

**12th International Conference on
Thrombosis and Hemostasis Issues in Cancer
(ICTHIC)**

Disclosures

1) The organizer is responsible to provide a list of the potential conflict of interests of all chairs/speakers/tutors/authors.

“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
Walter	Ageno	Italy	Bayer (Advisory board), Sanofi (Advisory board), Astra Zeneca (Advisory board), Norgine (Advisory board), Viatrix (Advisory board), Leo Pharma (Advisory board)
			In case there are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

“Form for Disclosure of Potential Conflicts of Interest”

Please declare any relevant conflict of interest

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Bayer	Personal fees, grant
Astra Zeneca	Personal fees
Sanofi	Personal fees
Viatrix	Personal fees
Leo Pharma	Personal fees
Norgine	Personal fees
BMS/Pfizer	Personal fees
...add rows if needed	

Any affiliation or significant relation between the individual involved in the CME activity and a commercial entity, and any other affiliation potentially able to introduce a bias, must be disclosed to the CME participants on the first slide of each presentation being given during the CME activity for the duration of at least ten seconds.

Relationships not covered above

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Walter Ageno
Organization/institute/company	University of Insubria
Work (postal) address	Via Guicciardini 9, 21100 Varese
E-mail address	walter.ageno@uninsubria.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: *Walter Ageno*

Date: ...09 02 2024.....

Clarifications:

The purpose of this form is to provide the learners of your CME-CPD activity with information about your other interests that could influence how they receive and understand your work. Each author, speaker or chair should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form comprises:

Relevant financial activities that might present a potential conflict of interest.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote/present for the educational activity. You should disclose interactions with ANY entity that could be considered broadly relevant to the work.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to the CME-CPD activity. Please note that your interactions that are outside the presented work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Intellectual Property such as patents and copyrights, whether pending, issued, licensed and/or receiving royalties should also be disclosed.

Definitions:

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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First name	Last name	Country	Disclosures
Andrea	Alimonti	Switzerland	Astellas Pharma Inc. (clinical trial sponsor); AstraZeneca (clinical trial sponsor); Sun Pharma Global FZE (clinical trial sponsor); Dompé Farmaceutici (Research Grant); IBSA Institut Biochimique (Research Grant); Debiopharm (consultation fees); IBSA Institute Biochimique SA (consultation fees); Relmada Therapeutics, Inc. (consultation fees); Ono Pharma UK Ltd. (consultation fees); Bottega Organica (stock shareholder); Oncosence (stock shareholder)

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Astellas Pharma Inc.	clinical trial sponsor
AstraZeneca	clinical trial sponsor
Sun Pharma Global FZE	clinical trial sponsor
Dompé Farmaceutici	Research Grant
IBSA Institut Biochimique	Research Grant

Debiopharm	consultation fees
IBSA Institute Biochimique SA	consultation fees
Relmada Therapeutics, Inc.	consultation fees
Ono Pharma UK Ltd.	consultation fees
Bottega Organica	stock shareholder
Oncosence	stock shareholder

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- No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name: Andrea Alimonti
Organization/institute/company: Institute of Oncology Research
Work (postal) address: Via Francesco Chiesa 5, 6500, Bellinzona, Switzerland
E-mail address: andrea.alimonti@ior.usi.ch

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: *Andrea Alimonti*

Date: 06.02.2024

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First name	Last name	Country	Disclosures
Agnes	Lee	Canada	Bayer, Bristol Myers Squibb, Janssen, LEO Pharma, Pfizer

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Bayer	Honoraria for advisory board participation
Bristol Myers Squibb	Honoraria for advisory board participation
Janssen	Honoraria for advisory board participation
LEO Pharma	Honoraria for advisory board participation
Pfizer	Honoraria for lecture
...add rows if needed	

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- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name: Agnes Y Y Lee
Organization/institute/company: Vancouver General Hospital, Vancouver, Canada
Work (postal) address: 2775 Laurel Street, 10 th floor, Vancouver, BC Canada
E-mail address: alee14@bccancer.bc.ca

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 

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First name	Last name	Country	Disclosures
Maria	Barca-Hernando	Spain	<i>Nothing to disclose</i>

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 Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name Maria Barca-Hernando
Organization/institute/company: Respiratory Department, Hospital Virgen del Rocío. Seville, Spain.
Work (postal) address: Av. Manuel Siurot s/n, Seville, Spain, 41013
E-mail address: mariabarcah@hotmail.com

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ...Maria Barca-Hernando...

Date:...28th January, 2024...



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Bayer HealthCare	<u>Personal Fees:</u> Lectures’ fees
Daiichi Sankyo	<u>Personal Fees:</u> Lectures’ fees
Pfizer	<u>Personal Fees:</u> Lectures’ fees
BMS	<u>Personal Fees:</u> Lectures’ fees

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O Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Cecilia Becattini
Organization/institute/company	University of Perugia
Work (postal) address	Ospedale Santa Maria della Misericordia, Via G Dottori, 06129 Perugia, Italy
E-mail address	Cecilia.becattini@unipg.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: January 25, 2024

Clarifications:

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First name	Last name	Country	Disclosures
Laurent	Bertoletti	France	Anthos (Travel support), BMS/Pfizer (fees for lecture, travel support), Bayer (fees for speaker bureau), Leo-Pharma (fees for lecture, travel support), MSD (fees for lecture, travel support), Viatris (fees for lecture). All outside the current meeting
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Anthos,	(Travel support),
BMS/Pfizer	(fees for lecture, travel support)
Bayer	(fees for speaker bureau),
Leo-Pharma	(fees for lecture, travel support),
MSD	(fees for lecture, travel support),
Viatris	(fees for lecture).

...	
...add rows if needed	

All outside the current meeting

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Please enter your personal details

Name	BERTOLETTI
Organization/institute/company	University Hospital of Saint-Etienne, France
Work (postal) address	Hôpital Nord, CHU de Saint-Etienne, 42055 Saint-Etienne, France.
E-mail address	Laurent.bertoletti@gmail.com

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.



Signature: ...

Date: ...06/02/2024...

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Sanofi	personal fees
ROVI Laboratories	personal fees
Johnson & Johnson	personal fees
HORIBA Medical	personal fees
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Please enter your personal details

Name	Benjamin Brenner
Organization/institute/company	Rambam Health Care Campus, Haifa, Israel
Work (postal) address:	8, Ha'Aliya Street, Haifa 3109601, Israel
E-mail address:	b_brenner@rambam.health.gov.il

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: February 6, 2024

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Intellectual Property such as patents and copyrights, whether pending, issued, licensed and/or receiving royalties should also be disclosed.

Definitions:

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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**12th International Conference on
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Disclosures

1) The organizer is responsible to provide a list of the potential conflict of interests of all chairs/speakers/tutors/authors.

“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
Monica	Carpenedo	Italy	AMGEN: honoraria or consultation fee GRIFOLS: honoraria fee NOVARTIS: honoraria fee SOBI: honoraria fee and Speaker's bureau ARGENX: speakers's bureau

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

“Form for Disclosure of Potential Conflicts of Interest”

Please declare any relevant conflict of interest

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
AMGEN	Personal fee for consultation and lectures
GRIFOLS	Personal fee for lectures
NOVARTIS	Personal fee for lectures
SOBI	Personal fee for lectures and speaker's bureau

ARGENX	Personal fee for speaker's bureau

Any affiliation or significant relation between the individual involved in the CME activity and a commercial entity, and any other affiliation potentially able to introduce a bias, must be disclosed to the CME participants on the first slide of each presentation being given during the CME activity for the duration of at least ten seconds.

Relationships not covered above

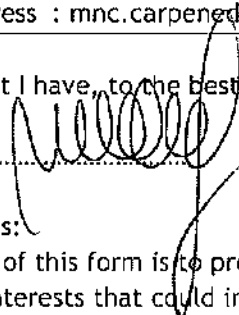
Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Monica Carpenedo
Organization/institute/company:	Hematology and Transfusional Medicine, ASST Fatebenefratelli-Sacco, University of Milan Teaching Hospital, Milan, Italy
Work (postal) address:	via GB Grassi, 74, 20154 Milna, Italy
E-mail address :	mnc.carpenedo@gmail.com

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date:.....07 February 2024.....

Clarifications:

The purpose of this form is to provide the learners of your CME-CPD activity with information about your other interests that could influence how they receive and understand your work. Each author, speaker or chair should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form comprises:

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“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
Erica	De Candia	Italy	Università Cattolica del Sacro Cuore, Roma; Fondazione Policlinico Universitario A. Gemelli IRCCS, Roma, Italia
			In case there are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

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Please declare any relevant conflict of interest

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Viatrix-Mylan	Personal fees, grant
Novonordisk	Grant
Sanofi	Personal fees
Leopharma	Personal fees
Daiichi-Sankyo	Grant
Siemens	Personal fees
...add rows if needed	

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Relationships not covered above

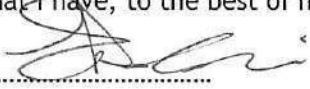
Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- X No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Erica De Candia
Organization/institute/company	Università Cattolica del sacro Cuore, Roma, Fondazione Policlinico Universitario A. Gemelli IRCCS, Roma, Italia
Work (postal) address	Largo Agostino Gemelli, 8 00168 Roma, Italia
E-mail address	erica.decandia@unicatt.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 12/21/2024

Clarifications:

The purpose of this form is to provide the learners of your CME-CPD activity with information about your other interests that could influence how they receive and understand your work. Each author, speaker or chair should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form comprises:

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“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
Marcello	Di Nisio	Italy	Personal fees as an invited speaker from Bayer, Daiichi Sankyo, and Viatris, personal fees for advisory board membership from Leo Pharma and Pfizer, and institutional funding from Leo Pharma Company

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

“Form for Disclosure of Potential Conflicts of Interest”

Please declare any relevant conflict of interest

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Bayer, Daiichi Sankyo, Viatris, Leo Pharma, Pfizer	Personal fees
Leo Pharma	Institutional research support

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Relationships not covered above

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):

--	--

Please enter your personal details

Name	Marcello Di Nisio
Organization/institute/company	Department of Medicine and Ageing Sciences, University G. D'Annunzio, Chieti, Italy
Work (postal) address	via dei Vestini, snc - 66100 Chieti, Italy
E-mail address	mdinisio@unich.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: Prof. Marcello Di Nisio

Date: 06 - FEB - 2024

Clarifications:

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First name	Last name	Country	Disclosures
			Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.
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 Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
ROVI- LEO PHARMA - SANOFI	SPEAKER’S BUREAU
...add rows if needed	

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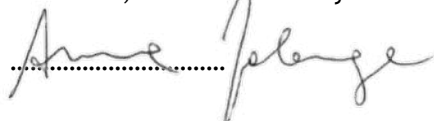
Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	ANNA FALANGA
Organization/institute/company	UNIVERSITY BERGAMO- FONDAZIONE ARTET
Work (postal) address	
E-mail address	annafalanga@yahoo.com

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 06/02/2024

Clarifications:

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First name	Last name	Country	Disclosures
Claudine	Graf	Germany	<i>Nothing to disclose</i>

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Relationships not covered above

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name: Claudine Graf
Organization/institute/company: Center of Thrombosis and Hemostasis, University Medical Center Mainz
Work (postal) address: Langenbeckstraße 1, 55131 Mainz. Germany
E-mail address: grafca@uni-mainz.de

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: ...02.02.2024...

Clarifications:

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- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	ELVIRA GRANDONE
Organization/institute/company	UNIVERSITY OF FOGGIA/IRCCS CASA SOLLIEVO DELLA SOFFERENZA
Work (postal) address	VIALE PINTO, FOGGIA
E-mail address	elvira.grandone@unifg.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:

Date:.....

Clarifications:

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“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
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<i>Nothing to disclose</i>			In case there are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

“Form for Disclosure of Potential Conflicts of Interest”

Please declare any relevant conflict of interest

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
<i>Nothing to disclose</i>	
...add rows if needed	

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Relationships not covered above

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Paolo Gresele
Organization/institute/company	Department of Medicine and Surgery, University of Perugia, Hemostasis and Thrombosis Center
Work (postal) address	Strada Vicinale Via Delle Corse, S. Andrea della Fratte, 06132 Perugia, Italy
E-mail address	paolo.gresele@unipg.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 24/1/2024

Clarifications:

The purpose of this form is to provide the learners of your CME-CPD activity with information about your other interests that could influence how they receive and understand your work. Each author, speaker or chair should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form comprises:

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**12th International Conference on
Thrombosis and Hemostasis Issues in Cancer
(ICTHIC)**

Disclosures

1) The organizer is responsible to provide a list of the potential conflict of interests of all chairs/speakers/tutors/authors.

“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
Nothing to disclose			Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.
Nothing to disclose			In case there are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

“Form for Disclosure of Potential Conflicts of Interest”

Please declare any relevant conflict of interest

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Bayer AG	Personal fees and Research Support
Anthos Therapeutics	Personal fees and Research Support
Sanofi SA	Personal fees and Research Support
...add rows if needed	

Any affiliation or significant relation between the individual involved in the CME activity and a commercial entity, and any other affiliation potentially able to introduce a bias, must be disclosed to the CME participants on the first slide of each presentation being given during the CME activity for the duration of at least ten seconds.

Relationships not covered above

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name: Professor Lord Kakkar
Organization/institute/company: Thrombosis Research Institute
Work (postal) address: Emmanuel Kaye Building, Manresa Road, London, SW3 6LR
E-mail address: akkakar@tri-london.ac.uk

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:  Date: 4.2.24

Clarifications:

The purpose of this form is to provide the learners of your CME-CPD activity with information about your other interests that could influence how they receive and understand your work. Each author, speaker or chair should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form comprises:

Relevant financial activities that might present a potential conflict of interest.

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For grants you have received for work, you should disclose support ONLY from entities that could be perceived to be affected financially by the presented work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Intellectual Property such as patents and copyrights, whether pending, issued, licensed and/or receiving royalties should also be disclosed.

Definitions:

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
BSE, Novonordisk, Pfizer, Roche Tel Aviv University	Grants/Research Support
Bayer, BioMarin, CSL, Pfizer, Sanofi - Genzyme, Sobi, Spark, Takeda, Unigene, ASC Therapeutics, Novonordisk, Roche	Honoraria/Consultation fees
...add rows if needed	

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- No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Prof. Gili Kenet
Organization/institute/company	Sheba Medical Center
Work (postal) address	Tel Hashomer 52621, ISRAEL
E-mail address	gili.kenet@sheba.gov.il

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:  **Prof. Gili Kenet**
 Director The National Hemophilia Center
 Thrombosis & Hemostasis Institute
 Sheba Medical Center
 Tel Hashomer

Date: January 31, 2024

Clarifications:

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
SANOFI	HONORARIA FOR CONSULTING
ANTHOS	"
PFIZER	"
DMS	"
BAYER	"
WEBMD	"
...add rows if needed	

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- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	ALOK A. KHORANA
Organization/institute/company	CLEVELAND CLINIC
Work (postal) address	10201 CARNEGIE AVE., CA60, CLEVELAND, OH 44195 USA
E-mail address	KHORANA@CCF.ORG

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: Feb. 12, 2024

Clarifications:

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“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
ROBERTO F.	LABIANCA	ITALY	FORMER DIRECTOR OF CANCER CENTER, PAPA GIOVANNI XXIII HOSPITAL, BERGAMO
			In case there are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

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Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

ANNO	RAPPORTI	AZIENDE/ORGANIZZAZIONI
2020	ADVISORY BOARD	FONDAZIONE CHARTA
2020	MODERATORE	MERCK
2020	ADVISORY BOARD	SERVIER ITALIA
2020	CORSO FAD CON ECM	ACCADEMIA NAZIONALE MEDICINA
2020	DIREZIONE SCIENTIFICA GRANDANGOLO	ACCADEMIA NAZIONALE MEDICINA

2021	DIREZIONE SCIENTIFICA GRANDANGOLO	ACCADEMIA NAZIONALE MEDICINA
2021	STEERING COMMITTEE	ATSTRAT
2021	STEERING COMMITTEE	EDRA
2021	ADVISORY BOARD	FONDAZIONE CHARTA
2021	CORSO FAD CON ECM	IMAGINE
2022	CORSO FORMAZIONE MMG	ATS BERGAMO
2022	RELATORE CONVEGNO	AXENSO
2022	DIREZIONE SCIENTIFICA GRANDANGOLO	ACCADEMIA NAZIONALE MEDICINA
2023	CHAIRMAN DATA MONITORING COMMITTEE	FONDAZ. MEDICINA PERSONALIZZATA
2023	ADVISORY BOARD	SANITANOVA

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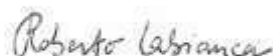
- No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):

--

Please enter your personal details

Name	LABIANCA ROBERTO FRANCESCO
Organization/institute/company	FORMER DIRECTOR OF CANCER CENTER, PAPA GIOVANNI XXIII HOSPITAL, BERGAMO
Work (postal) address	
E-mail address	rlabian@tin.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.



Signature:

Date:26.02.2024

Clarifications:

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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Disclosures

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“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
Ang	Li	USA	Baylor College of Medicine (Assistant Professor): <i>Nothing to disclose.</i>
			In case the are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

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Please declare any relevant conflict of interest

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

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...add rows if needed	

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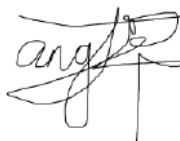
No other relationships/conditions/circumstances that present a potential conflict of interest.

Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name Ang Li
Organization/institute/company Baylor College of Medicine
Work (postal) address One Baylor Plaza, MS: 187 (Office) Jewish Building, Suite 011 DF Houston, TX 77030 United States
E-mail address ang.li2@bcm.edu

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.



Signature:

Date: **January 26, 2024**

Clarifications:

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“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
Mario	Mandala	Italy	Honoraria in advisory board BMS MSD Pierre Fabre Novartis Sun Pharma Sanofi

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
BMS	Personal fees for Advisory board or Symposia
Pierre Fabre	Personal fees for Advisory board or Symposia

Novartis	Personal fees for Advisory board or Symposia
Sun Pharma	Personal fees for Advisory board or Symposia
Sanofi	Personal fees for Advisory board or Symposia
MSD	Personal fees for Advisory board or Symposia
...add rows if needed	

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- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Mario Mandalà
Organization/institute/company	University of Perugia
Work (postal) address	Piazzale Lucio Severi 1/8
E-mail address	mario.mandala@unipg.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: *Mario Mandalà*

Date: ...20.02.2024.....

Clarifications:

The purpose of this form is to provide the learners of your CME-CPD activity with information about your other interests that could influence how they receive and understand your work. Each author,

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First name	Last name	Country	Disclosures
Simon	Mantha	USA	Daboia Consulting LLC, Janssen Pharmaceuticals, Memorial Sloan Kettering Cancer Center

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Daboia Consulting LLC	Owner
Janssen Pharmaceuticals	Consultant
Memorial Sloan Kettering Cancer Center	Patent applications pending for deep learning models and software (VTE, NLP)
...add rows if needed	

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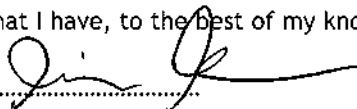
Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Simon Mantha, MD, MPH
Organization/institute/company	Memorial Sloan Kettering Cancer Center
Work (postal) address	530 East 74 th Street, New York, NY 10021, USA
E-mail address	manthas@mskcc.org

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date:.....February 8, 2024.....

Clarifications:

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Relevant financial activities that might present a potential conflict of interest.

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Relationships not covered above

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	MARIA MARCHETTI
Organization/institute/company	AST PAPA GIOVANNI XXIII Bergamo
Work (postal) address	PIAZZA ON. 1 24127 Bergamo
E-mail address	MMARCHETTI@ast-pg23.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 2/4/2015

Clarifications:

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Intellectual Property such as patents and copyrights, whether pending, issued, licensed and/or receiving royalties should also be disclosed.

Definitions:

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

**12th International Conference on
Thrombosis and Hemostasis Issues in Cancer
(ICTHIC)**

Disclosures

1) The organizer is responsible to provide a list of the potential conflict of interests of all chairs/speakers/tutors/authors.

“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
Andrés J.	Muñoz Martín	Spain	Affiliation: Medical Oncology Department, Hospital General Universitario Gregorio Marañón, Universidad Complutense, Madrid, Spain

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

“Form for Disclosure of Potential Conflicts of Interest”

Please declare any relevant conflict of interest

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
GSK	Consultant or advisory role
Sanofi	Consultant or advisory role, research funding
Celgene	Consultant or advisory role, research funding
Leo Pharma	Consultant or advisory role, research funding
BMS-Pfizer	Consultant or advisory role, research funding
AstraZeneca	Consultant or advisory role
Lilly	Consultant or advisory role
MSD	Consultant or advisory role
Servier	Consultant or advisory role
Roche	Consultant or advisory role

Taiho	Consultant or advisory role
Rovi	Speakers' bureau
Menarini	Speakers' bureau
STADA	Speakers' bureau
Patent, intellectual property	Risk assessment model in venous thromboembolism in cancer patients

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Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Andrés J. Muñoz Martín
Hospital General Universitario Gregorio Marañón, Universidad Complutense, Madrid, Spain
C/Docotor esquerdo 46, 28007 Madrid, Spain
andresmunmar@hotmail.com

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:

Date: 26th January 2024



Clarifications:

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“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
Simon	Noble	UK	Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.
			In case the are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

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No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Leo Pharma	Grant, speaker fees
...add rows if needed	

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Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Professor Simon Noble
Organization/institute/company	Cardiff University
Work (postal) address	3 rd Floor, Neuadd Meirionydd, Cardiff University, Heath Park Campus, CF14 4YS, Wales, UK
E-mail address	NobleSI1@cardiff.ac.uk

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: ...29/01/24

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First name	Last name	Country	Disclosures
Jamie	O’Sullivan	Ireland	LEO Pharma (Grant support); Novartis (Grant support); Werfen (Fees); Bayer (Fees)
			In case the are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

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LEO Pharma	Grant support
Novartis	Grant support
Werfen	Fees
Bayer	Fees
...add rows if needed	

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No other relationships/conditions/circumstances that present a potential conflict of interest

Please enter your personal details

Name	Jamie O'Sullivan
Organization/institute/company	Royal College of Surgeons in Ireland
Work (postal) address	123 St Stephens Green, Dublin 2, D02 YN77
E-mail address	jamieosullivan@rcsi.ie

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 25/01/24

Clarifications:

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First name	Last name	Country	Disclosures
Ingrid	Pabinger	Austria	Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.
			In case there are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
CSL Behring	Grants, personal fees
Sobi	Grants, personal fees
Takeda	Personal fees
Roche	Grants, personal fees
Sandoz	Personal fees
Novo	Personal fees
Pfizer	Personal fees
...add rows if needed	

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- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Dr Ingrid Pabinger
Organization/institute/company	Medical University Vienna
Work (postal) address	Währinger Gürtel 18-20
E-mail address	Ingrid.pabinger@meduniwien.ac.at

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 25 Jan 2024

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Nothing to disclose

First name	Last name	Country	Disclosures
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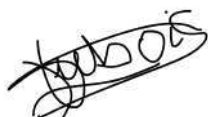
- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Laurence Panicot-Dubois
Organization/institute/company	C2VN, INSERM, INRAE, Aix Marseille Université (AMU)
Work (postal) address	27 Bd Jean Moulin, faculty of pharmacy, 13385 Marseille
E-mail address	Laurence.panicot-dubois@univ-amu.fr

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:



Date: 15 February 2024

Clarifications:

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Merck	Consulting
...add rows if needed	

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Relationships not covered above

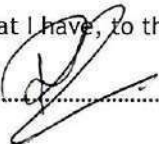
Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Rushad Patell
Organization/institute/company	Beth Israel Deaconess Medical Center
Work (postal) address	330 Brookline Ave, Boston, 02215
E-mail address	rpatell@bidmc.harvard.edu

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date:.....1/25/24.....

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Thrombosis and Hemostasis Issues in Cancer
(ICTHIC)**

Disclosures

1) The organizer is responsible to provide a list of the potential conflict of interests of all chairs/speakers/tutors/authors.

“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
PAOLO	FRAUDINI	ITALY	Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.
			In case there are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

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No, I have no financial relationship(s) to disclose
 Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
ALFASIGMA	PERSONAL FEES
SANOFI	PERSONAL FEES
VIATRIS	PERSONAL FEES
...add rows if needed	

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Relationships not covered above

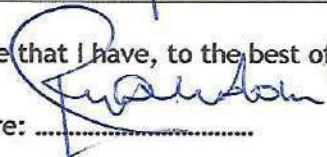
Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	PAOLO PRANDONI
Organization/institute/company	FONDAZIONE ARIANNA BOLOGNA
Work (postal) address	VIA P. FABBRICI 1/B - BOLOGNA
E-mail address	prandoni@protonmail.com

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 06/02/2024

Clarifications:

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First name	Last name	Country	Disclosures
Janusz	RAK	Canada	McGill University, The Research Institute of the McGill University Health Centre Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.
			NX PharmaGene - patent licensee In case the are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

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...add rows if needed	
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- Yes, the following relationships/conditions/circumstances are present (explain below):

Patent holder on: Tumor cell-derived microvesicles, licensed to NX PharmaGene

Please enter your personal details

Name: Janusz RAK
Organization/institute/company: McGill University
Work (postal) address: The Research Institute of the McGill University Health Centre, 1001 Decarie Boul. Office # E M1 2244; Montreal, Quebec, H4A 3J1
Phone: (514) 412-4400 ext-office: 76240
E-mail address: Janusz.rak@mcgill.ca

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:*Janusz RAK*.....

Date: ...01-25-2024.....

Clarifications:

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First name	Last name	Country	Disclosures
Gary	Raskob	USA	University of Oklahoma Health Sciences
			In case there are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Anthos Therapeutics	Personal fees (consultant)
Alnylam	Personal fees (consultant)
BMS	Personal fees (consultant)
Bayer	Personal fees (consultant)
Ionis	Personal fees (consultant)
Janssen	Personal fees (consultant)
Pfizer	Personal fees (consultant, speaker)
Regeneron	Personal fees (consultant)

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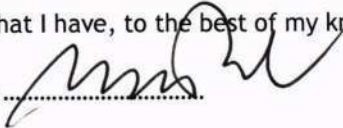
- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

None

Please enter your personal details

Name Gary Raskob, PhD
Organization/institute/company University of Oklahoma Health Sciences
Work (postal) address 1105 N Stonewall Ave, Suite 221, Oklahoma City, OK, USA, 73117
E-mail address gary-raskob@ouhsc.edu

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:  Date: 1/29/24

Clarifications:

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First name	Last name	Country	Disclosures
Christoph	Reinhardt	Germany	Center for Thrombosis and Hemostasis (CTH), University Medical Center Mainz. Nothing to disclose.

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

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- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Christoph Reinhardt
Center for Thrombosis and Hemostasis (CTH), University Medical Center Mainz.
Langenbeckstrasse 1, Building 403, 1. Floor, 55131 Mainz, Germany.
Christoph.Reinhardt@unimedizin-mainz.de

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: *C. Reinhardt*

Date: 02/02/2024

Clarifications:

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First name	Last name	Country	Disclosures
Andrea	Remuzzi	Italy	<i>Nothing to disclose</i>

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- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name: Andrea Remuzzi
Organization/institute/company: Università degli studi di Bergamo
Work (postal) address: Viale G. Marconi 5 - 24044 Dalmine (BG)
E-mail address: andrea.remuzzi@marionegri.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 16/02/2024

Clarifications:

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 Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	CATERINA RIZZI
Organization/institute/company	UNIVERSITY OF BERGAMO, DEPT. OF MANAGEMENT, INFORMATION AND PRODUCTION ENGINEERING
Work (postal) address	VIALE G. MARCONI N.5, 24044 DALMINE (BG)
E-mail address	caterina.rizzi@unibg.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: *Caterina Rizzi*

Date: February 9, 2024

Clarifications:

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EVENA	ROSSI	ITALY	Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.
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NOTHING TO DISCLOSE	
...add rows if needed	

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Please enter your personal details

Name
Organization/institute/company
Work (postal) address
E-mail address

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: E. van der Wal

Date: 8.9.24

Clarifications:

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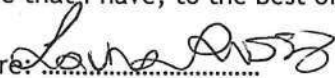
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Please enter your personal details

Name	LAURA RUSSO
Organization/institute/company	HOSPITAL PAPA GIOVANNI XXIII
Work (postal) address	PIAZZA ONS, 1 - 24124 - BERGAMO
E-mail address	laurarusso78@yahoo.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 15/02/2024

Clarifications:

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Intellectual Property such as patents and copyrights, whether pending, issued, licensed and/or receiving royalties should also be disclosed.

Definitions:

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

11th International Conference on Thrombosis and Hemostasis Issues in Cancer (ICTHIC)

Disclosures

1) The organizer is responsible to provide a list of the potential conflict of interests of all chairs/speakers/tutors/authors.

“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
Kristen	Sanfilippo	USA	Health Services Advisory Group (Research Consulting); Quinn Johnston (Expert Review); All disclosures for KMS are outside of the presented work.

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

“Form for Disclosure of Potential Conflicts of Interest”

Please declare any relevant conflict of interest

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Health Services Advisory Group	Research Consulting
Quinn Johnston	Expert Review

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Relationships not covered above

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

No other relationships/conditions/circumstances that present a potential conflict of interest
 x Yes, the following relationships/conditions/circumstances are present (explain below):

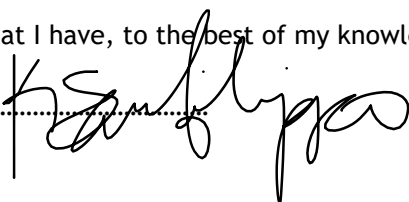
Travel and Accomodations for ICTHIC 2024 were provided
--

Please enter your personal details

Name Kristen Sanfilippo
Organization/institute/company Associate Professor of Medicine Division of Hematology, Department of Medicine Washington University St. Louis School of Medicine, St. Louis MO USA Staff Physician Division of Hematology/Oncology, Department of Medicine St. Louis Veterans Administration Medical Center, John Cochran Division, St. Louis MO USA
Work (postal) address 660 S. Euclid Avenue Saint Louis, Missouri 63110
E-mail address ksanfilippo@wustl.edu

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:



Date:.....06/FEB/2024.....

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Relationships not covered above.

The section asks for other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you present at the CME-CPD activity.

Personal data.

Definitions:

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“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
Roberto Mario	Santi	Italy	Grifols - personal fees Sobi - personal fees Novartis - personal fees Amgen- personal fees
			In case the are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
GRIFOLS	personal fees
SOBI	personal fees
NOVARTIS	personal fees
AMGEN	personal fees

...add rows if needed

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Relationships not covered above

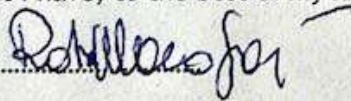
Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	ROBERTO MARIO SANTI
Organization/institute/company	Thrombosis and Hemostasis Center- Az. Osp. Alessandria
Work (postal) address	via Venezia, 16 - 15121 Alessandria - ITALY-EU
E-mail address	rsanti@ospedale.al.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date:.....February, 12, 2024.....

Clarifications:

The purpose of this form is to provide the learners of your CME-CPD activity with information about your other interests that could influence how they receive and understand your work. Each author, speaker or chair should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form comprises:

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“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
Deborah	Siegal	Canada	Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.
			In case the are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

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No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Astra Zeneca	Honoraria paid to my research institute
BMS-Pfizer	Honoraria paid to my research institute
Roche	Honoraria paid to my research institute
Servier	Honoraria paid to my research institute
...add rows if needed	

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Relationships not covered above

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Deborah Siegal
Organization/institute/company	Ottawa Hospital Research Institute
Work (postal) address	Ottawa Blood Diseases Centre, 501 Smyth Rd. Box 201A
E-mail address	dsiegal@toh.ca

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:  Date: January 28, 2024

Clarifications:

The purpose of this form is to provide the learners of your CME-CPD activity with information about your other interests that could influence how they receive and understand your work. Each author, speaker or chair should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form comprises:

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First name	Last name	Country	Disclosures
	BAYER, PFIZER, STAGO, CSL BEHRING, WERFENIL,		Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.
	UMIURE, ASTRAZEMECA		In case there are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
BAYER	RECEIPTS of: - grants / research supports - honoraria or consultation fees
PFIZER	
CSL BEHRING	
WERFENIL	
STAGO	
UMIURE	
ASTRAZEMECA	
...add rows if needed	

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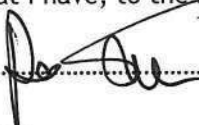
Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	PAOLO SIMIONI
Organization/institute/company	DEPT. OF MEDICINE - DIMED, UNIVERSITY
Work (postal) address	VIA N. GIUSTINIANI, 2 - PADOVA OF PADOVA
E-mail address	paolo.simioni@unipd.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 10 FEB 2024

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
...add rows if needed	

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Relationships not covered above

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No other relationships/conditions/circumstances that present a potential conflict of interest
~~Yes, the following relationships/conditions/circumstances are present (explain below):~~

Please enter your personal details

Name Simon Stanworth
Organization/institute/company Professor of Haematology and Transfusion Medicine, Radcliffe Department of Medicine, University of Oxford, UK Consultant Haematologist NHS Blood and Transplant/Oxford University Hospitals NHS Foundation Trust
Work (postal) address: Level 2, John Radcliffe Hospital, Headley Way, Headington, Oxford. OX3 9BQ
E-mail address simon.stanworth@nhsbt.nhs.uk

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: SimonJStanworth

Date:.....28th January 2024.....

Clarifications:

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First name	Last name	Country	Disclosures
Hugo	Ten Cate	Netherlands	Consultancy fees from Galapagos, Alveron, Novostia, Astra Zeneca Shareholder Coagulation Profile Research support: Bayer All revenues deposited at the CARIM school for cardiovascular diseases, Maastricht University

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Bayer	Research support
Alveron, Galapagos, Novostia, Astra Zeneca	Consultancy fees
Coagulation Profile	shareholder

...	
...add rows if needed	

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Please enter your personal details

Name
Organization/institute/company
Work (postal) address
E-mail address

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: ...Hugo ten Cate.....
2024.....

Date:...FEB 10,

Clarifications:

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First name	Last name	Country	Disclosures
Jeffrey	Zwicker	USA	Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.
			In case there are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Sanofi	Data Safety Board
CSL Behring	Data Safety Board
Calyx	Consulting
UpToDate	Consulting
...add rows if needed	

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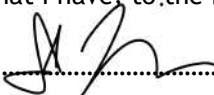
Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	Jeffrey Zwicker
Organization/institute/company	Memorial Sloan Kettering Cancer Center
Work (postal) address	1275 York Avenue, NY, NY
E-mail address	zwickerj@mskcc.org

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: Feb 29, 2024

Clarifications:

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Intellectual Property such as patents and copyrights, whether pending, issued, licensed and/or receiving royalties should also be disclosed.

Definitions:

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**12th International Conference on
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Disclosures

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“Disclosure of Potential Conflicts of Interest List”

First name	Last name	Country	Disclosures
			Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.
			In case there are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

2) The organizer is advised to provide the enclosed template of “Form for Disclosure of Potential Conflicts of Interest” to every chair/speaker/tutor/author and to collect them signed. Template below:

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Please declare any relevant conflict of interest

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
ASTRAZENECA	SPEAKER'S BUREAU
BAYER	SPEAKER'S BUREAU
...add rows if needed	

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Relationships not covered above

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	FRANCESCO DENTALI
Organization/institute/company	UNIVERSITA' DEGLI STUDI DELL'INSUBRIA/OSPEDALE DI CIRCOLO, VARESE
Work (postal) address	francesco.dentali@asst-settelaghi.it
E-mail address	francesco.dentali@asst-settelaghi.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 06/03/2024

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Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
ELI-LILLY	RECEIPT OF GRANT/RESEARCH SUPPORT
NOVARTIS - BAICHI - SAN KYO	RECEIPT OF HONORARIA OR CONSULTATION FEE
PERNE - FABRE	PARTICIPATION IN A COMPANY SPONSORED
	SPEAKER'S BUREAU
...add rows if needed	

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Relationships not covered above

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- No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	MARINA ELENA CATTANJIA
Organization/institute/company	UMVEENHIA degi snos di MILANO / BACCU
Work (postal) address	VIA FENILEN 33 MONZA (MB)
E-mail address	marina.cattanjia@ummb.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 11.3.24

Clarifications:

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Relationships not covered above

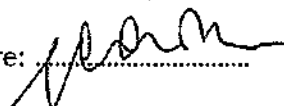
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- No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):

Please enter your personal details

Name	GIANCARLO CASTANAN
Organization/institute/company	
Work (postal) address	castanan@duv-careggi.toscana.it
E-mail address	

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 

Date: 5/03/24

Clarifications:

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BMS - PFIZER	SPEAKER'S FEE
...add rows if needed	

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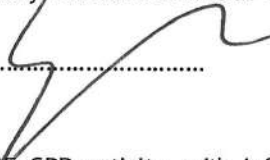
- No other relationships/ conditions/ circumstances that present a potential conflict of interest
- Yes, the following relationships/ conditions/ circumstances are present (explain below):

Please enter your personal details

Name	GIANCARLO AGNELLI
Organization/institute/company	ICS MAUGERI IRCCS - PAVIA
Work (postal) address	VIA S MAUGERI # 6 PAVIA
E-mail address	giacarlo.agnelli@icsmaugeri.it

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: 14/03/2024

Date: 

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