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.

1. Identifying information.

2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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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)  
   Burt

2. Surname (Last Name)  
   Adelman

3. Date  
   22-September-2016

4. Are you the corresponding author?  
   Yes ❑ No ✗

Corresponding Author’s Name  
Aleena Banerji

5. Manuscript Title  
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. Manuscript Identifying Number (if you know it)  
   16-05767

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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>✔</td>
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<td></td>
<td>I was an employee of Dyax Corp</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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.
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<table>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Dyax/now Shire</td>
<td>I do not receive royalties</td>
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<td>✔</td>
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<td>☐</td>
<td>☐</td>
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**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

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**Section 6. Disclosure Statement**

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Dr. Adelman reports personal fees from Dyax Corp. outside the submitted work. In addition, Dr. Adelman reports pending patents related to the evaluation and treatment of bradykinin-mediated disorders (20150362493), plasma kallikrein binding proteins and uses thereof in treating hereditary angioedema (WO/2015/112578), and assays for determining plasma kallikrein system biomarkers (WO/2015/061183), all held by Dyax (now Shire).
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Ahmad

2. **Surname (Last Name)**  
   Al-Ghazawi

3. **Date**  
   03-August-2016

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   **Corresponding Author’s Name**  
   Aleena Banerji

5. **Manuscript Title**  
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. **Manuscript Identifying Number (if you know it)**  
   16-05767

## 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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   [ ] Yes  
   ✔ No

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   [ ] Yes  
   ✔ No
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Dr. Al-Ghazawi has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Baker

3. Date  
18-August-2016

4. Are you the corresponding author?  
☑ No

5. Manuscript Title  
Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. Manuscript Identifying Number (if you know it)  
16-05767

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
☑ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
☑ Yes  
☐ No

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☐ Yes  ✔ No

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Dr. Baker reports grant support from Dyax, Shire, Pharming, and CSL Behring 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)  
   Aleena

2. Surname (Last Name)  
   Banerji

3. Date  
   01-December-2016

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   ☐ Yes  ✔ No

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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)  Jonathan
2. Surname (Last Name)  Bernstein
3. Date  27-July-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Aleena Banerji
5. Manuscript Title  Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis
6. Manuscript Identifying Number (if you know it)  16-05767

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.

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<td>PI on clinical studies; travel to investigator meeting</td>
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<td>PI on clinical studies; travel to investigator meeting; speaking; consulting</td>
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<td>Consultant</td>
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<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Medical Advisory Board of HAEA organization - no financial compensation</td>
</tr>
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</table>

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

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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. Bernstein reports grant support, personal fees, and non-financial support from Shire and CSL Behring, grant and non-financial support from Dyax and Biocryst, personal fees from Salix, and other support from The Hereditary Angioedema Association (HAEA) outside the submitted work.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Biedenkapp

3. Date  
   27-July-2016

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Aleena Banerji

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

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<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Full-time employee of Dyax Corp</td>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   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.
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Dr. Biedenkapp reports personal fees from Dyax Corp outside the submitted work. In addition, Dr. Biedenkapp reports a pending patent related to plasma kallikrien binding proteins and uses thereof in treating hereditary angioedema (WO/2015/112578), held by Dyax (now Shire).

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Paula

2. Surname (Last Name)  
   Busse

3. Date  
   16-August-2016

4. Are you the corresponding author?  
   Yes  ✔  
   No

   Corresponding Author’s Name  
   Aleena Banerji

5. Manuscript Title  
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

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. 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.

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<td>My institution received payment for performing the study</td>
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   No

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

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Dr. Busse reports grant support from Dyax during the conduct of the study, and personal fees from CSL Behring, Shire, and Dyax outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Yung

2. Surname (Last Name)  
   Chyung

3. Date  
   28-July-2016

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Aleena Banerji

5. Manuscript Title  
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<td>Dyax Corp. / Shire</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>I was an employee of Dyax Corp. (now acquired by Shire) that is developing DX-2930 as a potential therapy for hereditary angioedema.</td>
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**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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<td></td>
<td></td>
<td></td>
<td>Dyax (now Shire)</td>
<td>I do not receive royalties</td>
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Evaluation and Treatment of Bradykinin-Mediated Disorders (20150362493)

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Dr. Chyung reports personal fees from Dyax Corp./Shire outside the submitted work. In addition, Dr. Chyung reports pending patents related to plasma kallikrein binding proteins and uses thereof in treating hereditary angioedema (WO/2015/112578), and the evaluation and treatment of bradykinin-mediated disorders (20150362493), both held by Dyax (now Shire).
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5. Relationships not covered above.

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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

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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)**  
   Marco

2. **Surname (Last Name)**  
   Cicardi

3. **Date**  
   04-August-2016

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   **Corresponding Author’s Name**  
   Aleena Banerji

5. **Manuscript Title**  
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. **Manuscript Identifying Number (if you know it)**  
   16-05767

### 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

**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.

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</table>

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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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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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. Cicardi reports grant support from Shire and personal fees from Shire/Dyax, CSL Behring, Alnylam, and SOBI outside the submitted work.

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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)
   Timothy

2. Surname (Last Name)
   Craig

3. Date
   24-August-2016

4. Are you the corresponding author?  
   ✔ Yes  ❌ No

   Corresponding Author’s Name
   Aleena Banerji

5. Manuscript Title
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. Manuscript Identifying Number (if you know it)
   16-05767

**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.

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</tr>
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**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

**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?

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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. Craig reports personal fees and non-financial and other support from Shire during the conduct of the study.

Evaluation and Feedback

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3. Relevant financial activities 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)  
   Mark

2. Surname (Last Name)  
   Davis-Lorton

3. Date  
   02-August-2016

4. Are you the corresponding author?  
   Yes ❌ No

   Corresponding Author’s Name  
   Aleena Banerji

5. Manuscript Title  
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

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

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<td></td>
<td>Funding investigator initiated clinical trial; Speaker’s bureau</td>
</tr>
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Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Davis-Lorton reports personal fees and other support from Shire during the conduct of the study.

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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) 
   Ryan

2. Surname (Last Name) 
   Faucette

3. Date 
   22-August-2016

4. Are you the corresponding author? 
   ✔ No

   Corresponding Author’s Name 
   Aleena Banerji

5. Manuscript Title 
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. Manuscript Identifying Number (if you know it) 
   16-05767

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   ✔ No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
   ✔ Yes

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.
### Relationships not covered above

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Mr. Faucette reports personal fees from Dyax Corp. outside the submitted work. In addition, Mr. Faucette reports pending patents related to the evaluation and treatment of bradykinin-mediated disorders (0150362493), plasma kallikrein binding proteins and uses thereof in the treatment of hereditary angioedema (WO/2015/112578), and assays for determining plasma kallikrein system biomarkers (WO/2015/061183), all held by Dyax (now Shire).
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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)  Ryan
2. Surname (Last Name)  Iarrobino
3. Date  20-September-2016

4. Are you the corresponding author?  Yes  ☑ No

5. Manuscript Title  Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. Manuscript Identifying Number (if you know it)  16-05767

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Are there any relevant conflicts of interest?  ☑ Yes  ☑ No

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<td></td>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ 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.
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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.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. Iarrobino reports personal fees from Dyax Corp. outside the submitted work. In addition, Mr. Iarrobino reports a pending patent related to plasma kallikriien binding proteins and uses thereof in treating hereditary angioedema (WO/2015/112578) held by Dyax (now Shire).

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)**
   - Joshua

2. **Surname (Last Name)**
   - Jacobs

3. **Date**
   - 16-August-2016

4. **Are you the corresponding author?**
   - Yes ✔

5. **Manuscript Title**
   - Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. **Manuscript Identifying Number (if you know it)**
   - 16-05767

## 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.

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Are there any relevant conflicts of interest?

- Yes ✔
- No

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<th>Name of Entity</th>
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**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

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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. Jacobs reports grant support from Dyax during the conduct of the study; grant support from CSL Behring and Biocryst, grant support and personal fees from Shire, and personal fees from Dyax outside the submitted work.

**Evaluation and Feedback**

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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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
**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jon  

2. Surname (Last Name)  
   Kenniston  

3. Date  
   08-August-2016  

4. Are you the corresponding author?  
   Yes  ✔  No  

   Corresponding Author's Name  
   Aleena Banerji  

5. Manuscript Title  
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis  

6. Manuscript Identifying Number (if you know it)  
   16-05767  

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**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 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.

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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   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.
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- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
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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. Kenniston reports personal fees from Dyax Corp (now Shire) outside the submitted work. In addition, Dr. Kenniston reports pending patents related to anti-plasma kallikrein antibodies (WO/2014/152232)(US 20160017055), plasma kallikrein binding proteins and uses thereof in treating hereditary angioedema (WO/2015/112578), evaluation and treatment of bradykinin-mediated disorders (WO/2014/113712), and assays for determining plasma kallikrein system biomarkers (WO/2015/061183), all held by Dyax (now Shire).
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Harvey
2. Surname (Last Name)  Kushner
3. Date  17-September-2016
4. Are you the corresponding author?  No
5. Manuscript Title  Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis
6. Manuscript Identifying Number (if you know it)  16-05767

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  No

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Are there any relevant conflicts of interest?  Yes

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Dr. Kushner reports personal fees from Dyax 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)  
   Huamin Henry

2. Surname (Last Name)  
   Li

3. Date  
   07-September-2016

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Aleena Banerji

5. Manuscript Title  
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

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

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<td>Investigator, travel/meal</td>
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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

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Dr. Li reports grant support, personal fees and non-financial support from Dyax, Shire/ViroPharma, CSL Behring, and Salix/Pharming, grant support and non-financial support from Biocryst 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)  Richard
2. Surname (Last Name)  Lockey
3. Date  22-August-2016
4. Are you the corresponding author?  Yes  ☑ No
   Corresponding Author’s Name  Aleena Banerji
5. Manuscript Title
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis
6. Manuscript Identifying Number (if you know it)
   16-05767

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 6. Disclosure Statement

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Dr. Lockey has nothing to disclose.

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**Royalties**: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. **Given Name (First Name)**
   - William

2. **Surname (Last Name)**
   - Lumry

3. **Date**
   - 27-July-2016

4. **Are you the corresponding author?**
   - Yes ✔

**Corresponding Author’s Name**
- Aleena Banerji

5. **Manuscript Title**
   - Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. **Manuscript Identifying Number (if you know it)**
   - 16-05767

### 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.

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**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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td></td>
<td>Travel/accommodations/meeting expenses unrelated to activities listed, for Medical Advisory Board Meeting</td>
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</tbody>
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### 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?

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Dr. Lumry reports grant support from Dyax during the conduct of the study; grant support and personal fees from Shire/Virophama, Biocryst, CSL Behring, personal fees from Salix/Valeant, and non-financial support from The Hereditary Angioedema Association (HAEA) 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)  
   Robert

2. Surname (Last Name)  
   Mensah

3. Date  
   20-September-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. Manuscript Identifying Number (if you know it)  
   16-05767

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   Marc

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   Riedl

3. Date  
   22-August-2016

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   Yes ✔  No
   Corresponding Author’s Name  
   Aleena Banerji

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</table>

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):

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 6. Disclosure Statement

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Dr. Riedl reports grant support from Dyax during the conduct of the study; grant support from Pharming, grant support and personal fees from Shire, Dyax, CSL Behring, BioCryst, and Ionis, personal fees from Salix, Global Blood Therapeutics, and Arrowhead, and other support from the US Hereditary Angioedema Association outside the submitted work.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent
**Section 1. Identifying Information**

1. Given Name (First Name)  
   Daniel  
   
2. Surname (Last Name)  
   Sexton  
   
3. Date  
   27-July-2016  
   
4. Are you the corresponding author?  
   ✔ Yes  
   No  
   
5. Manuscript Title  
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis  
   
6. Manuscript Identifying Number (if you know it)  
   16-05767  

**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.  

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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ 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.
### ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>☐</td>
<td>Dyax/now Shire</td>
<td>I do not receive royalties</td>
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#### 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):
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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. Sexton reports personal fees from Dyax Corp. outside the submitted work. In addition, Dr. Sexton reports a patent related to plasma kallikrein binding proteins (20160102150), pending patents related to the evaluation and treatment of bradykinin-mediated disorders (20150362493), plasma kallikrein binding proteins and uses thereof in treating hereditary angioedema (WO/2015/112578), and assays for determining plasma kallikrein system biomarkers (WO/2015/061183), all held by Dyax (now Shire).
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Mustafa
2. Surname (Last Name)  
Shennak
3. Date  
15-September-2016
4. Are you the corresponding author?  
[ ] Yes  [x] No
5. Manuscript Title
Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis
6. Manuscript Identifying Number (if you know it)
16-05767

Section 2. The Work Under Consideration for Publication

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[ ] Yes  [x] No

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[ ] Yes  [x] No

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Dr. Shennak 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) Carolyn
2. Surname (Last Name) Soo
3. Date 03-August-2016
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Aleena Banerji
5. Manuscript Title
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis
6. Manuscript Identifying Number (if you know it) 16-05767

Section 2. The Work Under Consideration for Publication

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<td>Employee</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Chris

2. Surname (Last Name)  
   Stevens

3. Date  
   28-July-2016

4. Are you the corresponding author?  
   Yes ☐  No ☑

5. Manuscript Title  
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

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

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Dr. Stevens reports personal fees from Dyax Corp., Shire, Intarcia, Arsanis Inc., Forum Pharmaceuticals, Relypsa, and Seres Therapeutics outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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<th>1. Given Name (First Name)</th>
<th>James Gordon</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Still</td>
</tr>
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<td>3. Date</td>
<td>28-July-2016</td>
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4. Are you the corresponding author? Yes

5. Manuscript Title
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. Manuscript Identifying Number (if you know it)
   16-05767

### 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

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.

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<td>✔</td>
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### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes

Yes No
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

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. Still reports personal fees from ICON Clinical Research and Dyax during the conduct of the study.

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)  Christopher
2. Surname (Last Name)  TenHoor
3. Date  20-September-2016
4. Are you the corresponding author?  Yes ☑  No

5. Manuscript Title
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

6. Manuscript Identifying Number (if you know it)
   16-05767

Section 2. The Work Under Consideration for Publication

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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.

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<td>Former employee</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ 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.
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Dr. TenHoor reports personal fees from Dyax outside the submitted work. In addition, Dr. TenHoor reports pending patents related to the evaluation and treatment of bradykinin-mediated disorders (20150362493), plasma kallikrein binding proteins and uses thereof in treating hereditary angioedema (WO/2015/112578), and assays for determining plasma kallikrein system biomarkers (WO/2015/061183), all held by Dyax (now Shire).
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   H James

2. Surname (Last Name)  
   Wedner

3. Date  
   02-August-2016

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author's Name  
   Aleena Banerji

5. Manuscript Title  
   Inhibiting Plasma Kallikrein for Hereditary Angioedema Prophylaxis

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