ICMJE DISCLOSURE FORM

Date: 21 Feb 2023
Your Name: Lauré M. Fijen, MD PhD
Manuscript Title: Gelaatszwellingen 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 ar

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
Time frame: Since the initial planning of the work				
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X None			
Time frame: past 36 months				
Grants or contracts from any entity (if not indicated in item #1 above).	X None			
Royalties or licenses	X None			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past X None Time frame: pastX None any entity (if not indicated in item #1 above).		

4	Consulting fees	None	Pharvaris
5	Payment or honoraria for lectures, presentations,	X None	
speakers bureaus, manuscript writing or educational events			
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	None	Ionis Pharmaceuticals
	G ,		
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Descipt of annique and	V None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other services		
13	Other financial or non- financial interests	X None	

Please place an "X" next to the following statement to indicate your agreement:

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