
Column 3 Indicate if your activity was paid or volunteered.
Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:

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<th>Column 4</th>
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<tr>
<td>Funder</td>
<td>Description of Research</td>
<td>My Role</td>
<td>End Date</td>
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</tbody>
</table>

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   - [ ] Don’t know
   - ☒ No
   - [ ] Yes

   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   - [ ] Don’t know
   - ☒ No
   - [ ] Yes

   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - ☒ Don’t know
   - [ ] No
   - [ ] Yes

   If yes, please explain:

Career Advancement

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

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the organization.
Column 2 Describe or reference the relevant policy, position, or guidelines.
Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

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<th>Relevant Policy Position</th>
<th>Your Role</th>
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Clinical Practice

9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☐ No
☐ Yes

If yes, please explain:

Other

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
</tr>
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<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>YQ</td>
</tr>
<tr>
<td>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.</td>
<td>YQ</td>
</tr>
<tr>
<td>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.</td>
<td>YQ</td>
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<td>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:</td>
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<td>• Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
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<td>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.</td>
<td>YQ</td>
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</table>
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            Yuan Yuan Qiu
Date                August 25, 2020
Disclosures reviewed by  Russell (ASH Staff), Pai (GOS)
Participation approved by  Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date                Aug 28, 2020
### Section 3. Disclosures During Participation

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

Role
Review Team Member

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

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

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

Disclosures Prior to Participation

<table>
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<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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Indirect Financial Interests (End Date)  
None in past 24 months (July 27, 2020)  

Other (End Date)  
None in past 24 months (July 27, 2020)  

Agreement to Conflict of Interest Policies and Attestations  
On June 27, 2020, Dr. Schunemann agreed to adhere to the policies described herein. No special management considerations are required, including requirement for recusal.

Disclosures During Participation  

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Participation History  

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.

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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 described below:

Add rows as needed for each equity interest.

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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.

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.
Column 3  Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)
Add rows as needed for each activity.

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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.

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

☒ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

| Column 1 | Name the company funding or supporting the research. |
| Column 2 | Briefly describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.

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

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

☒ No
☐ Yes, as described below:

| Column 1 | Name the organization. If known to you, describe any industry funding or support. |
| Column 2 | Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services. |
| Column 3 | Indicate if your activity was paid or volunteered. |
| Column 4 | Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

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

☒ No
☐ Yes

If yes, please explain:

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

☒ No
☐ Yes

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

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

☒ No
☐ Yes, as described below:

| Column 1 | Name the entity funding the research. |
| Column 2 | Describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?
   - Likely positive support, primary mentor is part of the developing group for this guideline.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

☐ No
☒ Yes, as described below:

**Column 1** Name the organization.

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

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

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
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<tr>
<td>McMaster University</td>
<td>NIV living systematic review on COVID19; living systematic review on distancing, masks and eye protection related to COVID19</td>
<td>Part of the systematic review team</td>
</tr>
</tbody>
</table>

Clinical Practice

9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☐ No
☐ Yes

If yes, please explain:

Other

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
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<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>FS</td>
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<td>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.</td>
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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: Finn Schünemann
Date: June 27, 2020
Disclosures reviewed by: Russell (ASH Staff), Pai (GOS)
Participation approved by: Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee
Date: July 15, 2020
Section 3. Disclosures During Participation

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</table>
Giovanna Elsa Ute Muti Schünemann, MD

HRM MSc Student
McMaster University
Hamilton, Ontario, Canada

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

Role
Review Team Member

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

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

[July 18, 2020 profile approved by Dr. Schünemann]

Disclosures Prior to Participation

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<th>Direct Financial Interests (End Date)</th>
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### Indirect Financial Interests (End Date)

None in past 24 months (June 29, 2020)

### Other (End Date)

None in past 24 months (June 29, 2020)

---

#### Agreement to Conflict of Interest Policies and Attestations

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

#### Disclosures During Participation

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#### Participation History
Section 1. Disclosures Prior to Participation

Definitions

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Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

   ☒ No

   ☐ Yes, as described below:

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Equity in For-Profit Healthcare Companies

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

☐ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

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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.

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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?

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☐ Yes, as described below:

Column 1 Name the company.

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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.

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

☒ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

| Column 1 | Name the company funding or supporting the research. |
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Add rows as needed for each research project.

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

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

☒ No

☐ Yes, as described below:

| Column 1 | Name the organization. If known to you, describe any industry funding or support. |
| Column 2 | Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services. |
| Column 3 | Indicate if your activity was paid or volunteered. |
| Column 4 | Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☒ No
   - ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☒ No
   - ☐ Yes, as described below:

   | Column 1 | Name the entity funding the research. |
   | Column 2 | Describe the research project. |
   | Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
   | Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes

   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes

   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes

   If yes, please explain:

Career Advancement

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

☐ No
☒ Yes, as described below:

**Column 1** Name the organization.

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

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

Add rows as needed for each organization.

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

Clinical Practice

9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
☐ No
☐ Yes

If yes, please explain:

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

☒ No
☐ Yes

If yes, please describe:

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

☒ No
☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

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<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>GEUMS</td>
</tr>
<tr>
<td>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.</td>
<td>GEUMS</td>
</tr>
<tr>
<td>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.</td>
<td>GEUMS</td>
</tr>
<tr>
<td>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:</td>
<td>GEUMS</td>
</tr>
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<tr>
<td>• 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</td>
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<tr>
<td>• Any undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines</td>
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<td>GEUMS</td>
</tr>
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<td>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.</td>
<td>GEUMS</td>
</tr>
<tr>
<td>I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.</td>
<td>GEUMS</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>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.</td>
<td>GEUMS</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Agreed by</th>
<th>Giovanna Elsa Ute Muti Schuenemann</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>29/06/2020</td>
</tr>
<tr>
<td>Disclosures reviewed by</td>
<td>Russell (ASH Staff). Pai (GOS)</td>
</tr>
<tr>
<td>Participation approved by</td>
<td>Menaka Pai, on behalf of the ASH Guideline Oversight Subcommittee</td>
</tr>
<tr>
<td>Date</td>
<td>July 15, 2020</td>
</tr>
</tbody>
</table>
Section 3. Disclosures During Participation

<table>
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<tr>
<th>Company</th>
<th>Description</th>
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<th>ASH Internal Notes</th>
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<tbody>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Holger J. Schünemann, MD, MSc, PhD
Professor of Clinical Epidemiology and of Medicine
McMaster University
Hamilton, Ontario, Canada

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

Role
Member of Guideline Panel

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

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

Disclosures Prior to Participation

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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<tr>
<td>None in past 24 months (June 12, 2020)</td>
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<table>
<thead>
<tr>
<th>Indirect Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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</thead>
<tbody>
<tr>
<td>Unpaid volunteer for Evidence Prime to support GRADEpro development. (ongoing)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical specialty: Internal medicine</td>
<td></td>
</tr>
<tr>
<td>Principal investigator for ASH for doing methods work and systematic reviews. (ongoing)</td>
<td></td>
</tr>
</tbody>
</table>
Agreement to Conflict of Interest Policies and Attestations

Section 2

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

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

Disclosures During Participation

Section 3

<table>
<thead>
<tr>
<th>Disclosed</th>
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<th>Management</th>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Participation History

Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each employment relationship.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Equity in For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the company.
Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.
Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)
Add rows as needed for each activity.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
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</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
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</tr>
</thead>
</table>

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

☐ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.
Column 2 Briefly describe the research project.
Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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

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

☐ No
☒ Yes, as described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.
Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.
Column 3 Indicate if your activity was paid or volunteered.
Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each organization.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Description and role</th>
<th>Paid or Unpaid?</th>
<th>End Date</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Evidence Prime</td>
<td>Support with GRADEpro development</td>
<td>Unpaid</td>
<td>ongoing</td>
<td></td>
</tr>
</tbody>
</table>

Other Relevant Indirect Financial Interests

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

☒ No

☐ Yes

*If yes, please explain:*
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   - No
   - Yes

   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - No
   - Yes

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

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - No
   - Yes, as described below:

   Column 1  Name the entity funding the research.
   Column 2  Describe the research project.
   Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
   Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

   Add rows as needed for each research project.

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ASH

Funding from ASH for doing methods work and systematic reviews.

PI

ongoing

Institutional Relationships

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

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

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

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

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

☒ Don’t know
☐ No
□ Yes

If yes, please explain:

Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?
Research publications lead to career advancement and it will undoubtedly help me although I have advanced in my career and the additional gain is marginal.

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

☒ No
☐ Yes, as described below:

| Column 1 Name the organization. |
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Clinical Practice
9. Do you see patients clinically?

☐ No
☒ Yes

If yes, what is your primary specialty or subspecialty?

Internal medicine.

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

☐ No
☒ Yes

If yes, please explain: LMWH, tests for DVT/PE
Other
10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?
   ☒ No
   ☐ Yes

If yes, please describe:

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

If yes, please describe:
## Section 2. Attestation of Compliance With Conflict of Interest Policies

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

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<td>HJS</td>
</tr>
</tbody>
</table>

Agreed by HOLGER SCHUNEMANN

Date June 12, 2020

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

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

Date June 12, 2020
Section 3. Disclosures During Participation

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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### Section 4. Participation History

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

Disclosures Prior to Participation

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (July 13, 2020)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Other (End Date) | Check if for spouse
---|---
None in past 24 months (July 13, 2020) | 

**Agreement to Conflict of Interest Policies and Attestations**  
Section 2

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

**Disclosures During Participation**  
Section 3

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
</tr>
</thead>
</table>

**Participation History**  
Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each employment relationship.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Equity in For-Profit Healthcare Companies

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

☐ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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

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

☐ No
☐ Yes, as described below:

Column 1 Name the company.

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

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)
Add rows as needed for each activity.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

Other Relevant Direct Financial Interests
6. Do you have other current or recent (within the past 24 months) direct financial interests with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company</td>
<td>Description of Research</td>
<td>My Role</td>
<td>End Date</td>
</tr>
</tbody>
</table>

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

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

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company</td>
<td>Name the organization. If known to you, describe any industry funding or support.</td>
<td>Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.</td>
<td>Indicate if your activity was paid or volunteered.</td>
</tr>
</tbody>
</table>
Other Relevant Indirect Financial Interests

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

☒ No

☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs

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

☒ No
☐ Yes

If yes, please explain:

Previously Published Opinions

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

☒ No
☐ Yes

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

Non-Industry Supported Research

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

☒ No
☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Name the entity funding the research.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column 2</td>
<td>Describe the research project.</td>
</tr>
<tr>
<td>Column 3</td>
<td>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.</td>
</tr>
<tr>
<td>Column 4</td>
<td>Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)</td>
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</tbody>
</table>

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Funder</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   - □ Don’t know
   - ☒ No
   - □ Yes
   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   - □ Don’t know
   - ☒ No
   - □ Yes
   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - □ Don’t know
   - ☒ No
   - □ Yes
   If yes, please explain:

Career Advancement

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

   Research publications may lead to career advancement.

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

8. Are you involved as an employee, volunteer, or member of any organization that has published or to your knowledge is currently developing policies, positions, or guidelines relevant to these ASH guidelines, e.g., clinical practice guidelines, appropriate use criteria, expert consensus statement, mission statement, advocacy statement, amicus brief, or legislature or legal testimony?
☒ No
☐ Yes, as described below:

**Column 1** Name the organization.

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

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

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
</table>

**Clinical Practice**

9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☐ No
☐ Yes

If yes, please explain:

**Other**

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

☒ No
☐ Yes

If yes, please describe:
Expected Interests

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

☒ No
☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>KS</td>
</tr>
<tr>
<td>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.</td>
<td>KS</td>
</tr>
<tr>
<td>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.</td>
<td>KS</td>
</tr>
<tr>
<td>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:</td>
<td>KS</td>
</tr>
<tr>
<td>• Any <strong>direct financial interest</strong> of myself or my partner or spouse in any <strong>for-profit healthcare company</strong> or <strong>companies</strong>, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
<td>KS</td>
</tr>
<tr>
<td>• Any noneducational speaking by myself on behalf of any <strong>for-profit healthcare company</strong> (e.g., service on a company “speakers bureau”), regardless of relevance to the guidelines</td>
<td>KS</td>
</tr>
<tr>
<td>• Consulting or advising about the marketing of products by any <strong>for-profit healthcare company</strong> (e.g., service on a company “advisory board”), regardless of relevance to the guidelines</td>
<td>KS</td>
</tr>
<tr>
<td>• Simultaneous participation on guidelines by another organization on the same topic</td>
<td>KS</td>
</tr>
<tr>
<td>• Any <strong>undisclosed</strong> financial interest in any <strong>for-profit healthcare company</strong> occurring in the 24 months prior to my participation on these guidelines</td>
<td>KS</td>
</tr>
<tr>
<td>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.</td>
<td>KS</td>
</tr>
<tr>
<td>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.</td>
<td>KS</td>
</tr>
<tr>
<td>I agree to publish with the guidelines my complete disclosures, this agreement, and future attestations.</td>
<td>KS</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>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.</td>
<td>KS</td>
</tr>
</tbody>
</table>

Agreed by: Karla Solo  
Date: July 13, 2020  
Disclosures reviewed by: Russell (ASH Staff), Pai (GOS)  
Participation approved by: Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee  
Date: July 16, 2020
### Section 3. Disclosures During Participation

<table>
<thead>
<tr>
<th>Company</th>
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</tr>
</tbody>
</table>
Adrienne Stevens, MSc, PhD
Managing Director
Cochrane Canada, McMaster University
Ontario, Canada

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

Role
Methods Team Member

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

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

Disclosures Prior to Participation

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (October 6, 2020)</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Indirect Financial Interests (End Date)</th>
<th>Check if for spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>None in past 24 months (October 6, 2020)</td>
<td></td>
</tr>
</tbody>
</table>
Other (End Date) | Check if for spouse
---|---
None in past 24 months (October 6, 2020) | 

Agreement to Conflict of Interest Policies and Attestations  
Section 2

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

Disclosures During Participation  
Section 3

<table>
<thead>
<tr>
<th>Disclosed</th>
<th>Description and Date</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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Participation History  
Section 4
Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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Part A. Direct Financial Interests

**Employment With For-Profit Healthcare Companies**

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

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each employment relationship.

<table>
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<tr>
<th>Company</th>
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Equity in For-Profit Healthcare Companies

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

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

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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.

<table>
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<tr>
<th>Company</th>
<th>Description</th>
<th>Date Divested</th>
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</table>

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

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

☒ No
☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.
Column 3  Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

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<th>Company</th>
<th>Description</th>
<th>End Date</th>
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</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

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

☒ No

☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☐ No

☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.
Column 2 Briefly describe the research project.
Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
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Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

☐ No

☐ Yes, as described below:

Column 1 Name the organization. If known to you, describe any industry funding or support.
Column 2 Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services.
Column 3 Indicate if your activity was paid or volunteered.
Column 4 Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each organization.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Description and role</th>
<th>Paid or Unpaid?</th>
<th>End Date</th>
<th>For ASH Internal Use</th>
</tr>
</thead>
</table>

**Other Relevant Indirect Financial Interests**

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

- [ ] No
- [ ] Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes

   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☒ No
   - ☐ Yes

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

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☒ No
   - ☐ Yes, as described below:

   Column 1  Name the entity funding the research.
   Column 2  Describe the research project.
   Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
   Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

   Add rows as needed for each research project.
Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   
   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   - ☐ Don’t know
   - ☒ No
   - ☐ Yes
   
   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   - ☒ Don’t know
   - ☐ No
   - ☐ Yes
   
   If yes, please explain:

Career Advancement

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

   I would not expect any change in support from our institution given our expertise in systematically evaluating the evidence, for which the methods and process are scientifically defensible.
Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

☐ No
☐ Yes, as described below:

Column 1 Name the organization.
Column 2 Describe or reference the relevant policy, position, or guidelines.
Column 3 Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
</table>

Clinical Practice

9. Do you see patients clinically?

☐ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☐ No
☐ Yes

If yes, please explain:
Other

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

☒ No

☐ Yes

If yes, please describe:

Expected Interests

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

☒ No

☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
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<td>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.</td>
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<td>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.</td>
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Agreed by Adrienne Stevens  
Date 06 October 2020  
Disclosures reviewed by Russell, Kunkle (ASH Staff)  
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee  
Date 06 October 2020
Section 3. Disclosures During Participation

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</table>
Matthew Ventresca, MSc, MBA, CHE

Research Coordinator, Department of Health Research Methods, Evidence, and Impact
McMaster University
Hamilton, Ontario, Canada

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

Role
Review Team Member

Profile
Mr. Matthew Ventresca has been employed as a Research Coordinator at McMaster University’s Department of Health Research Methods, Evidence, and Impact for 10 years. He has completed an MSc in Epidemiology, Brock University (2015), and an MBA specializing in Health Services Management, McMaster University (2019). Mr. Ventresca regularly coordinates or contributes to systematic reviews and individual participant data meta-analyses investigating a range of topics, most prominently, the effect of heparin use among oncologic patients. His additional interests include clinical trial data sharing, clinical practice guideline development, health economics and business plan development.

[August 24, 2020 profile approved by Mr. Ventresca]

Disclosures Prior to Participation

<table>
<thead>
<tr>
<th>Direct Financial Interests (End Date)</th>
<th>Check if for spouse</th>
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Section 1. Disclosures Prior to Participation

Definitions

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

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

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

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

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

Employment With For-Profit Healthcare Companies
1. Are you currently or in the past 24 months have you been an employee of any for-profit healthcare company?

☐ No

☐ Yes, as described below:

Add rows as needed for each employment relationship.

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

☐ No

☐ Yes, as described below:

Add rows as needed for each equity interest.

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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.

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

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

☒ No

☐ Yes, as described below:

Column 1 Name the company.

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

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

Add rows as needed for each activity.

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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.

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Other Relevant Direct Financial Interests

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

☒ No

☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

| Column 1 | Name the company funding or supporting the research. |
| Column 2 | Briefly describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
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Paid and Volunteer Activities for Organizations Supported by For-Profit Healthcare Companies

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

☒ No

☐ Yes, as described below:

| Column 1 | Name the organization. If known to you, describe any industry funding or support. |
| Column 2 | Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services. |
| Column 3 | Indicate if your activity was paid or volunteered. |
| Column 4 | Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No
☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☒ No
   - ☐ Yes
   If yes, what were those views and where were they made?

Non-Industry Supported Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part B, Question 1, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☒ No
   - ☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
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<td>Funder</td>
<td>Description of Research</td>
<td>My Role</td>
<td>End Date</td>
</tr>
</tbody>
</table>

Add rows as needed for each research project.
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?

That would depend on the nature of the reaction, positive or negative. However, I would expect that any work on this guideline is conducted at the highest professional standard. So, regardless of the positive or negative public reaction of my institution or mentor I would expect they support high quality work.
Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

☒ No
☐ Yes, as described below:

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<th>Column 1</th>
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<tr>
<td>Column 2</td>
<td>Describe or reference the relevant policy, position, or guidelines.</td>
</tr>
<tr>
<td>Column 3</td>
<td>Describe your role with the organization, including your involvement in developing, disseminating, or implementing the relevant policy, position, or guidelines.</td>
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</table>

Add rows as needed for each organization.

Clinical Practice

9. Do you see patients clinically?

☒ No
☐ Yes

If yes, what is your primary specialty or subspecialty?

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

☐ No
☐ Yes

If yes, please explain:

Other

10. Do you have other nonfinancial interests or relationships not described above that could be relevant to the work of developing these guidelines?
No

☐ Yes

If yes, please describe:

**Expected Interests**

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

☒ No

☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

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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 Matthew Ventresca
Date August 7, 2020
Disclosures reviewed by Russell (ASH Staff), Pai (GOS)
Participation approved by Menaka Pai, on behalf of ASH Guideline Oversight Subcommittee
Date August 14, 2020
### Section 3. Disclosures During Participation

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

Role
Methods Team Member

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

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

Disclosures Prior to Participation

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<tr>
<th>Direct Financial Interests (End Date)</th>
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<td>None in past 24 months (June 26, 2020)</td>
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</table>
## Indirect Financial Interests (End Date)

| Check if for spouse | None in past 24 months (June 26, 2020) |

## Other (End Date)

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

### Agreement to Conflict of Interest Policies and Attestations  
Section 2

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

### Disclosures During Participation  
Section 3

<table>
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<th>Description and Date</th>
<th>Management</th>
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### Participation History  
Section 4
Section 1. Disclosures Prior to Participation

Definitions

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Part A. Direct Financial Interests

Employment With For-Profit Healthcare Companies

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

☒ No
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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:

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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?

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Column 1 Name the company.

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My Partner’s or Spouse’s Interests
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Other Relevant Direct Financial Interests
6. Do you have other current or recent (within the past 24 months) direct financial interests with any institution, organization, entity or individual that could be relevant to the work of developing these guidelines?

☒ No
☐ Yes

If yes, please explain:
Part B. Indirect Financial Interests

Institutional Research Funded by For-Profit Healthcare Companies

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

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Add rows as needed for each research project.

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

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

☒ No

☐ Yes, as described below:

| Column 1 | Name the organization. If known to you, describe any industry funding or support. |
| Column 2 | Briefly describe your activity and role, e.g., employment, service on board of directors, other volunteer services. |
| Column 3 | Indicate if your activity was paid or volunteered. |
| Column 4 | Indicate when your involvement with the organization ended. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each organization.
Other Relevant Indirect Financial Interests

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

☒ No

☐ Yes

If yes, please explain:
Part C. Relevant Other Interests That Are Not Mainly Financial

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☐ No
   ☒ Yes
   If yes, what were those views and where were they made?
   Co-author of clinical practice guidelines on VTE management. Participated as member of evidence synthesis team and project coordinator. Did not participate as voting panel member; did not express views or opinions related to the topic.

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.

<table>
<thead>
<tr>
<th>Funder</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
</tr>
</thead>
</table>

Institutional Relationships

4. Could your compensation be affected by recommendations on this topic?
   ☒ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

5. Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   ☒ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:

6. Could your institution benefit or be harmed by guidelines on this topic?
   ☒ Don’t know
   ☒ No
   ☐ Yes

   If yes, please explain:
Career Advancement

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

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

Involvement in Organizations With Relevant Policies, Positions, or Guidelines

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

☒ No

☐ Yes, as described below:

Column 1  Name the organization.

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

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

Add rows as needed for each organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Relevant Policy Position</th>
<th>Your Role</th>
</tr>
</thead>
</table>

Clinical Practice

9. Do you see patients clinically?

☒ No

☐ Yes

If yes, what is your primary specialty or subspecialty?

If yes, do you prescribe or otherwise recommend clinical interventions (e.g., screening or diagnostic tests, evaluations, treatments, procedures) that may be addressed by these guidelines?
☐ No
☐ Yes

If yes, please explain:

**Other**

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

☒ No
☐ Yes

If yes, please describe:

**Expected Interests**

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

☒ No
☐ Yes

If yes, please describe:
Section 2. Attestation of Compliance With Conflict of Interest Policies

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Initials</th>
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<tbody>
<tr>
<td>I have reviewed and understand the ASH Principles and Policies on Conflict of Interest published on the ASH website at <a href="https://www.hematology.org/about/governance/conflict-of-interest">https://www.hematology.org/about/governance/conflict-of-interest</a> including the special Policy on Management of Conflicts in the Development of Clinical Practice Guidelines (“ASH Policy”).</td>
<td>WW</td>
</tr>
<tr>
<td>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.</td>
<td>WW</td>
</tr>
<tr>
<td>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.</td>
<td>WW</td>
</tr>
<tr>
<td>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:</td>
<td>WW</td>
</tr>
<tr>
<td>• Any direct financial interest of myself or my partner or spouse in any for-profit healthcare company or companies, if such interests in aggregate may be reasonably valued to be &gt;$5,000/year, regardless of relevance to the guidelines</td>
<td>WW</td>
</tr>
<tr>
<td>• 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</td>
<td>WW</td>
</tr>
<tr>
<td>• 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</td>
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<tr>
<td>• Simultaneous participation on guidelines by another organization on the same topic</td>
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<tr>
<td>• Any undisclosed financial interest in any for-profit healthcare company occurring in the 24 months prior to my participation on these guidelines</td>
<td>WW</td>
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<tr>
<td>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.</td>
<td>WW</td>
</tr>
<tr>
<td>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.</td>
<td>WW</td>
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</tbody>
</table>
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** Wojtek Wiercioch

**Date** June 26, 2020

**Disclosures reviewed by** Russell (ASH Staff), Pai (GOS)

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

**Date** July 14, 2020

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### Section 3. Disclosures During Participation

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Disclosure Date</th>
<th>ASH Internal Notes</th>
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