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 four parts.

1. Identifying information.

   Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jonas Peter Yde
2. Surname (Last Name)  Holm
3. Effective Date (07-August-2008)  15-May-2011
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Increasing rate of ACE-inhibitor related upper airway angioedema
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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

<table>
<thead>
<tr>
<th>Type</th>
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** Use this section to provide any needed explanation.

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Relevant financial activities outside the submitted work
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### Section 4. Other relationships

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?

- [x] No other relationships/conditions/circumstances that present a potential conflict of interest
- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):

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.

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.
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Section 1. Identifying Information

1. Given Name (First Name)  Therese
2. Surname (Last Name)  Ovesen
3. Effective Date (07-August-2008)  11-April-2012

4. Are you the corresponding author?  ☑ Yes  ☒ No
Corresponding Author's Name  Jonas Peter Yde Holm

5. Manuscript Title
Increasing rate of ACE-inhibitor related upper airway angioedema

6. Manuscript Identifying Number (if you know it)

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<td>1. Grant</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2. Consulting fee or honorarium</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3. Support for travel to meetings for the study or other purposes</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
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<td></td>
</tr>
<tr>
<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. Payment for writing or reviewing the manuscript</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
<td>☑</td>
<td>☐</td>
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<td>☐</td>
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</tr>
</tbody>
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Ovesen
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<tbody>
<tr>
<td>7. Other</td>
<td>✓</td>
<td></td>
<td></td>
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<td>1. Board membership</td>
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<tr>
<td>2. Consultancy</td>
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<td>3. Employment</td>
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<tr>
<td>4. Expert testimony</td>
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<tr>
<td>5. Grants/grants pending</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6. Payment for lectures including service on speakers bureaus</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>7. Payment for manuscript preparation</td>
<td>✓</td>
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<tbody>
<tr>
<td>8. Patents (planned, pending or issued)</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>9. Royalties</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>10. Payment for development of educational presentations</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>11. Stock/stock options</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
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