

ICMJJE DISCLOSURE FORM

Date: 31 JAN 2023

Your Name: Danny M. Cohn, MD PhD

Manuscript Title: Gelaatzwellingen door angio-oedeem: meestal mestcel-gemedieerd, maar niet altijd

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work			
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4	Consulting fees		BioCryst Pharmaceuticals, Ionis pharmaceuticals, KalVista pharmaceuticals, Pharming Technologies, Pharvaris and Takeda
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		speaking fees from CSL Behring, Ionis pharmaceuticals and Takeda
6	Payment for expert testimony	X None	
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8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		CSL Behring
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		HAEi Regional Medical Advisory Panel member
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.