Contract funding from the National Institute for Health Research to the University of Sheffield (https://fundingawards.nihr.ac.uk/award/NIHR131021)**ICMJE DISCLOSURE FORM**

Date:		Sarah Davis			
Your Name:		1st April 2022			
Manuscript Title:			Thromboprophylaxis during pregnancy and the puerperium: a systematic review and economic evaluation to estimate the value of future research		
Mai	nuscript Number (if kı	nown): NIHR131021			
con affe indi The epic that	tent of your manuscrip ected by the content of cate a bias. If you are author's relationships demiology of hyperten t medication is not me	ot. "Related" means any relation with for-profithe manuscript. Disclosure represents a comin doubt about whether to list a relationship/a/activities/interests should be defined broadly sion, you should declare all relationships with intioned in the manuscript.	ctivities/interests listed below that are related to the t or not-for-profit third parties whose interests may be mitment to transparency and does not necessarily ctivity/interest, it is preferable that you do so. For example, if your manuscript pertains to the manufacturers of antihypertensive medication, even if cript without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as ne	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial pla	nning of the work		
1					
	All support for the present	None			
	present manuscript (e.g., funding, provision of study materials, medical writing,	Contract funding from the National Institute for Health Research to the University of Sheffield (https://fundingawards.nihr.ac.uk/award/NIH 021)			
	present manuscript (e.g., funding, provision of study materials,	Contract funding from the National Institute for Health Research to the University of Sheffield (https://fundingawards.nihr.ac.uk/award/NIH			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Contract funding from the National Institute for Health Research to the University of Sheffield (https://fundingawards.nihr.ac.uk/award/NIH	R131		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Contract funding from the National Institute for Health Research to the University of Sheffield (https://fundingawards.nihr.ac.uk/award/NIH 021)	Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Contract funding from the National Institute for Health Research to the University of Sheffield (https://fundingawards.nihr.ac.uk/award/NIH	Click the tab key to add additional rows.		

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea	-	t to the following statement to indicate your agreement to answered every question and have not altered the wo	

Date:			3/28/2020		
Your Name:			Abdullah Pandor		
Manuscript Title:			Thromboprophylaxis during pregnancy and the puerperium: a systematic review and economic evaluation to estimate the value of future research		
Mar	nuscript Number (if l	known):	NIHR131021		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activities."			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present	[□] N	one		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing	Health	ct funding from the National Institute for Research to the University of Sheffield //fundingawards.nihr.ac.uk/award/NIHR131	Funding to institution	
	charges, etc.)			Click the tab key to add additional rows.	
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	charges, etc.) No time limit for		Time frame: past 36 month		
2	charges, etc.) No time limit for		Time frame: past 36 month		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:		-	3/28/2020		
Your Name:		-	Dr Fiona Sampson		
Manuscript Title:		-	Thromboprophylaxis during pregnancy and the puerperium: a systematic review and economic evaluation to estimate the value of future research		
Ma	nuscript Number (if k	known):	NIHR131021		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned i	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
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		Name all	entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relations	hip or indicate none (add rows as needed)	made to you or to your institution)	
		relations	hip or indicate none (add rows as needed) Time frame: Since the initial planning		
1	All support for the present	[Nc	Time frame: Since the initial planning	of the work	
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1	present manuscript (e.g., funding, provision of study materials,	Contrac Health F	Time frame: Since the initial planning one at funding from the National Institute for Research to the University of Sheffield	of the work	
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1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Contrac Health F	Time frame: Since the initial planning one one of the National Institute for Research to the University of Sheffield /fundingawards.nihr.ac.uk/award/NIHR131	of the work Funding to institution Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Contract Health F (https://021)	Time frame: Since the initial planning one at funding from the National Institute for Research to the University of Sheffield	of the work Funding to institution Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None			
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:				

Date:			3/29/2022		
Your Name:			Jean Hamilton		
Manuscript Title:			Thromboprophylaxis during pregnancy and the puerperium: a systematic review and economic evaluation to estimate the value of future research		
Ma	nuscript Number (if k	(nown):	NIHR131021		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub! The author's relationships/activiti			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Contrac	ct funding from the National Institute for Research to the University of Sheffield //fundingawards.nihr.ac.uk/award/NIHR131	Funding to institution Click the tab key to add additional rows.	
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1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Contrac Health (https:/	one ot funding from the National Institute for Research to the University of Sheffield	Funding to institution Click the tab key to add additional rows.	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/1/2022	
Your Name:	Professor Catherine Nelson-Piercy	
Manuscript Title:	Thromboprophylaxis during pregnancy and the puerperium: a systematic review and economic evaluation to estimate the value of future research	
Manuscript Number (if known):	NIHR131021	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if particular part	
		Time frame: Since the initial planning of	of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Contract funding from the National Institute for Health Research to the University of Sheffield (https://fundingawards.nihr.ac.uk/award/NIHR131 021)	Payment to institution Click the tab key to add additional rows.
	this item.		
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	UCB – speakers fees and development of educational material Sanofi – speaker and chair of educational webinars	Payment to me Payment to me
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			3/30/2022	
Your Name:			Beverley Hunt	
Manuscript Title:			Thromboprophylaxis during pregnancy and the puerperium: a systematic review and economic evaluation to estimate the value of future research	
Mar	nuscript Number (if l	known):	NIHR131021	
content of your manuscript. "Rela affected by the content of the ma		ript. "Rela of the mai	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	[\(\times\)] No	Time frame: past 36 month	s
3	Royalties or licenses	⊠ No	one	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	Image: square of the property of the propert
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Medical Director of Thrombosis UK (unpaid) Chair of Steering group of World Thrombosis Day (unpaid)

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			Jahnavi Daru	
Your Name:			1st April 2022	
Manuscript Title:			Thromboprophylaxis during pregnancy and the puerperium: a systematic review and economic evaluation to estimate the value of future research	
Mai	nuscript Number (if k	known):	NIHR131021	
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1	All support for the present		one	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing	Health	ct funding from the National Institute for Research to the University of Sheffield //fundingawards.nihr.ac.uk/award/NIHR131	Funding to institution
	charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] N •	one	
3	Royalties or licenses	× No	one	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/29/2022
Your Name:	Steve Goodacre
Manuscript Title:	Thromboprophylaxis during pregnancy and the puerperium: a systematic review and economic evaluation to estimate the value of future research
Manuscript Number (if known):	NIHR131021

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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2	Grants or contracts from any entity (if not indicated in item #1 above).		None	s
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NIHR HTA PCCPI Methods Group 2018 -2020 NIHR HTA Prioritisation Committee A Methods Group 2018 – 2020 NIHR HTA Commissioning Committee 2019 - 2020 NIHR HTA IP Methods Group 2013 - 2019 NIHR HTA Remit and Competitiveness Group 2018 – 2020 NIHR HTA Post-Funding Committee teleconference 2018 - 2020	Advisory Committee

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		NIHR HTA Funding Committee Policy Group 2018 - 2020 NIHR HTA Clinical Evaluation and Trials Committee 2016 - 2018		
11	Stock or stock options	None None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$[\boxtimes]$	□ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	Rosie Carser
Your Name:	6th April 2022
Manuscript Title:	Thromboprophylaxis during pregnancy and the puerperium: a systematic review and economic evaluation to estimate the value of future research
Manuscript Number (if known):	NIHR131021

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month	S
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:		-	3/28/2022		
Your Name:		-	Gillian Rooney		
Manuscript Title:			Thromboprophylaxis during pregnancy and the puerperium: a systematic review and economic evaluation to estimate the value of future research		
Maı	nuscript Number (if k	nown):	NIHR131021		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activities."		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
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			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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			Time frame: Since the initial planning	of the work	
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