

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

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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Time frame: past 36 months			
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

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

Manuscript Number (if known): NIHR131021

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ICMJE DISCLOSURE FORM

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

Manuscript Number (if known): NIHR131021

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ICMJE DISCLOSURE FORM

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

Manuscript Number (if known): NIHR131021

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ICMJE DISCLOSURE FORM

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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE 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

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 payments were made to you or to your institution)						
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIHR grant</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p>	NIHR grant					
NIHR grant								
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						

		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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		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)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE 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

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.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE 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.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> Chair of the NIHR Clinical Trials Unit Standing Advisory Committee <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> 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 </td> <td style="width: 50%;"></td> </tr> </table>	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								
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		NIHR HTA Funding Committee Policy Group 2018 - 2020 NIHR HTA Clinical Evaluation and Trials Committee 2016 - 2018	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE 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.

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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.

ICMJE DISCLOSURE FORM

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

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.

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Date: 3/29/2022

Your Name: Mark Clowes

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

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