



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.

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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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Neena

2. Surname (Last Name)

Abraham

3. Date

12-August-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)

6. Manuscript Identifying Number (if you know it)

M19-1795

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?

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Dr. Abraham has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Majid	2. Surname (Last Name) Almadi	3. Date 08-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alan Barkun
5. Manuscript Title "International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)"		
6. Manuscript Identifying Number (if you know it) M19-1795		

Section 2. The Work Under Consideration for Publication

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Dr. Almadi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marc	2. Surname (Last Name) Bardou	3. Date 19-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alan, N, Barkun
5. Manuscript Title "International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)"		
6. Manuscript Identifying Number (if you know it) M19-1795		

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Nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)
Alan

2. Surname (Last Name)
Barkun

3. Date
08-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)

6. Manuscript Identifying Number (if you know it)

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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
Pendopharm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory committee, consulting fee
Olympus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory committee, consulting fee
Cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory committee, consulting fee
AtGen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory committee, consulting fee

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Dr. Barkun reports grants and other from Pendopharm, other from Olympus, other from Cook, grants from AtGen, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Xavier	2. Surname (Last Name) Calvet Calvo	3. Date 09-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alan Barkun
5. Manuscript Title International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)		
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Dr. Calvet Calvo has nothing to disclose.

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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)
Francis Ka-leung

2. Surname (Last Name)
Chan

3. Date
20-September-2019

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

5. Manuscript Title
International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)

6. Manuscript Identifying Number (if you know it)

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

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
Research Grant Council of Hong Kong	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted 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 No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer Inc., AstraZeneca, Rome Foundation & Antibe Therapeutics Inc., AGA Council.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisor

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer Inc., AstraZeneca, Eisai, Takeda Pharmaceuticals Co., EA Pharma Co Ltd, Japan Gastroenterological Endoscopy Society, Takeda Pharmaceutical Co Ltd, Takeda (China) Holdings Co Ltd, Ministry of Health of Singapore, Olympus Hong Kong & China Limited, Medical Association of Guangdong Province, Associacao Dos Medicos Hospitalares Da Funcao Publica De Macau,	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria
John Wiley & Sons Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalty
Pfizer Inc., AsraZeneca, Triangle Pharmaceuticals Inc., Given Imaging, Osaka City University & Olympus HK & China Ltd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants for commissioned/Joint research
American College of Physicians (ACP) Journal Club, Nature Review: Gastroenterology & Hepatology, Evidence-based Medicine & Ministry of Health P.R. China, Ministry of Health of Singapore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Commentator

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. 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):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 6. Disclosure Statement

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Dr. Chan reports grants from Research Grant Council of Hong Kong, during the conduct of the study; other from Pfizer Inc., AstraZeneca, Rome Foundation & Antibe Therapeutics Inc., AGA Council., personal fees and other from Pfizer Inc., AstraZeneca, Eisai, Takeda Pharmaceuticals Co., EA Pharma Co Ltd, Japan Gastroenterological Endoscopy Society, Takeda Pharmaceutical Co Ltd, Takeda (China) Holdings Co Ltd, Ministry of Health of Singapore, Olympus Hong Kong & China Limited, Medical Association of Guangdong Province, Associacao Dos Medicos Hospitalares Da Funcao Publica De Macau, , personal fees and other from John Wiley & Sons Ltd., grants from Pfizer Inc., AsraZeneca, Triangle Pharmaceuticals Inc., Given Imaging, Osaka City University & Olympus HK & China Ltd., other from American College of Physicians (ACP) Journal Club, Nature Review: Gastroenterology & Hepatology, Evidence-based Medicine & Ministry of Health P.R. China, Ministry of Health of Singaproe., outside the submitted work; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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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.

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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) James

2. Surname (Last Name) Douketis

3. Date 22-August-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name Walter Ageno

5. Manuscript Title
A Prospective analysis to assess an Algorithm incorporating Limited and whole- Leg Assessment of the Deep venous system In symptomatic Outpatients with suspected deep vein thrombosis (the PALLADIO study).

6. Manuscript Identifying Number (if you know it)

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.

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 No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bristol Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daiichi Sankyo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Section 5. Relationships not covered above

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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.

All monies received as personal fees are deposited in hospital-based and university-based research accounts.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Enns

3. Date
23-September-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Alan Barkun

5. Manuscript Title
GI Bleeding Consensus

6. Manuscript Identifying Number (if you know it)

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

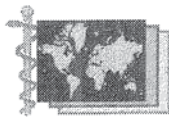
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ian 2. Surname (Last Name) Gralnek 3. Date 19-August-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Alan Barkun

5. Manuscript Title
"International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)"

6. Manuscript Identifying Number (if you know it)
M19-1795

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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
Boston Scientific	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
Taro Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Vipul

2. Surname (Last Name)
Jairath

3. Date
09-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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

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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
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fees- consult, Med Ed., Advisory Brd
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fees - consult, Med Ed., Advisory Brd
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consult fees
Sandoz	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consult fees
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fees - consult, Med Ed., Advisory Brd
Arena Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fees - consult, Advisory Brd
GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fees - consult, Advisory Brd
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fees - consult, Advisory Brd

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Ferring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consult fees
Shire	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fees - Med Ed. support, consult
Robarts Clinical Trials Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consult fees
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consult fees
Topivert	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consult fees
Celltrion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consult fees
Sublimity Therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consult fees
F.Hoffman-La Roche Ltd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consult fees
Sigmatic Limited	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consult fees

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 6. Disclosure Statement

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Dr. Jairath reports personal fees and other from Abbvie, personal fees and other from Takeda, personal fees from Pfizer, personal fees from Sandoz, personal fees and other from Janssen, personal fees from Arena Pharma, personal fees from GSK, personal fees from Eli Lilly, personal fees from Ferring, personal fees and other from Shire, personal fees from Robarts Clinical Trials Inc., personal fees from Genentech, personal fees from Merck, personal fees from Topivert, personal fees from Celltrion, personal fees from Sublimity Therapeutics, personal fees from F.Hoffman-La Roche Ltd, personal fees from Sigmatic Limited, 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)
Dennis

2. Surname (Last Name)
Jensen

3. Date
08-August-2019

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

5. Manuscript Title
International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it)
M19-1795

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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
NIH-NIDDK P30 DK 41301	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salary as Director of Human Studies Core of CURE:DDRC Center Grant
NIH-NIDDK DK 07180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salary as PI of T32 NIH T32 Training Grant
VA Clinical Merit Review Grant- 5I01CX001403	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI of VA grant & GI studies of GI bleeding
ASGE Research Foundation -	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI of an Endoscopic Research Award for OTSC RCT
Vascular Technology Inc	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers Bureau & Equipment Grant
Boston Scientific Corp	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers Bureau

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Dr. Jensen reports grants from NIH-NIDDK P30 DK 41301, grants from NIH-NIDDK DK 07180 , grants from VA Clinical Merit Review Grant- 5I01CX001403, grants from ASGE Research Foundation - , grants and personal fees from Vascular Technology Inc, personal fees from Boston Scientific Corp, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ernst

2. Surname (Last Name)
Kuipers

3. Date
09-August-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Alan Barkun

5. Manuscript Title
International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)

6. Manuscript Identifying Number (if you know it)
M19-1795

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kuipers has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Loren	2. Surname (Last Name) Laine	3. Date 08-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Barkun
5. Manuscript Title International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)		
6. Manuscript Identifying Number (if you know it) 19-1795		

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Laine has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
James YW

2. Surname (Last Name)
Lau

3. Date
09-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)"

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Grigorios	2. Surname (Last Name) Leontiadis	3. Date 18-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alan Barkun
5. Manuscript Title International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)		
6. Manuscript Identifying Number (if you know it) M19-1795		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. 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?

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Section 6. Disclosure Statement

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Dr. Leontiadis 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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Gregory

2. Surname (Last Name) _____
Lip

3. Date _____
18-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title _____

6. Manuscript Identifying Number (if you know it) _____

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.

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 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"/>	speaker
Bayer/Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
BMS/Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant, speaker
Biotronik	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant, speaker
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant, speaker
Microlife	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant speaker
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Daiichi-Sankyo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant, speaker

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Lip reports consultancy and speaker fees from Bayer, Bayer/Janssen, BMS/Pfizer, Biotronik, Medtronic, Boehringer Ingelheim, Microlife, Roche, and Daiichi-Sankyo outside the submitted work. No fees received personally.

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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) Romaric	2. Surname (Last Name) Loffroy	3. Date 09-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Barkun
5. Manuscript Title International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)		
6. Manuscript Identifying Number (if you know it) M19-1795		

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

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Dr. Loffroy has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
FAUZE

2. Surname (Last Name)
MALUF-FILHO

3. Date
08-August-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
ALAN BARKUN

5. Manuscript Title

International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it)

M19-1795

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

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Dr. MALUF-FILHO has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Marshall	3. Date 08-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alan Barkun
5. Manuscript Title International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)		
6. Manuscript Identifying Number (if you know it) M19-1795		

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Marshall has nothing to disclose.

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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) Andrew 2. Surname (Last Name) Meltzer 3. Date 17-August-2019

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

5. Manuscript Title
International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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
Medtronic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AnX Robotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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. Meltzer reports an active research grant to study GI bleeding from Medtronic and serves on advisory board for AnX Robotics.

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4. Intellectual Property.

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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)
Nageshwar

2. Surname (Last Name)
Reddy

3. Date
25-September-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)

6. Manuscript Identifying Number (if you know it)
M19 - 1795

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

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Are there any relevant conflicts of interest? Yes No

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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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. Reddy has nothing to disclose.

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)
John

2. Surname (Last Name)
Saltzman

3. Date
11-August-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Alan Barkun

5. Manuscript Title
International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)"

6. Manuscript Identifying Number (if you know it)
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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
Cook Endoscopy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONSULTING

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. Saltzman reports personal fees from Cook Endoscopy, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Joseph JY	2. Surname (Last Name) Sung	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name AlanBarkun
5. Manuscript Title International Consensus Clinical Practice Guidelines On The Management Of Nonvariceal Upper Gastrointestinal Bleeding (UGIB)		
6. Manuscript Identifying Number (if you know it)		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Frances	2. Surname (Last Name) Tse	3. Date 08-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alan Barkun
5. Manuscript Title International Consensus Clinical Practice Guidelines on the Management of Nonvariceal Upper Gastrointestinal Bleeding		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Tse has nothing to disclose.

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