

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.

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.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published 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.

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sabine

2. Surname (Last Name)
Eichinger

3. Date
07-April-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Andreas Greinacher

5. Manuscript Title
Thrombotic Thrombocytopenia Following ChAdOx1 nCov-19 Vaccination

6. Manuscript Identifying Number (if you know it)
21-04840

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.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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? | Non-Financial Support? | Other? | Comments |
|----------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Bayer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | lectures, advisory board |
| Bristol Myers Squibb | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | lectures |
| Daiichi-Sankyo | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | lectures, advisory board |
| Pfizer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | lectures |

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Eichinger reports personal fees from Bayer, personal fees from Bristol Myers Squibb, personal fees from Daiichi-Sankyo, personal fees from Pfizer, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Andreas

2. Surname (Last Name)
Greinacher

3. Date
07-April-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Thrombotic Thrombocytopenia Following ChAdOx1 nCov-19 Vaccination

6. Manuscript Identifying Number (if you know it)
21-04840

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| Deutsche Forschungsgemeinschaft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project number 374031971 - TRR 240 |

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|----------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| Aspen | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | consulting fee, travel paid |
| Ergomed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | research contract, principal/co-investigator |
| Boehringer Ingelheim | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | travel paid, research contract |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| Bayer Vital | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | speakers fee |
| Rovi | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | research contract |
| Sagent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | research contract |
| Chromatec | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fee |
| Instrumentation Laboratory | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | consulting fee, travel paid |
| Macopharma | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fee, research contract |
| Portola | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | principle/co-investigator |
| Biokit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | research contract |
| Sanofi-Aventis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | speakers fee |
| Fa. Blau Farmaceutics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | research contract |
| Prosensa/Biomarin | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | research contract |
| DRK-BSD NSTOB | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | research contract, Data-Safety and Monitoring Board |
| DRK-BSD Baden-Württemberg/Hessen | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | research contract |
| Roche | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | travel paid, speakers fee |
| GTH e.V. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fee |
| Deutsche Forschungsgemeinschaft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NG 133/1-2 |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|---------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------|-----------------------------|
| Application no. 2021032220550000DE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | modified SARS CoV 2 vaccine |

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Dr. Greinacher reports grants from Deutsche Forschungsgemeinschaft, during the conduct of the study; personal fees and non-financial support from Aspen, grants from Ergomed, grants and non-financial support from Boehringer Ingelheim, personal fees from Bayer Vital, grants from Rovi, grants from Sagent, personal fees from Chromatec, personal fees and non-financial support from Instrumentation Laboratory, grants and personal fees from Macopharma, grants from Portola, grants from Biokit, personal fees from Sanofi-Aventis, grants from Fa. Blau Farmaceutics, grants from Prosensa/Biomarin, grants and other from DRK-BSD NSTOB, grants from DRK-BSD Baden-Württemberg/Hessen, personal fees and non-financial support from Roche, personal fees from GTH e.V., grants from Deutsche Forschungsgemeinschaft, outside the submitted work. In addition, Dr. Greinacher reports having a patent, Application no. 2021032220550000DE, pending.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Paul A.

2. Surname (Last Name)
Kyrle

3. Date
07-April-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Andreas Greinacher

5. Manuscript Title
Thrombotic Thrombocytopenia Following ChAdOx1 nCov-19 Vaccination

6. Manuscript Identifying Number (if you know it)
21-04840

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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.)?

Are there any relevant conflicts of interest? Yes No

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------------|
| Takeda | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory board |
| Novo Nordisk | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory board |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Kyrle reports personal fees from Takeda, personal fees from Novo Nordisk, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thomas 2. Surname (Last Name) Thiele 3. Date 06-April-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Andreas Greinacher

5. Manuscript Title
Thrombotic Thrombocytopenia Following ChAdOx1 nCov-19 Vaccination

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| Deutsche Forschungsgemeinschaft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project number 374031971 - TRR 240 |

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|----------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-----------------------------------|
| Bristol Myers Squibb | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | travel support, lecture fees |
| Pfizer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | travel support, lecture fees |
| Bayer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | educational support, lecture fees |

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|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------------|
| Chugai Pharma | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | travel support, advisory board |
| Novo Nordisk | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | travel and educational support |
| Novartis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | lecture fees |
| Daichii Sankyo | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | travel and educational support |
| Deutsche Forschungsgemeinschaft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NG 133/1-2 |

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Dr. Thiele reports grants from Deutsche Forschungsgemeinschaft, during the conduct of the study; personal fees and non-financial support from Bristol Myers Squibb, personal fees and non-financial support from Pfizer, personal fees and non-financial support from Bayer, personal fees and non-financial support from Chugai Pharma, non-financial support from Novo Nordisk, personal fees from Novartis, non-financial support from Daichii Sankyo, grants from Deutsche Forschungsgemeinschaft, outside the submitted work.

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Theodore

2. Surname (Last Name)
Warkentin

3. Date
19-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Andreas Greinacher

5. Manuscript Title
Thrombotic Thrombocytopenia Following ChAdOx1 nCov-19 Vaccination

6. Manuscript Identifying Number (if you know it)
21-04840

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| Ergomed | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consultant; adjudication committee |
| Instrumentation Laboratory | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | research support; consultant |
| Octapharma | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consultant (IDMC) |



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Karin

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Weisser

3. Date
19-March-2021

4. Are you the corresponding author?

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Corresponding Author's Name
Andreas Greinacher

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Dr. Weisser has nothing to disclose.

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