

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.

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

Pylypchuk 1



Section 1.	Identifying Inform	ation				
1. Given Name (First Name) 2. Surname (La Romana Pylypchuk		2. Surname (Last Name) Pylypchuk		3. Date 04-January-2019		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nam Vanessa Selak	e		
5. Manuscript Title Predicting Bleeding	g Risk to Guide Aspiri	n Use for the Primary Prev	ention of Cardiovascular Dis	sease: A Cohort Study		
6. Manuscript Identii M18-2808	fying Number (if you kn	ow it)				
			-			
Section 2.	The Work Under Co	onsideration for Public	ation			
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 Vo						
Section 3.	Relevant financial	activities outside the s	ubmitted work.			
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo						
Section 4.	ntellectual Proper	ty Patents & Copyrig	ıhts			
Do you have any pa	atents, whether planr	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No		

Pylypchuk 2



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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. Pylypchuk has nothing to disclose.

Evaluation and Feedback

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Pylypchuk 3



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Wu 1



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1. Given Name (Fi Billy	rst Name)	2. Surname (Last I Wu	lame)		3. Date 07-January-	-2019	
4. Are you the corresponding author?		Yes ✓ No	Correspon	nding Author's Na Selak	ime		
Manuscript Title Predicting Bleed	e ing Risk to Guide Aspiri	n Use for the Prim	ary Prevention of C	Cardiovascular [Disease: A Col	hort Study	
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any aspect of the s statistical analysis, Are there any rela If yes, please fill o	stitution at any time recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	but not limited to g est? Yes ormation below. If	rants, data monitorin	ng board, study de	esign, manuscr	ipt preparation,	
Name of Institut	ion/Company	Grant? Person		Other? Co	mments		
Health Research Cou	ncil of New Zealand	✓		Proje	ct grant (15/16	55)	
	l						
Section 3.	Relevant financial	activities outsid	e the submitted	work.			
of compensation clicking the "Add Are there any rel	the appropriate boxes in the appropriate boxes in the second in the seco	bed in the instruct oort relationships t	ions. Use one line f	for each entity; a	add as many l	lines as you nee	d by
Section 4.	Intellectual Proper	ty Patents & C	opyrights				
Do you have any	patents, whether plans	ned, pending or is:	ued, broadly releva	ant to the work	? Yes	✓ No	

Wu 2



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Mr. Wu reports grants from Health Research Council of New Zealand, during the conduct of the study; .

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Jackson 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fi	rst Name)	2. Surname (Last Nam Jackson	e)	3. Date 08-Janu	ary-2019			
4. Are you the cor	Are you the corresponding author? Yes Vanessa Selak							
5. Manuscript Title Developing and validating multivariable prognostic models for bleeding risk in people without cardiovascular disease								
6. Manuscript Ider M18-2808	ntifying Number (if you kn	ow it)						
Section 2.	The Work Under Co	onsideration for Pu	ıblication					
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grant est? Yes Normation below. If you g the "X" button.	s, data monitoring lo have more than	board, study design, man	private foundation, etc.) for uscript preparation, DD" button to add a row.			
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other Comments				
Jniversity of Aucklan	d	✓		publicly-funded	l project grant			
	l							
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Dr. Jackson reports grants from University of Auckland, during the conduct of the study; .

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Selak 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fii Vanessa	rst Name)	2. Surname (Last Name Selak)		3. Date 03-January-2019			
4. Are you the corresponding author? Yes No								
5. Manuscript Title Predicting Bleeding Risk to Guide Aspirin Use for the Primary Prevention of Cardiovascular Disease: A Cohort Study								
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any aspect of the s statistical analysis, Are there any rel- If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants st? Yes No rmation below. If you I	, data monitoring	g board, study o	commercial, private foundation, etc.) for design, manuscript preparation, ress the "ADD" button to add a row.			
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support	Other? Co	omments			
Health Research Cou	ncil of New Zealand	✓		Proj	ject grant (15/165)			
Section 3.	Relevant financial	activities outside th	e submitted	work.				
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Poppe 1



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Are there any relevant conflicts of intere							
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one ent	ity press the "ADD" button to add a row.				
Name of Institution/Company	Grant? Personal Noi	n-Financial Other?	Comments				
Health Research Council	V		Project grant (15/165)				
Heart Foundation of New Zealand	✓		Senior Fellowship				
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Poppe 2



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Other: Anything not covered under the previous three boxes

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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

Wells 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Susan	2. Surname (Last Name) Wells		3. Date 07-January-2019
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Autho	or's Name
5. Manuscript Title Predicting Bleeding Risk to Guide Aspir	in Use for the Primary Prev	vention of Cardiovaso	cular Disease: A Cohort Study
6. Manuscript Identifying Number (if you k M18-2808	now it)		
Section 2. The Work Under C	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter-	g but not limited to grants, da	. , ,	ent, commercial, private foundation, etc.) fo udy design, manuscript preparation,
If yes, please fill out the appropriate inf Excess rows can be removed by pressin	ormation below. If you hav	ve more than one enti	ity press the "ADD" button to add a row
Name of Institution/Company	Grant'	n-Financial Other?	Comments
ealth Research Council of New Zealand	V		Programme and project grants for CVD and diabetes research
ne Stevenson Foundation	✓		Fellowship in Health Innovation and Quality Improvement
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us	se one line for each ei	ntity; add as many lines as you need by
Are there any relevant conflicts of inter			
If yes, please fill out the appropriate inf	ormation below.		
Name of Entity	Grant	n-Financial Other?	Comments
ational Heart Foundation of New Zealand	✓		Small project grant for quality improvement CVD risk in primary

Wells 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Roche Diagnostics Ltd	✓				project grant for point of care testing trial	
					<u> </u>	
Section 4. Intellectual Propert	y Pate	ents & Cop	pyrights			
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No	
Section 5. Relationships not c	overed	above				
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of	
Yes, the following relationships/cond	litions/cir	cumstance	es are present (exp	olain belo	ow):	
✓ No other relationships/conditions/cir	cumstan	ces that pre	esent a potential	conflict o	finterest	
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 Stateme	nt					
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.						
Dr. Wells reports grants from Health Resconduct of the study; grants from Nation the submitted work; .						

Evaluation and Feedback

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Wells 3



Instructions

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

1

Kerr



Section 1.	Identifying Inform	ation					
1. Given Name (Fii Andrew	rst Name)	2. Surname (Last N Kerr	ame)		3. Date 18-January-	-2019	
4. Are you the corresponding author?		☐ Yes 🗸 No	· · · · · · · · · · · · · · · · · · ·	Corresponding Author's Name Vanessa Selak			
5. Manuscript Title Predicting Bleed	e ing Risk to Guide Aspiri	in Use for the Prima	ry Prevention of C	Cardiovascu	ular Disease: A Col	hort Study	
6. Manuscript Ider M18-2808	ntifying Number (if you kn	now it)					
Section 2.	The Work Under Co	onsideration for	Publication				
any aspect of the s statistical analysis, Are there any rel- If yes, please fill o	titution at any time receiubmitted work (including etc.)? evant conflicts of intereput the appropriate inforce removed by pressing	but not limited to great? Yes community	nts, data monitorin	g board, stu	dy design, manuscr	ript preparation,	
Name of Institut	ion/Company	Grant? Persona	Non-Financial	Other?	Comments		
Health Research Cou	ncil of New Zealand	V			Programme and pro CVD and diabetes re		
Section 3.	Relevant financial	activities outsid	the submitted	work.			
of compensation clicking the "Add Are there any rel	the appropriate boxes i) with entities as descri +" box. You should rep evant conflicts of intere	n the table to indic bed in the instructi port relationships th	ate whether you ha	ave financi or each en	tity; add as many	lines as you nee	d by
Section 4.	Intellectual Proper	ty Patents & C	opyrights				
Do you have any	patents, whether plan	ned, pending or iss	ued, broadly releva	ant to the v	vork? Yes	✓ No	

Kerr 2



Section 5.	Deletionaline not account above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Cartina	
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Kerr reports g	grants from Health Research Council of New Zealand, during the conduct of the study; .

Evaluation and Feedback

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Kerr 3



Instructions

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

Harwood 1



Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Matire		2. Surname (Last Name Harwood)	3. Date 04-January-2019		
4. Are you the corresponding author?		☐ Yes ✓ No	-	Corresponding Author's Name Vanessa Selak		
Manuscript Title Developing and		e prognostic models fo	r bleeding risk in	people without cardiova	scular disease	
6. Manuscript Ider	ntifying Number (if you kn	now it)				
Section 2.	The Work Under Co	onsideration for Pul	olication			
any aspect of the s statistical analysis, Are there any rel- If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	est? Yes Normation below. If you	, data monitoring k	overnment, commercial, privocard, study design, manusconne entity press the "ADD"	ript preparation,	
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Comments		
Health Research Cou	ncil of New Zealand	✓		public good researe	ch funder	
	ı					
Section 3.	Relevant financial	activities outside th	e submitted w	ork.		
of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should repevant conflicts of intere	bed in the instructions port relationships that v est? Yes V	. Use one line for were present du	e financial relationships (r each entity; add as many ring the 36 months prion	lines as you need by	
Section 4.	Intellectual Proper	ty Patents & Copy	rights			
Do you have any	patents, whether plani	ned, pending or issued	, broadly relevan	t to the work? Yes	✓ No	

Harwood 2



Section 5. Relationships not covered above
Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Harwood reports grants from Health Research Council of New Zealand, during the conduct of the study; .

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Harwood 3



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earning royalties or not

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

patent

1 Grey



Section 1. Identifying Information	ation		
1. Given Name (First Name) Corina	2. Surname (Last Name) Grey		3. Date 01-August-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Dr Vanessa Selak	
5. Manuscript Title Predicting Bleeding Risk to Guide Aspirin	n Use for the Primary Prev	vention of Cardiovas	cular Disease: A Cohort Study
6. Manuscript Identifying Number (if you known M18-2808	ow it)		
Section 2. The Work Under Co	nsideration for Public	cation	
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of interes			
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one ent	ity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Noi	n-Financial Other?	Comments
National Heart Foundation of New Zealand	✓		Research Fellowship
Health Research Council of New Zealand	✓		Programme Grant
Section 3. Relevant financial a	ctivities outside the s	submitted work.	
Place a check in the appropriate boxes ir of compensation) with entities as descrik clicking the "Add +" box. You should rep	oed in the instructions. Us	se one line for each e	ntity; add as many lines as you need by
Are there any relevant conflicts of interes	st?		
Section 4. Intellectual Propert	y Patents & Copyrig	nhts	
Do you have any patents, whether plann			work? Yes V No

Grey 2



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Grey 3



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

Mehta 1



Section 1. Identifying	Information	
1. Given Name (First Name) Suneela	2. Surname (Last Name) Mehta	3. Date 17-January-2019
4. Are you the corresponding author		sponding Author's Name ssa Selak
5. Manuscript Title Predicting Bleeding Risk to Guid	e Aspirin Use for the Primary Prevention	of Cardiovascular Disease: A Cohort Study
6. Manuscript Identifying Number (M18-2808	if you know it)	
Section 2. The Work Ur	nder Consideration for Publication	
	ncluding but not limited to grants, data monit	party (government, commercial, private foundation, etc.) for toring board, study design, manuscript preparation,
If yes, please fill out the appropr	iate information below. If you have more	than one entity press the "ADD" button to add a row.
Excess rows can be removed by Name of Institution/Company	Grant? Personal Non-Finan Fees? Support	Other• Comments
Health Research Council of New Zeala		Public good research funder
Section 3. Relevant fin	ancial activities outside the submit	ted work.
of compensation) with entities a	s described in the instructions. Use one li ould report relationships that were prese	ou have financial relationships (regardless of amount ine for each entity; add as many lines as you need by ent during the 36 months prior to publication.
Section 4. Intellectual	Property Patents & Copyrights	
	er planned, pending or issued, broadly re	elevant to the work? Yes V No

Mehta 2



Section 5. Relationships not severed above
Relationships not covered above
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Mehta 3