Supplement 3. Disclosure of Interest Forms of the Review Team for the ASH 2022 Guidelines for Prevention of Venous Thromboembolism in Latin America

Izcovich

Karzulovic

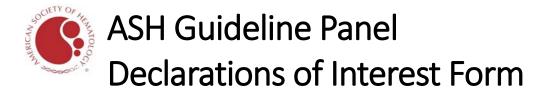
Neumann

Rada

Schünemann

Vera

Zhang



terial Intere	ests in Com	panies		
Equity 1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.				
elow:				
or each equity interest.				
Company Description Date Divested For ASH Internal Use				
Patents and Royalties 2. 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.				
	the past 24 months have arkets, or distributes drug e, or alleviate health condests but excludes diversified elow: Description Description Lies the past 24 months have arty or product used to diagonal elow:	arkets, or distributes drugs, devices, services, or the e, or alleviate health conditions? Equity includes storests but excludes diversified mutual fund shares. Pelow: Description Date Divested Description Date Divested Description Date Divested Description Description Date Divested		

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

3.	remunerat company tl	Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?			
	⊠ No				
	☐ Yes, as o	described below:			
	Column 1	Name the company.			
	Column 2	Describe the activity for which you received income or other remuneration, e.g., employment, 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.

To report activities that generate revenues for your institution, see Part B, Question 4.

Сотрапу	Description	End Date	For ASH Internal Use

Industry-Funded Research 4. Do you currently or in the past 24

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

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

IVI	y Partner's or Spouse's Interests
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?
	⊠ No
	\square Yes, as described below:

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

Part B. Interests That Are Not Mainly Financial

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

AS	SH Guidelines on Venous Thromboembolism for Latin America
or o	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic(s).
	prsonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr 2.	eviously Published Opinions Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
D -	and and b
Ке 3.	esearch Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
	⊠ No

	☐ Yes, as	described l	below:		
	Column 1	Name the	entity funding the researc	h.	
	Column 2	Column 2 Describe the research project.			
	Column 3	steering c	your role: (a) national or ov ommittee of a study that o or. If other than these opti	loes not have a principal in	
	Column 4		when your involvement end dicate "current" or "ongoir		involvement has not yet
	Add rows	as needed f	for each research project.		
F	under		Description of Research	My Role	End Date
1.		nerate revei , testifying,	nues or nonfinancial benef writing, or otherwise shari		
	⊠ No				
	☐ Yes				
	If yes, plea	se explain:			
5.	Could your	· institution	benefit or be harmed by r	ecommendations of guide	lines on this topic?
	☐ Don't kı	now			
	⊠ No				
	☐ Yes				
	If yes, plea	se explain:			

Career Advancement

6. 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?

Advocacy and Policy Positions

7.	Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?
	⊠ No
	□ Yes
	If yes, are you involved in formulating or voting for positions?
	□ No
	□ Yes
	If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?
	☐ Don't know or not applicable
	□ No
	□ Yes
	If yes, please explain:
Pr	ofessional Specialty
8.	What is your primary clinical specialty or subspecialty? General Internal Medicine
9.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	□ No
	⊠ Yes
	If yes, please explain:

Ex	spected Interests
10.	. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?
	⊠ No
	□ Yes
	If yes, please describe:

Part C. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publicly available.

Name of guideline panel(s)	ASH Guidelines on Venous Thromboembolism for Latin America
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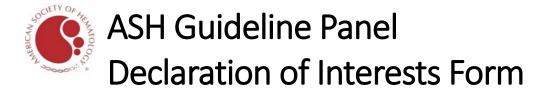
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Alexander, 8/18/17	No	No	Dr. Izcovich has no current direct or indirect conflicts of interest.
Castano, 8/31/2020	No	No	Dr. Izcovich has no current direct or indirect conflicts of interest. On August 31, 2020 Dr. Neumann confirmed all information on this form.
Castano, 7/27/2021			Dr. Izcovich has no current direct or indirect conflicts of interest. On July 27, 2021 Dr. Izcovich confirmed all information on this form.

If status is conflicted minority, summarize all current material interests in affected companies:

Company	Description	Disclosure Date	ASH Notes

Notes:

Dr. Izcovich is a member of the methods team.



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

Company		Description	Date Divested	For ASH Internal Use			
3. Do you cur any intelle	any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?						
□ 1e3, a3 v	described b	elow.					
Add rows a	as needed f	or each patent or royalty i	nterest.				
Company		Description	Date Divested	For ASH Internal Use			
Personal Income or Other Direct Transfers of Value 4. Do you currently or in the past 24 months have you received any personal income or other direct transfers of value (e.g., honoraria, gifts, travel support, meeting registration, meals) from any forprofit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?							
⊠ No	⊠ No						
☐ Yes, as	☐ Yes, as described below:						
Column 1	Name the	company.					
Column 2	Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee						

or board, expert testimony.

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

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

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

Part B. Indirect Financial Interests in or Relationships With Companies

Industry-Funded Institutional Research

1. Through your institution, do you currently or in the past 24 months have you been involved research funded or supported (e.g., in kind support, such as provision of a study drug) be profit company that develops, produces, markets, or distributes drugs, devices, services therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?						
☑ Yes, as described below:						
	Column 2	Briefly describe the research project.				
	Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.				
	Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")				

Add rows as needed for each research project.

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

Paid and Volunteer Activities for Organizations Supported by Industry

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

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

Part C. Relevant Other Interests That Are Not Mainly Financial

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

ASH Guidelines on Venous Thromboembolism for Latin America

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

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

	Column 2	Describe t	he research project.				
	Column 3	steering c	our role: (a) national or over committee of a study that coor. If other than these opti	loes not have a principal in			
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet		
	Add rows	as needed f	or each research project.				
Fu	under		Description of Research	My Role	End Date		
n 1.	Stitutional Relationships Could your salary be affected by recommendations on this topic? □ Don't know □ No □ Yes If yes, please explain:						
5.	Do you generate revenues for your institution or employer by clinical activity, teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?						
	☐ Don't kr	now					
	⊠ No						
	☐ Yes						
	If yes, plea	se explain:					

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

Column 1 Name the entity funding the research.

	☐ Don't know					
	⊠ No					
	☐ Yes					
	If yes, please explain:					
Ca	reer Adv	vanceme	ent			
7.	7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution? I wouldn't get promoted or a raise based only on the work on this panel.					
Inv	volveme	nt in Or	ganizations With Relevant F	Policy Positions		
8.	•	idelines, e.	e you a member of an organization with g., position statement, editorial, blog, a	•		
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Column 1	Name the	organization.			
	Column 2	Describe of these g		organization that is related to the topic		
	Column 3		your role at the organization, including g, or implementing relevant positions.	your involvement in deciding,		
	Add rows as needed for each organization.					
Oi	ganization		Relevant Policy Position	Your Role		

Clinical Practice

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

Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH Guidelines on Venous Thromboembolism for Latin America
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Summary of ASH Judgments About Financial Conflicts

Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 10/07/2019	No	No	Dr. Karzulovic does not have any direct or indirect conflicts with companies that can be affected by the guidelines.
Castano, 09/01/2020	No	No	On September 1, 2020 Dr. Karzulovic confirmed all information on this form.
Castano, 7/27/2021	No	No	On July 27, 2021 Dr. Karzulovic confirmed all information on this form.

Summary of Direct Financial Conflicts

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

Other Notes

Lorena Karzulovic is a member of the systematic review team for these guidelines.



Р	Part A. Material Interests in Companies					
	 Equity Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares. 					
	⊠ No					
	\square Yes, as described b	elow:				
	Add rows as needed for	or each equity interest.				
Co	ompany	Description	Date Divested	For ASH Internal Use		
	Patents and Royalties 2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions? □ No □ Yes, as described below: Add rows as needed for each patent or royalty interest.					

Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

3.	remunerat company tl	Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?			
	⊠ No				
	\square Yes, as described below:				
	Column 1	Name the company.			
	Column 2	Describe the activity for which you received income or other remuneration, e.g., employment, 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.

To report activities that generate revenues for your institution, see Part B, Question 4.

Company	Description	End Date	For ASH Internal Use

Industry-Funded Research

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

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

IVI	y Partner's or Spouse's Interests
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?
	⊠ No
	\square Yes, as described below:

Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

Part B. Interests That Are Not Mainly Financial

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

AS	SH Guidelines on Venous Thromboembolism for Latin America
or o	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic(s).
	prsonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:
Pr 2.	eviously Published Opinions Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	□ Yes
	If yes, what were those views and where were they made?
D -	and and b
Ке 3.	esearch Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, 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 researc	ch.		
	Column 2	Describe t	the research project.			
	Column 3	steering c	your role: (a) national or	does not have a	principal in	
	Column 4		vhen your involvement end dicate "current" or "ongoil		e. (If your i	nvolvement has not yet
	Add rows	as needed f	for each research project.			
Fı	under		Description of Research	My Role		End Date
	consulting, topic?	nerate reve , testifying,	IONSNIPS nues or nonfinancial benef writing, or otherwise shar		-	
	□ Don't kı	now				
	⊠ No					
	☐ Yes If yes, plea	co ovalaja:				
	ii yes, piea	se explain.				
5.	Could your	· institution	benefit or be harmed by r	ecommendatio	ns of guide	lines on this topic?
	☐ Don't kı	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				

Career Advancement

6. 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?

Advocacy and Policy Positions

7.	Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?
	⊠ No
	□ Yes
	If yes, are you involved in formulating or voting for positions?
	□ No
	□ Yes
	If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?
	☐ Don't know or not applicable
	□ No
	□ Yes
	If yes, please explain:
Pr	rofessional Specialty
8.	What is your primary clinical specialty or subspecialty? General Internal Medicine
9.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	□ No
	⊠ Yes
	If yes, please explain:

DVT/PEs are diagnosed and treated by internists in my setting.

10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?
	⊠ No
	□ Yes
	If yes, please describe:

Part C. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publicly available.

Name of guideline panel(s)	ASH Guidelines on Venous Thromboembolism for Latin America
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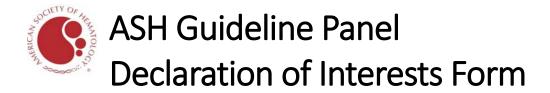
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Alexander, 8/18/17	No	No	Dr. Neumann has no current direct or indirect conflicts of interest.
Castano, 8/31/2020	No	No	Dr. Neumann has no current direct or indirect conflicts of interest. On August 31, 2020 Dr. Neumann confirmed all information on this form.
Castano, 7/27/2021	No	No	Dr. Neumann has no current direct or indirect conflicts of interest. On July 27,2021. Dr. Neumann confirmed all information on this form.

If status is conflicted minority, summarize all current material interests in affected companies:

Company	Description	Disclosure Date	ASH Notes

Notes:

Dr. Neumann is the lead methodologist and the facilitator for this panel.



Part A. Direct Financial Interests in or Relationships With Companies				
 Employment 1. Are you currently or in the past 24 months have you been an employee of any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? 				
⊠ No				
\square Yes, as described b	elow:			
Add rows as needed for	or each employment relati	onship.		
Company	Description	End Date	For ASH Internal Use	
Equity				
develops, produces, m treat, monitor, manag	the past 24 months have ynarkets, or distributes drugge, or alleviate health condests but excludes diversifie	s, devices, services, or the itions? Equity includes sto	rapies used to diagnose,	
⊠ No				
\square Yes, as described b	elow:			
Add rows as needed for	or each equity interest.			

Company		Description	Date Divested	For ASH Internal Use
Patents, R	ovalties.	and Other Intell	ectual Property	
•	ctual proper	•	e you owned patents for or liagnose, treat, monitor, man	•
⊠ No				
☐ Yes, as	described be	elow:		
Add rows	as needed fo	or each patent or royalty	, interest	
Auu Tows a	is fleeded to	n each patent of Toyanty	/ interest.	
Company		Description	Date Divested	For ASH Internal Use
4. Do you cur transfers o profit com	rently or in of value (e.g. pany that de	, honoraria, gifts, travel evelops, produces, mark	ransfers of Value re you received any personal support, meeting registratio rets, or distributes drugs, developed an age, or alleviate health con	n, meals) from any for- ices, services, or
 Do you cur transfers o profit com 	rently or in of value (e.g. pany that de	the past 24 months hav , honoraria, gifts, travel evelops, produces, mark	e you received any personal support, meeting registrationets, or distributes drugs, dev	n, meals) from any for- ices, services, or
 Do you cur transfers o profit com therapies u No 	rently or in of value (e.g. pany that de	the past 24 months hav, honoraria, gifts, travel evelops, produces, mark nose, treat, monitor, ma	e you received any personal support, meeting registrationets, or distributes drugs, dev	n, meals) from any for- ices, services, or
4. Do you cur transfers o profit com therapies u ⊠ No	rently or in of value (e.g. pany that de used to diag	the past 24 months hav, honoraria, gifts, travel evelops, produces, mark nose, treat, monitor, ma	e you received any personal support, meeting registrationets, or distributes drugs, dev	n, meals) from any for- ices, services, or

or board, expert testimony.

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

Add rows as needed for each activity.

Company	Description	End Date	For ASH Internal Use

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

Part B. Indirect Financial Interests in or Relationships With Companies

Industry-Funded Institutional Research

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

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

Paid and Volunteer Activities for Organizations Supported by Industry

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

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

Part C. Relevant Other Interests That Are Not Mainly Financial

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

ASH Guidelines on Venous Thromboembolism for Latin America

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

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

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

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

Column 1 Name the entity funding the research.

	☐ Don't know							
	⊠ No							
	☐ Yes	□ Yes						
	If yes, plea	se explain:						
	Career Advancement . 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?							
Not	t relevant							
Inv	volveme	nt in Or	ganizations With Rele	evant P	olicy Positions			
8.		idelines, e.			a stated position related to the topic micus brief, or legislature or legal			
	⊠ No							
	☐ Yes, as o	described b	elow:					
	Column 1	Name the	organization.					
	Column 2	Describe of these g		n of the o	rganization that is related to the topic			
	Column 3		our role at the organization, in g, or implementing relevant po		our involvement in deciding,			
	Add rows as needed for each organization.							
Organization Relevant Policy Position Your Role								

Clinical Practice

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

Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH Guidelines on Venous Thromboembolism for Latin America
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Summary of ASH Judgments About Financial Conflicts

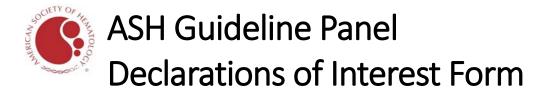
Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 9/07/2020	No	No	Gabriel Rada does not have any direct or indirect conflicts of interest with companies that may be affected by the guidelines. On September 7, 2020 Gabriel Rada confirmed all information on this form.
Castano, 9/07/2020	No	No	On July 27, 2021 Gabriel Rada confirmed all information on this form.

Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

Other Notes

Gabriel Rada is a member of the systematic review team for these guidelines.



Part A. Material Interests in Companies						
Quity Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.						
No						
Yes, as described be	elow:					
ld rows as needed fo	or each equity interest.					
Company Description Date Divested For ASH Internal Use						
nts and Royalt	ties					
		· · · · · · · · · · · · · · · · · · ·	•			
No						
\square Yes, as described below:						
Add rows as needed for each patent or royalty interest.						
oany	Description	Date Divested	For ASH Internal Use			
	you currently or in evelops, produces, meat, monitor, manage her ownership intervals as described by the second of	by you currently or in the past 24 months have you concern manage, or alleviate health conditions her ownership interests but excludes diversified No Yes, as described below: Id rows as needed for each equity interest. Description The past 24 months have you currently or in the past 24 months have you currently or in the past 24 months have you intellectual property or product used to diagonditions? No Yes, as described below: Id rows as needed for each patent or royalty in the past 24 months have you currently or in the past 24 months h	by you currently or in the past 24 months have you had equity in any for-povelops, produces, markets, or distributes drugs, devices, services, or the eat, monitor, manage, or alleviate health conditions? Equity includes stockher ownership interests but excludes diversified mutual fund shares. No Yes, as described below: Id rows as needed for each equity interest. Date Divested Date Divested Divested O you currently or in the past 24 months have you owned patents for or recovery intellectual property or product used to diagnose, treat, monitor, managed in the past 24 months have you owned patents for or recovery intellectual property or product used to diagnose, treat, monitor, managed in the past 24 months have you owned patents for or recovery intellectual property or product used to diagnose, treat, monitor, managed in the past 24 months have you owned patents for or recovery intellectual property or product used to diagnose, treat, monitor, managed in the past 24 months have you owned patents for or recovery intellectual property or product used to diagnose, treat, monitor, managed in the past 24 months have you owned patents for or recovery intellectual property or product used to diagnose, treat, monitor, managed in the past 24 months have you owned patents for or recovery intellectual property or product used to diagnose, treat, monitor, managed in the past 24 months have you owned patents for or recovery intellectual property or product used to diagnose, treat, monitor, managed in the past 24 months have you owned patents for or recovery intellectual property or product used to diagnose, treat, monitor, managed in the past 24 months have you owned patents for or recovery intellectual property or product used to diagnose.			

Personal Income or Other Remuneration

3.	Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Column 1	Name the	company.			
	Column 2	employme	the activity for which you rent, consultancy, speakers e or board, expert testimo	bureau involvement, servi		
	Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")					
	Add rows a	s needed fo	or each activity.			
	To report a	ctivities tha	at generate revenues for yo	our institution, see Part B,	Question 4.	
Company Description End Date For ASH Internal Use						
n ı.	Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?					
	⊠ No					
	☐ Yes, as o	described b	elow:			
	Column 1	Name the	company funding or supp	orting the research.		
	Column 2					

- 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.

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

M	y Partner's or Spouse's Interests
5.	Currently or in the past 24 months has <i>your partner or spouse</i> had any of the interests described in questions 1-4?
	⊠ No
	☐ Yes, as described below:
	Add rows as needed for each interest.

Company	Description	End Date	For ASH Internal Use

Part B. Interests That Are Not Mainly Financial

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

Topic	Guideline Panel	
Venous thromboembolism (VTE)	VTE Guideline Coordination Panel	
Prevention of VTE in medical hospitalized patients	Guideline Panel on Prevention of VTE in	
	Medical Hospitalized Patients	
Prevention and treatment of VTE in patients with	Guideline Panel on Prevention and Treatment	
cancer	of VTE in Patients with Cancer	
Diagnosis of VTE	Guideline Panel on Diagnosis of VTE	

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

Personal Beliefs

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

- CHEST since edition 6 to 9
- Cochrane reviews on antithrombotic use in patients with cancer
- NEJM editorial on update of a systematic review on antithrombotics with cancer

- JAMA Clinical Synopsis – heparin in cancer patients undergoing surgery

Research

•	Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, 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 loca investigator. If other than these options, please describe.		
	Column 4	Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate "current" or "ongoing.")		
	Add rows	as needed for each research project.		

Funder	under Description of Research My F		End Date
CIHR Individual patient data meta- analysis antithrombotics in cancer		PI	Mach 2016

Institutional Relationships

Н	stitutional Relationships
1.	Do you generate revenues or nonfinancial benefits for your institution by 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:
	Contract for systematic reviews for these guidelines being negotiated with ASH

5.	Could your institution benefit or be harmed by recommendations of guidelines on this topic?
	☑ Don't know
	\square No
	□ Yes
	If yes, please explain:
	reer Advancement 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
Ac 7.	Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?
	⊠ No
	□ Yes
	If yes, are you involved in formulating or voting for positions?
	□ No
	□ Yes
	If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?
	☐ Don't know or not applicable
	\square No
	□ Yes
	If yes, please explain:

Professional Specialty

8. What is your primary clinical specialty or subspecialty?

9.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	□ No
	⊠ Yes
	If yes, please explain:
	Diagnosis and treatment of DVT
Ex	spected Interests
10.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?
	⊠ No
	□ Yes
	If yes, please describe:

Internal Medicine, Public Health, preventive medicine

Part C. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

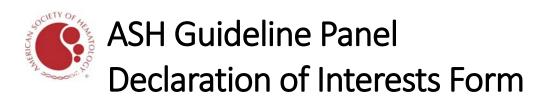
Name of guideline panel(s)	VTE Guideline Coordination Panel Guideline Panel on Diagnosis of VTE Guideline Panel on Prevention of VTE in Medical Hospitalized
	Patients Guideline Panel on Prevention and Treatment of VTE in Patients with Cancer ASH Guidelines on Venous Thromboembolism for Latin America

Approved to participate?	Status	Recusal may be required?	Date reviewed by ASH staff	Notes
Yes	Unconflicted majority	No	5/1/2015; 5/5/2015	
Yes	Unconflicted majority	No	4/26/2018 Alexander	On 4/26/2018, Dr. Schunemann confirmed all information in this form.

If status is conflicted minority, summarize all current material interests in affected companies:

Company	Description	Disclosure Date	ASH Notes

Notes:		



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

			-			
Company		Description	Date Divested	For ASH Internal Use		
Patents, R	ovalties,	and Other Intelle	ctual Property			
3. Do you cur	rently or in ctual prope	the past 24 months have	you owned patents for or r gnose, treat, monitor, man	•		
⊠ No						
☐ Yes, as	described b	elow:				
Add rows a	as needed fo	or each patent or royalty i	nterest.			
Company Description Date Divested			Date Divested	For ASH Internal Use		
Personal II	ncome c	or Other Direct Tra	nsfers of Value			
transfers o						
⊠ No	⊠ No					
☐ Yes, as	☐ Yes, as described below:					
Column 1	Name the	company.				
Column 2	Column 2 Describe the activity for which you received the income or other transfer of value, e.g., research, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.					

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

Add rows as needed for each activity.

Сотрапу	Description	End Date	For ASH Internal Use

My Partner's or Spouse's Interests

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

Part B. Indirect Financial Interests in or Relationships With Companies

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

Industry-Funded Institutional Research

Add rows as needed for each research project.

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

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

Paid and Volunteer Activities for Organizations Supported by Industry

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

Felipe Daniel Vera Chandia, MSc health economics and decision modelling, Sheffield university

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

Part C. Relevant Other Interests That Are Not Mainly Financial

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

ASH Guidelines on Venous Thromboembolism for Latin America

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

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

	Column 1	Name the	entity funding the research	h.		
	Column 2	Describe t	he research project.			
	Column 3	steering c		loes not have a pr	estigator, (b) member of a incipal investigator, (c) site or lebe.	ocal
	Column 4		when your involvement end dicate "current" or "ongoir		(If your involvement has not ye	ŧt
	Add rows	as needed f	or each research project.			
Fu	under		Description of Research	My Role	End Date	
n	stitution	al Rolati	onshins			
1.			ffected by recommendation	ons on this topic?		
	☐ Don't kr	now				
	⊠ No					
	□ Yes					
	If yes, plea	se explain:				
5.					cal activity, teaching, speaking e or opinions about this guidel	
	☐ Don't kr	now				
	⊠ No					
	☐ Yes					
	If yes, plea	se explain:				

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

Involvement in Organizations With Relevant Policy Positions

8.	Do you work for or are you a member of an organization with a stated position related to the topic
	of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal
	testimony?

☐ Yes, as described below:

⊠ No

Column 1 Name the organization.

reaction from peers outside your institution?

Column 2 Describe or reference any policy position of the organization that is related to the topic of these guidelines.

Column 3 Describe your role at the organization, including your involvement in deciding, promoting, or implementing relevant positions.

Add rows as needed for each organization.

Organization	Relevant Policy Position	Your Role

Clinical Practice

9. Do you see patients clinically?

Felipe Daniel Vera Chandia, MSc health economics and decision modelling, Sheffield university

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

Part D. New Declarations (ASH Internal Use)

Company	Description	Disclosure Date	ASH Internal Notes

Part E. Summary (ASH Internal Use)

Name of guideline panel(s)	ASH Guidelines on Venous Thromboembolism for Latin America
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Summary of ASH Judgments About Financial Conflicts

Reviewer name and date	Direct Financial Conflicts?	Indirect Financial Conflicts?	Management Notes
Castano, 9/07/2020	No	No	Felipe Vera does not have any direct or indirect conflicts of interest with companies that may be affected by the guidelines. On September 7, 2020, Mr. Vera confirmed all information on this form.
Castano, 7/27/2021	No	No	On July 27, 2021 Felipe Vera confirmed all information on this form.

Summary of Direct Financial Conflicts

Company	Description	Disclosure Date	ASH Notes

Other Notes

Felipe Vera is a member of the systematic review team for these guidelines.

Part A. Material Interests in Companies

Equity			
Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.			
⊠ No			
\square Yes, as described b	elow:		
Add rows as needed for	or each equity interest.		
Company	Description	Date Divested	For ASH Internal Use
•	the past 24 months have y	•	•
conditions?	any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?		
⊠ No			
\square Yes, as described b	\square Yes, as described below:		
Add rows as needed for	Add rows as needed for each patent or royalty interest.		
Company	Description	Date Divested	For ASH Internal Use

Personal Income or Other Remuneration

_					
Company Description End Date For ASH Internal Use				For ASH Internal Use	
	To report activities that generate revenues for your institution, see Part B, Question 5.				e Part B, Question 5.
	Add rows as needed for each activity.				
	Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing.")			activity has not yet ended,	
	Column 2	umn 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.			
	Column 1	Name the	company.		
	☐ Yes, as o	described b	elow:		
	⊠ No				
	Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?				

dustry-F	unded Research			
Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?				
⊠ No				
☐ Yes, as	\square Yes, as described below:			
Column 1	Name the company funding or supporting the research.			
Column 2	Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.			
Column 3	Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.			

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

Add rows as needed for each research project.

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

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

Part B. Interests That Are Not Mainly Financial

You have been invited to participate as a researcher on systematic evidence reviews that will inform clinical practice guidelines by the American Society of Hematology on the following topic:

٧	enous thromboembolism
or	e questions that follow are designed to elicit information about personal beliefs, intellectual positions opinions, institutional relationships, and other interests that are not mainly financial and that may be evant to guidelines on the above topic.
Ре 1.	ersonal Beliefs Do you have strongly held beliefs related to the topic of these guidelines?
	⊠ No □ Yes
	If yes, please explain:
Pr 2.	reviously Published Opinions Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
	⊠ No
	☐ Yes If yes, what were those views and where were they made?
R€ 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 A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization? No

	☐ Yes, as	described l	below:		
	Column 1	Name the	entity funding the researc	h.	
	Column 2	Describe t	the research project.		
	Column 3	steering c	our role: (a) national or over ommittee of a study that o or. If other than these opti	loes not have a principal ir	
	Column 4		when your involvement end dicate "current" or "ongoir		nvolvement has not yet
	Add rows	as needed f	for each research project.		
Fι	under		Description of Research	My Role	End Date
4 .	No. Do you ger consulting, topic? □ Don't kr	nerate reve testifying,	ffected by recommendation or writing, or otherwise shari	employer by clinical activ	
	⊠ No				
	☐ Yes				
	If yes, plea	se explain:			
6.	Could your ☐ Don't kr		benefit or be harmed by r	ecommendations of guide	lines on this topic?
	□ Don't ki	IOW			
	□ Yes				
	If yes, plea	se exnlain·			
	yes, pied	oc capiani.			

Career Advancement

7. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your contributions to guidelines on this topic generated a strong reaction from peers outside your institution?

No or little influence.

Ac	dvocacy and Policy Positions
8.	Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?
	⊠ No
	☐ Yes. Name of organization(s):
	If yes, are you involved in formulating or voting for positions?
	□ No
	□ Yes
	If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?
	☐ Don't know or not applicable
	□ No
	□ Yes
	If yes, please explain:
Pr	ofessional Specialty
	What is your primary profession? If you are a clinician, what is your clinical specialty or subspecialty?
	Methodologist, not a clinician.
10.	Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
	⊠ No
	□ Yes
	If yes, please explain:

Expected Interests

11.	Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?
	⊠ No
	□ Yes
	If yes, please describe:

Part C. Summary (ASH Internal Use)

ASH will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publicly available.

Guideline topic:	Systematic reviews on patient values and preferences	
	Treatment of VTE (systematic reviews)	
	ASH Guidelines on Venous Thromboembolism for Latin America	

Approved to participate?	Reviewer name and date	Notes
Yes	10/24/16 Alexander; 10/27/16 Kunkle	No material conflicts of interest
	7/27/2021	On July 27, 2021 Yuan Zhang confirmed all information on this form.

Summarize all current material interests in affected companies described above:

Company	Description	Disclosure Date	ASH Notes

Notes:

Yuan Zhang is a member of the systematic review team for these guidelines.