

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## 1. Identifying information.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

## 3. Relevant financial activities outside the submitted work.

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 in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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 submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted 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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## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

## 5. Relationships not covered above.

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



Section 1. Identifying In	formation	
1. Given Name (First Name) Stavros	2. Surname (Last Name) Kakkos	3. Date 19-March-2020
4. Are you the corresponding author	Yes No	
5. Manuscript Title Interpretation of the PREVENT Stu Venous Thromboembolism	dy Findings on the Adjunctive Role of Interm	nittent Pneumatic Compression to Prevent

6. Manuscript Identifying Number (if you know it)

ATM-2019-234(E19121201-30779530-WZY)

# Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
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Are there any relevant conflicts of interest?	Yes	$\checkmark$	No
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# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	V N	١o



# Section 5. Relationships not covered above

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## Section 6. Disclosure Statement

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Dr. Kakkos has nothing to disclose.

### **Evaluation and Feedback**

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



Continu 1		
Section 1. Identifying Inform	ation	
1. Given Name (First Name) Andrew	2. Surname (Last Name) Nicolaides	3. Date 19-March-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name S Kakkos
<ol> <li>Manuscript Title</li> <li>Interpretation of the PREVENT Study Fir</li> <li>Venous Thromboembolism</li> <li>Manuscript Identifying Number (if you kn</li> <li>ATM-2019-234(E19121201-30779530-W</li> </ol>	now it)	ole of Intermittent Pneumatic Compression to Prevent
Venous Thromboembolism		
Section 2. The Work Under Co	onsideration for Public	ation
· · ·	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
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Do you have any patents, whether plan		



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Section 1.	Identifying Infor	mation	
1. Given Name (Fin Joseph	rst Name)	2. Surname (Last Name Caprini	) 3. Date 20-March-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Steven Kakkos
5. Manuscript Title Interpretation of Venous Thrombo	the PREVENT Study F	indings on the Adjunctiv	e Role of Intermittent Pneumatic Compression to Prevent
	ntifying Number (if you 19121201-30779530-		

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees <b>?</b>	Non-Financial Support?	Other?	Comments	
Recovery force		$\checkmark$			consultant	
Sanofi		$\checkmark$			Speaker support	
BMS		$\checkmark$			Advisory board	
Pfizer		$\checkmark$			Advisory board	
Alexion Pharmaceutics		$\checkmark$			Advisory board	



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Dr. Caprini reports personal fees from Recovery force, personal fees from Sanofi, personal fees from BMS, personal fees from Pfizer, personal fees from Alexion Pharmaceutics, outside the submitted work; .

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