

#132

COMPLETE

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Page 2: Part 1

Q1

Title of activity

Safety of Selective BTKi in CSU

Q2

Date of activity

Friday October 17

Q3

Speaker

What is your role in the CPD activity? (Select all that apply)

Q4

Academic Practice

What's your practice type?

Q5

Please indicate:

I HAVE a relationship with a for-profit and/or a not-for-profit organization to disclose.If so, please indicate below (questions 5 to 10) the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Q6

Respondent skipped this question

Any direct financial payments including receipt of honoraria

Q7

Membership on advisory boards or speakers' bureaus

Name of FOR PROFIT and/or NOT-for-profit organization(s)
(separate with commas)

ALK, AstraZeneca, GSK, Novartis, Sanofi, Regeneron

Q8

Funded grants or clinical trials

Name of FOR PROFIT and/or NOT-for-profit organization(s)
(separate with commas)

AstraZeneca, Novartis, Regeneron

Description of relationship(s)

Grant to Institution

Q9

Respondent skipped this question

Patents on a drug, product or device

Q10

Respondent skipped this question

All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity

Page 3: Part 2: To be completed by presenters only

Q11

No

I intend to use trade names during my presentation. Note: Only generic names should be used whenever possible. If trade names are used, they should be accompanied by the generic name.

Q12

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication). Note: You must declare all off-label use to the audience during your presentation.

Yes (please provide a brief description or rationale):
New drug will be discussed that is not yet approved
(Remibrutinib)

Q13

N/A

If you answered "Yes" to the previous question, are the medications recommended manufactured by companies you have received funding from?

Q14

Yes

I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Page 4: Part 3 (Anonymous & Optional): Equity, Diversity and Inclusion (EDI)

Q15

Yes

I confirm that I've completed the EDI Survey linked above

Page 5: PART 4: Acknowledgement and signature (for all)

Q16

First Name:

Anne

Q17

Last Name:

Ellis

Q18

She/Her

Gender Pronouns - How would you like us to address you?

Q19

Please review and check the items below.

I confirm that the above information is accurate and complete.

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I understand that this information may be publicly available
