Date:\_\_\_\_\_January 5<sup>th</sup>, 2022\_\_\_\_ Your Name:\_\_\_\_Katerina Yale, MD\_\_\_\_ Manuscript Title:\_\_\_\_\_Is prior antithrombotic use protective against COVID-19 infection?: A cross-sectional study of the University of California Health patient population\_\_\_\_ Manuscript number (if known):\_\_\_\_\_

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_January 5<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Cristina Nguyen, MD, MSBS, MHA\_\_\_\_ Manuscript Title:\_\_\_\_\_Is prior antithrombotic use protective against COVID-19 infection?: A cross-sectional study of the University of California Health patient population\_\_\_\_ Manuscript number (if known):\_\_\_\_\_

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_ January 5<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Seraphim Telep, BS\_\_\_\_ Manuscript Title:\_\_\_\_\_Is prior antithrombotic use protective against COVID-19 infection?: A cross-sectional study of the University of California Health patient population\_\_\_\_ Manuscript number (if known):\_\_\_\_\_

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_ January 5<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Alessandro Ghigi, MS\_\_\_\_ Manuscript Title:\_\_\_\_\_Is prior antithrombotic use protective against COVID-19 infection?: A cross-sectional study of the University of California Health patient population\_\_\_\_ Manuscript number (if known):\_\_\_\_\_

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_ January 5<sup>th</sup>, 2022\_\_\_\_ Your Name:\_\_\_\_Kai Zheng, PhD\_\_\_\_ Manuscript Title:\_\_\_\_\_Is prior antithrombotic use protective against COVID-19 infection?: A cross-sectional study of the University of California Health patient population\_\_\_\_ Manuscript number (if known):\_\_\_\_\_

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_ January 5<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Indhu Subramanian, MD\_\_\_\_ Manuscript Title:\_\_\_\_\_Is prior antithrombotic use protective against COVID-19 infection?: A cross-sectional study of the University of California Health patient population\_\_\_\_ Manuscript number (if known):\_\_\_\_\_

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_ January 5<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Colin Feeney, MD\_\_\_\_ Manuscript Title:\_\_\_\_\_Is prior antithrombotic use protective against COVID-19 infection?: A cross-sectional study of the University of California Health patient population\_\_\_\_ Manuscript number (if known):\_\_\_\_\_

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		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	X_None				
4	Consulting fees	XNone				

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date:\_\_\_\_\_ January 5<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Natasha Mesinkovska, MD, PhD\_\_\_\_ Manuscript Title:\_\_\_\_\_Is prior antithrombotic use protective against COVID-19 infection?: A cross-sectional study of the University of California Health patient population\_\_\_\_ Manuscript number (if known):\_\_\_\_\_

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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7	Support for attending meetings and/or travel	XNone	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

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