

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Richard

2. Surname (Last Name)
Marlar

3. Date
03-February-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Guidance on the establishment, implementation and performance for proficiency testing programs for thrombosis and hemostasis

6. Manuscript Identifying Number (if you know it)
AOB-2019-EQA-007

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Marlar has nothing to disclose.

Evaluation and Feedback

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Piet | 2. Surname (Last Name) Meijer | 3. Date 03-February-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Dr. R. Marlar |
| 5. Manuscript Title Guidance on the establishment, implementation and performance for proficiency testing programs for thrombosis and hemostasis | | |
| 6. Manuscript Identifying Number (if you know it) AOB-2019-EQA-007 | | |

Section 2. The Work Under Consideration for Publication

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Dr. Meijer has nothing to disclose.

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| | | |
|---|---|---|
| 1. Given Name (First Name) Ian | 2. Surname (Last Name) Jennings | 3. Date 03-February-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Richard A Marlar |
| 5. Manuscript Title Guidance on the establishment, implementation and performance for proficiency testing programs for thrombosis and hemostasis | | |
| 6. Manuscript Identifying Number (if you know it) AOB-2019-EQA-007 | | |

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Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Olson

3. Date
03-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Richard Marlar

5. Manuscript Title
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