

Guidelines for Manuscript Preparation—AHA Guidelines, Statements, Advisories

<p>Document Format</p> <p>Standard</p>	<p>Required format of the manuscript at first submission:</p> <ul style="list-style-type: none"> • Font—Times New Roman, 12 point • Margins—1 inch on all sides • Text—Double spaced • Page numbers—top right; also include corresponding author’s name in the header <p>Optional</p> <ul style="list-style-type: none"> • Line numbers. If used, they should restart with each page. <p>Track Changes</p> <ul style="list-style-type: none"> • Accept ALL changes in the manuscript and turn OFF this feature before submitting the final version to the manuscript submission system.
<p>Title Page</p> <p>General</p>	<p>The title page should appear as follows (see sample, Appendix 1):</p> <ul style="list-style-type: none"> • Type of Document (eg, AHA Scientific Statement; or AHA/ASA Guideline; or AHA Science Advisory) • Title of Document • Subtitle of Document (eg, A Scientific Statement-Guideline-Advisory From the American Heart Association) • Endorsements, Affirmations (added only if approved) • Authors; include person’s full name, degrees, and FAHA (if applicable); if a joint publication, add other fellow designations as indicated]; on behalf the American Heart Association [official title of Committee(s), Council(s)]
<p>Title Page</p> <p>Authors</p>	<p>Authors’ names and applicable degrees (including FAHA) should be verified by the corresponding author and/or the Statements Assistant Managing Editor in Scientific Publishing before the manuscript is submitted for peer review.</p> <p>If a joint statement with shared copyright, fellow degrees (eg, FACC, FHRS) from those organizations may also be included.</p> <p>Use a semicolon to separate authors from one another.</p>
<p>Title Page</p> <p>Affirmations</p>	<p>Affirmation information may have a different style than endorsements (sentence style with organization in caps and lower case and a period at the end).</p> <p>Example: “The American Academy of Neurology affirms the value of this statement as an educational tool for neurologists.”</p>
<p>Abstract</p>	<p>Guidelines, Statements, and Advisories must include a brief abstract of 250 to 300 words.</p> <p>The abstract should be included when the manuscript is first submitted for review, then updated, as needed, when the final revision is submitted.</p>
<p>Text</p> <p>Abbreviations</p>	<p>Limit the use of abbreviations throughout the manuscript. It is cumbersome for readers to remember them once they reach the end of the manuscript.</p> <p>Common abbreviations include, for example, ECG, CVD, and TIA.</p> <p>Do not use abbreviations for single words (eg, “HYP” should not be used for “hypertension”; “CV” for “cardiovascular”).</p>

<p>Text</p> <p>Headings</p>	<p>Numbers can be included with headings (eg, 1; 1.1; 1.2; 1.1.1) to aid in the production part of the process. They tell the printer what the format should be for the headings.</p> <p>The numbers will be removed during composition and will not appear with the final, published document.</p>
<p>Text</p> <p>Language Usage</p>	<p>Check for redundancy (eg, do not use “a joint statement together”) throughout the manuscript.</p> <p>Limit the use of “recently” in sentences that refer to published articles (eg, “In a recently published study,²⁶ the authors found that...” [article published in 1999]). This should be checked as the final revision is being prepared, because some statements may have been in development for some time.</p>
<p>Text</p> <p>“N” or “n”</p>	<p>When using “N” or “n” to describe a sample of patients, remember the following from the <i>AMA Manual of Style</i>:</p> <ul style="list-style-type: none"> • “N” is entire population under study • “n” is sample of the population under study (meaning a portion of the entire population).
<p>Text</p> <p>Numerals</p>	<p>If a medical term includes Roman or Arabic numerals, please ensure that:</p> <ol style="list-style-type: none"> (1) It is the correct usage (Roman or Arabic) and (2) It is consistent throughout the manuscript, tables, and figures. <p>Journal style is to consistently use numerals rather than spell out the number (eg, “In 1 study of outpatients...”).</p>
<p>Text</p> <p>Referencing Claims or Previously Published Articles</p>	<p>If you have, for example, a sentence that says, “The most recent criteria for. . . American Diabetes Association are. . .”, please ensure that an appropriate reference is provided.</p>
<p>Text</p> <p>Spell Check</p>	<p>Perform a “spell check” on the manuscript, tables, and figures before the final submission is given to production.</p> <p>Also check for typical words that would not necessarily be identified by spell check (eg, “dairy” versus “diary” or “from” versus “form”).</p>
<p>Text</p> <p>Style</p>	<p>Per journal style, text is set as regular text (no bold, italic, or underlining for emphasis).</p>

<p>Text</p> <p>Style</p> <p>Race and Ethnicity</p>	<p>Journal style is to use “black” rather than “African American” and “white” rather than “Caucasian.” Per the Office of Management and Budget (OMB), the revised standards for federal data on race and ethnicity, Hispanic or Latino are ethnic designations.</p> <p>Journal style follows the categories set by the NIH (except journal style uses only “Black” not “Black or African American”):</p> <ul style="list-style-type: none"> • Ethnicity <ul style="list-style-type: none"> ○ Hispanic or Latino ○ Not Hispanic or Latino • Race <ul style="list-style-type: none"> ○ American Indian or Alaskan Native ○ Asian ○ Black or African American ○ Native Hawaiian or Other Pacific Islander ○ White ○ Other <p>Also be aware if the author mixes terms (“race” [eg, black and white] with “ethnicity” [eg, Latino]).</p>
<p>References</p>	<p>The style of references should follow journal style (see sample, Appendix 2). For example, issue numbers for journals are not included in the references. Incorrectly formatted or incomplete references will result in a delay in production and/or publication, because it is time-consuming for the printer to research and correct. The Science and Medicine Advisor may be asked to review the updated reference list before it is sent to the author, in the form of a page proof.</p> <p>References should be numbered consecutively throughout the manuscript. They should not be renumbered or repeated in each section. If, during the process of revision, sections of the manuscript are reorganized, the references must also be reorganized to ensure they remain cited consecutively. If references are cited in a table, the references should be numbered consecutively according to the placement of first mention of the table in the text.</p> <p>List all authors for a reference (do not use “et al”).</p> <p>Standard journal style for reference callouts in text is superscript, after periods and commas, but before colons and semicolons.</p> <p>Duplicate references—Each reference should appear only 1 time in the reference list. If it is used in different places in the manuscript, its number should be the same each time. Final manuscripts that have duplicate references will be delayed in the production process.</p>
<p>Figures</p> <p>Format</p>	<p>To ensure the best quality for figures appearing with Statements-Guidelines-Advisories, submitting figures in their original format (JPEG, TIFF, EPS) or as a high-resolution PDF is ideal.</p> <p>Images that have been copied and inserted into, for example, an MS Word or PowerPoint document cannot be used. Original files will be requested in these cases.</p> <p>Detailed guidelines for appropriate figures are available from the Scientific Publishing staff.</p>

<p>Tables and Figures</p> <p>Abbreviations</p>	<p>Use of abbreviations in tables and figures is okay. Each abbreviation should be included in a legend with each table or figure.</p>
<p>Tables and Figures</p> <p>Permissions</p>	<p>If a table or figure is reprinted from another source, the complete source must be listed with it. Vague information (eg, 2019 AHA) is unacceptable.</p> <p>As part of the development process, a Scientific Publishing Editorial Assistant reviews each manuscript for any tables or figures for which reprint permission is needed. The Editorial Assistant then obtains these permissions. The writing group does not need to perform this task.</p> <p>Note: Since early 2011, the American Medical Association’s journals (eg, <i>JAMA</i>) increased permission fees and now charge between \$1,200 and \$1,500 per table or figure.</p> <p>If the manuscript includes a figure or table reprinted from an AMA journal, the Council should budget for this expenditure.</p>
<p>Tables and Figures</p> <p>Reference Citations</p>	<p>If there are reference citations that appear only in the tables or figures, please add them to the reference list and give them a separate number. Also ensure that the references are in numerical order according to the first mention of the table or figure in the text.</p> <p>If there are reference citations used in the tables or figures that also appear in text, use that same number. Do not create a duplicate reference.</p> <p>Use only reference numbers in tables and figures, not the entire reference.</p>
<p>Tables</p> <p>Style</p>	<p>Only the column headings should use bold. No bold or italic in the body of the table. Italic would only be used, for example, with genus and species.</p> <p>Rules can be used to separate the cells in the table. If a cell has subheadings, include that information within the same cell so that the publisher can group the pieces of information together.</p>

<p>Other Organizations, Copublication, Cosponsorship, and/or Endorsement</p>	<p>If other organizations are involved, each organization has different rules. For example, ACC will not consider a statement for endorsement if they have not appointed a member to the writing group. Approving bodies of other organizations (eg, the ACC Board of Trustees) must approve the statement, just like SACC does when a statement has the AHA’s name on it. Most organizations have rules such as these.</p> <p>If other organizations also want to publish the document, Scientific Publishing must be notified early in the process. Delays in this notification usually lead to delays in publication.</p> <p>Endorsers usually do not publish. Some organizations, including the ACC, have rules about peer review (ie, if the organization is involved, then it wants to perform its own peer review; so multiple peer reviews need to be coordinated—not all of them through the manuscript processing system). <i>See the statement manual for more on relationships with other organizations.</i></p> <p>Caution: Just because a writing group member is a member of SCAI, for example, that does not imply he/she represents that organization. Such appointments are made by society presidents. Too often, an AHA writing group claims its manuscript is endorsed by other organizations, which has not been the case.</p> <p>Please read what your writing group is claiming in the manuscript. If proper channels are not followed, then AHA cannot claim any other organization has participated/endorsed a statement. Writing group members often do not realize this and make blanket statements that are incorrect. If published, AHA could encounter serious consequences.</p>
<p>Writing Group Disclosures</p>	<p>Disclosure Questionnaires (see sample, Appendix 3) are collected by the COI Coordinator or Statements Assistant Managing Editor in Scientific Publishing. The resulting disclosure table (see sample, Appendix 4) should be part of the manuscript that is submitted for peer review. Ideally, the table is part of the manuscript and is at the end of the manuscript, but it can also be a separate file. The disclosure table should be included in ALL versions of the manuscript, including revisions submitted after peer review and SACC review.</p> <p>Except for the Writing Group Chair and/or Vice Chair, all writing group members should be listed alphabetically in the disclosure table (see sample, Appendix 4).</p>
<p>Levels of Evidence/Classes of Recommendations</p>	<p>Clinical recommendations are used only in clinical practice guidelines.</p> <p>The ACC/AHA Classes of Recommendations and the Levels of Evidence are used to determine the COR/LOE of the guideline’s recommendations.</p>
<p>Manuscript Checklist</p>	<p>Appendix 5 is a Manuscript Checklist that can be used as a quality control aid before the manuscript is submitted.</p>

Appendix 1. Sample Title Page

AHA Scientific Statement

**Interventional Therapies for Acute Pulmonary Embolism: Current Status and Principles for the
Development of Novel Evidence**

A Scientific Statement From the American Heart Association

Jay Giri, MD, MPH, Chair; Akhilesh K. Sista, MD, Vice Chair; Ido Weinberg, MD, MSc; Clive
Kearon, MB, PhD; Dharam J. Kumbhani, MD; Nimesh D. Desai, MD, PhD; Gregory Piazza, MD,
MS; Mark T. Gladwin, MD; Saurav Chatterjee, MD; Taisei Kobayashi, MD; Christopher Kabrhel,
MD, MPH; Geoffrey D Barnes, MD, MSc, FAHA; on behalf of the American Heart Association
Council on Peripheral Vascular Disease; Council on Arteriosclerosis, Thrombosis and Vascular
Biology; Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation; and Council on
Cardiovascular Surgery and Anesthesia

Appendix 2. Sample of Reference Styles

Journal Articles

Kucher N, Boekstegers P, Muller OJ, Kupatt C, Beyer-Westendorf J, Heitzer T, Tebbe U, Horstkotte J, Muller R, Blessing E, Greif M, Lange P, Hoffmann RT, Werth S, Barmeyer A, Hartel D, Grunwald H, Empen K, Baumgartner I. Randomized, controlled trial of ultrasound-assisted catheter-directed thrombolysis for acute intermediate-risk pulmonary embolism. *Circulation*. 2014;129:479-486. doi: 10.1161/CIRCULATIONAHA.113.005544

[The doi is optional and will be added during production if not included in the manuscript.]

Books

Todd WE, Nash D, eds. *Disease Management: A Systems Approach to Improving Patient Outcomes*. Chicago, IL: American Hospital Publishing, Inc; 1997.

Book Chapters

Riegel B, LePetri B. Heart failure disease management models. In: Moser DK, Riegel B, eds. *Improving Outcomes in Heart Failure: An Interdisciplinary Approach*. Gaithersburg, MD: Aspen Publishers, Inc; 2001:267–281.

[Page numbers must be included.]

Websites

US Food and Drug Administration. MAUDE - Manufacturer and User Facility Device Experience. Accessed December 18, 2018. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfmaude/textsearch.cfm>

Social Media

Facebook

Mayo Clinic Healthy Living Facebook page. Accessed February 10, 2016. <https://www.facebook.com/mayoclinichealthy livingprogram/>

Twitter

@AMAManual. The human immunodeficiency virus is widely known by its abbreviation HIV, to the extent that AMA style no longer requires the expansion (especially true in the construction “HIV/AIDS”). Posted October 12, 2018. Accessed October 27, 2018. <https://twitter.com/AMAManual/status/1050763170825076737>

Blog

Antos D. The percolating proofreader. AMA Style Insider blog. Posted January 14, 2016. Accessed February 10, 2018. <http://blog.amamanualofstyle.com/2016/01/14/thepercolatingproofreader2//twitter.com/AMAManual/status/1050763170825076737>

Note: Always include all authors. Do **not** use “et al”.

Appendix 3. Sample Conflict of Interest Disclosure Questionnaire (as it appears in the eJournal Press manuscript submission system)

Policy and Procedures Regarding Relationships With Industry and Other Entities for Writing Committee Members

I. Policy

All writing committee members must provide complete, timely, accurate, and signed disclosure statements of their **relevant** relationships using enclosed Form. They are informed of this policy during the invitation process and are further advised that publication of relevant RWI and other entities is **mandatory** for participation on the writing committee. The names and information regarding RWI for all writing committee members is published along with the manuscript in *Circulation* (or other AHA journal if applicable).

RWI statements from writing committee members are reviewed by the Manuscript Oversight Committee. To ensure transparency and full disclosure during the writing process, RWI for all writing committee members also are included in the agenda of each writing committee conference call and verbally updated as changes occur.

II. Procedure

Each writing committee member must disclose ALL relevant financial, personal or professional relationships with industry, individuals, or organizations as defined below (including such relationships of their spouse and dependent children). It is essential that writing committee members and reviewers are transparent and accurately disclose all relevant relationships to avoid even the perception of a conflict of interest with industry, which could negatively impact the hard work of others on the committee.

Using the form below, all writing committee members are required to identify relationships within the last **one year** that could be **relevant** to the topics or issues addressed in or implicated by the scientific statement or guideline.

A person has a **relevant** relationship with a company or other entity IF:

- The *relationship* or *interest* relates to the same or similar subject matter, intellectual property or asset, topic, or issue addressed in the **document**; or
- The *company/entity* (with whom the relationship exists) makes a drug, drug class, or device addressed in the **document**, or makes a competing drug or device addressed in the **document**; or
- The person or a member of the person's household, has/have a reasonable potential for financial, professional or other personal gain or loss as a result of the issues/content addressed in the document.

All such relevant relationships should be noted and the financial disclosures should be classified as significant, modest, or no financial relationship. A person is deemed to have a significant interest in a business if the interest represents ownership of 5% or more of the voting stock or share of the business entity, or ownership of \$10,000 or more of the fair market value of the business entity; or if funds received by the person from the business entity exceed 5% of the person's gross income for the previous year. A relationship is considered to be modest if it is less than significant under the preceding definition. No financial relationship pertains to relationships for which you receive no monetary reimbursement. If an individual has no conflicts or relationships to disclose, he or she must indicate none.

AMERICAN HEART ASSOCIATION Author Disclosure/Vested Interest Form

The American Heart Association (AHA) is committed to ensuring balance, independence, objectivity, and scientific rigor in its sponsored educational activities. Authors/reviewers in a position to control the content for an ACC/AHA-sponsored document are expected to disclose all **relevant** relationships during the past **12 months** with (1) the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services related to the content of the document and (2) any commercial supporters of the activity and (3) any relationships with other entities (e.g., academic institution, government, not-for-profit corp., or foundations). (All **relevant** relationships are described below.)

All writers/reviewers must complete the form in order to participate in the document development process.

Appendix 3. Sample Conflict of Interest Disclosure Questionnaire, continued

Do you have any **relevant** financial and/or institutional relationships (see above for description of relevant relationships)?
 ***Also note that our definition of **relevant** has been expanded so that if the **company/entity** with whom you have a relationship makes a drug, drug class, or device addressed in the **document**, or makes a competing drug or device addressed in the **document**; you must declare this as a relationship. (For example, you are on a company's speakers' bureau to talk about antihypertensive medications. You are also going to be on an AHA paper about management of lipid disorders. Blood pressure management will not be a part of the paper. If the company you have the relationship with also makes lipid management medications, you must declare this as a relevant relationship.)

No Yes (please complete form below) Please Select, No Compensation, Modest (<\$10K or <5%), Significant (≥\$10K or ≥5%)

1. Consultant

CONSULTANT: includes honoraria from a third party, gifts or other consideration, or "in kind" compensation, including directing such honoraria be donated to a nonprofit 501 C3 organization, whether for consulting, service on an advisory board, or for any other similar purpose. Includes any paid or unpaid consultancy or service on a leadership or regulatory board of a business or enterprise with interests relevant to the document topic.

- Yes, I have a consultant relationship to disclose.
 No, I do not have a consultant relationship to disclose.

2. Speakers' Bureau

SPEAKERS' BUREAU: includes compensation from speaker's bureaus, symposia and related entities.

- Yes, I have speaking engagements to disclose.
 No, I do not have speaking engagements to disclose.

3. Ownership/Partnership/Principal

Ownership/Partnership/Principal (excluding mutual diversified funds): includes any stock, stock option, partnership, membership or other equity position in an entity regardless of the form of the entity, or any option or right to acquire such position, and any rights in any patent or other intellectual property rights.

- Yes, I have stock or other ownership interests to disclose.
 No, I do not have stock or other ownership interests to disclose.

4. Research

RESEARCH: includes principal investigator, steering committee member, investigator, collaborator or consultant for pending grants as well as grants already received (including commercially funded grants, as well as research grants from NIH and not-for profits and government sponsored or university-managed and DSMBs). Also includes receipt of drugs, supplies, equipment or other in-kind support over which you have direct decisionmaking responsibility.

- Yes, I have a research grant or support to disclose.
 No, I do not have research grant or support to disclose.

5. Salary

SALARY: Funding of a salary or position (partial or full) or 'in-kind' support of program.

- Yes, I have a salary to disclose.
 No, I do not have a salary to disclose.

6. Institutional, Organizational or Other Financial Benefit (including research)

This includes any known institutional relationship (ONLY those for which you have direct decision-making responsibility) and any known organizational relationship. 'Organizational relationships' include any leadership or governance responsibilities or roles in another professional or other nonprofit organization with interests potentially adverse to or competitive with those of the ACCF and/or AHA. Check yes if you or an immediate family member received Other Research Support for the subject matter under consideration in your manuscript.

- Yes, I have a other research support to disclose.
 No, I do not have other research support to disclose.

7. Expert Witness

Appendix 3. Sample Conflict of Interest Disclosure Questionnaire, continued

EXPERT WITNESS: Disclose all relevant court cases or other legal proceedings for which you served as a consultant, expert witness, or gave deposition at any time during the past year.* You need only disclose the year the involvement occurred, whether you represented the plaintiff or the defense, and the general topic of the case/testimony. This applies even if the case did not go to trial. Do not disclose confidential information, including but not limited to sealed records or signed confidentiality agreements.

*If you testified in a court case and that case is specifically referenced in the document, you must disclose your role even if the court case occurred longer than 1 year ago.

- Yes, I have expert testimony to disclose.
- No, I do not have expert testimony to disclose.

*ACCME-accredited programs do NOT have to be disclosed due to firewall restrictions between industry and program content

Please note that our definition of **relevant** has been expanded so that if the **company/entity** with whom you have a relationship makes a drug, drug class, or device addressed in the **document**, or makes a competing drug or device addressed in the **document**; you must declare this as a relationship. (For example, you are on a company's speakers' bureau to talk about antihypertensive medications. You are also going to be on an AHA paper about management of lipid disorders. Blood pressure management will not be a part of the paper. If the company you have the relationship with also makes lipid management medications, you must declare this as a relevant relationship.)

By completing this form, I confirm that the information reported is accurate. I understand that, where appropriate, this information may be disclosed publicly. I further understand that the American Heart Association reserves the right to decline to publish my work if the Society believes a significant conflict of interest exists. Furthermore, I understand that failure to complete this Relationship With Industry Disclosure will disqualify me from submitting my manuscript.

- This serves as my digital signature.

I Agree

Appendix 3. Sample Conflict of Interest Disclosure Questionnaire, continued

Examples of drop-down menus if Yes” is the response. Applies to several sections:

1. Consultant

CONSULTANT: includes honoraria from a third party, gifts or other consideration, or "in kind" compensation, including directing such honoraria be donated to a nonprofit 501 C3 organization, whether for consulting, service on an advisory board, or for any other similar purpose. Includes any paid or unpaid consultancy or service on a leadership or regulatory board of a business or enterprise with interests relevant to the document topic.

Yes, I have a consultant relationship to disclose.
 No, I do not have a consultant relationship to disclose.

Consultant

1.	Entity: <input type="text"/>	Relationship: Please Select	Remove
	Compensation: Please Select	Level: Please Select	Add

Please Select
 Compensated
 Uncompensated

1. Consultant

CONSULTANT: includes honoraria from a third party, gifts or other consideration, or "in kind" compensation, including directing such honoraria be donated to a nonprofit 501 C3 organization, whether for consulting, service on an advisory board, or for any other similar purpose. Includes any paid or unpaid consultancy or service on a leadership or regulatory board of a business or enterprise with interests relevant to the document topic.

Yes, I have a consultant relationship to disclose.
 No, I do not have a consultant relationship to disclose.

Consultant

1.	Entity: <input type="text"/>	Relationship: Please Select	Remove
	Compensation: Please Select	Level: Please Select	Add

Please Select
 Myself
 Immediate Family Members

1. Consultant

CONSULTANT: includes honoraria from a third party, gifts or other consideration, or "in kind" compensation, including directing such honoraria be donated to a nonprofit 501 C3 organization, whether for consulting, service on an advisory board, or for any other similar purpose. Includes any paid or unpaid consultancy or service on a leadership or regulatory board of a business or enterprise with interests relevant to the document topic.

Yes, I have a consultant relationship to disclose.
 No, I do not have a consultant relationship to disclose.

Consultant

1.	Entity: <input type="text"/>	Relationship: Please Select	Remove
	Compensation: Please Select	Level: Please Select	Add

Please Select
 Modest (<\$10K or <5%)
 Significant (≥\$10K or ≥5%)

2. Speakers' Bureau

Appendix 4. Sample Writing Group Disclosure Table

Writing Group Member	Employment	Research Grant	Other Research Support	Speakers' Bureau/Honoraria	Expert Witness	Ownership Interest	Consultant/Advisory Board	Other
Jay Giri	University of Pennsylvania	None	None	None	None	None	None	None
Akhilesh K. Sista	New York University	Penumbra, Inc (PE research)*	None	None	None	None	Thrombolex, Inc (unpaid)*	None
Geoffrey D. Barnes	University of Michigan Frankel Cardiovascular Center	None	None	None	None	None	None	None
Saurav Chatterjee	Hoffman Heart Institute, Saint Francis Hospital-Teaching Affiliate of the University of Connecticut School of Medicine	None	None	None	None	None	None	None
Nimesh D. Desai	Hospital of the University of Pennsylvania	None	None	None	None	None	None	None
Mark T. Gladwin	University of Pittsburgh, Heart, Lung, Blood and Vascular Medicine Institute	Burroughs Wellcome (PI of a Burroughs-Wellcome training award)*; NIH (PI of 2 R01s, a P01, and T32 award, awarded to the University of Pittsburgh)*	None	None	None	Globin Solutions Inc*	Accelaron Pharma Inc*; Actelion Clinical Research, Inc*; Bayer Healthcare LLC's Heart and Vascular Disease Research Advisory Board*; Catalyst Biosciences*; Epizyme*; Modus Therapeutics*; United Therapeutics*	None

Writing Group Member	Employment	Research Grant	Other Research Support	Speakers' Bureau/Honoraria	Expert Witness	Ownership Interest	Consultant/Advisory Board	Other
Christopher Kabrhel	Massachusetts General Hospital	None	None	None	None	None	None	None
Clive Kearon	McMaster University (Canada)	None	None	None	None	None	None	None
Taisei Kobayashi	Hospital of the University of Pennsylvania	None	None	None	None	None	None	None
Dharam J. Kumbhani	UT Southwestern Medical Center	None	None	None	None	None	None	None
Gregory Piazza	Brigham and Women's Hospital	BMS [†] ; Bayer [†] ; EKOS/BTG [†] ; Daiichi Sankyo [*] ; Janssen [†] ; Portola [†]	None	None	None	None	Pfizer [*]	None
Ido Weinberg	Massachusetts General Hospital	None	None	None	None	None	Novate Medical [*]	None

This table represents the relationships of writing group members that may be perceived as actual or reasonably perceived conflicts of interest as reported on the Disclosure Questionnaire, which all members of the writing group are required to complete and submit. A relationship is considered to be “significant” if (a) the person receives \$10000 or more during any 12-month period, or 5% or more of the person’s gross income; or (b) the person owns 5% or more of the voting stock or share of the entity or owns \$10000 or more of the fair market value of the entity. A relationship is considered to be “modest” if it is less than “significant” under the preceding definition.

^{*}Modest.

[†]Significant.

Appendix 5. Manuscript Submission Checklist

	<p>Document in standard format</p> <ul style="list-style-type: none"> • Font—Times New Roman, 12 point • Margins—1 inch on all sides • Text—Double spaced • Page numbers—top right; also include corresponding author’s name in the header
	<p>Title Page includes</p> <ul style="list-style-type: none"> • Type of Document (eg, AHA Scientific Statement; or AHA/ASA Guideline; or AHA Science Advisory) • Title of Document • Subtitle of Document (eg, A Scientific Statement-Guideline-Advisory From the American Heart Association) • Endorsements, Affirmations (added only if approved) • Authors <ul style="list-style-type: none"> ○ Complete names ○ Degrees ○ FAHA (if applicable) ○ If a joint publication, add other fellow designations ○ “On behalf the American Heart Association” information included [official title of Committee(s), Council(s)]
	<p>Spell check performed</p>
	<p>References</p> <ul style="list-style-type: none"> • Numbered consecutively within the text, accounting for tables and figures • Include all authors (don’t use “et al”) • Include access date for web and social media references
	<p>Figures submitted in original format</p> <ul style="list-style-type: none"> • JPEG, TIFF, EPS (preferred formats) • PowerPoint • PDF
	<p>Tables and Figures</p> <ul style="list-style-type: none"> • Complete source indicated in the legend, if applicable • Reference number, if applicable • Reprinted source, if applicable