#148

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Saturday, September 27, 2025 6:53:44 PM
Last Modified:	Saturday, September 27, 2025 7:01:29 PM
Time Spent:	00:07:45
IP Address:	99.28.70.48

Page 2: Part 1

Q1

Title of activity

2025 CSACI Annual Scientific Meeting

Q2

Date of activity

10/12/25

Q3

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

Speaker

Q4

What's your practice type?

Academic Practice

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

Any direct financial payments including receipt of honoraria

Name of FOR PROFIT and/or NOT-for-profit organization(s) (separate with commas)	**Astria, Biocryst, Biomarin, Celldex, CSL Behring, Cycle Pharma, Grifols, Intellia, Ionis, Kalvista, Novartis, Pharming, Pharvaris, Sanofi-Regeneron, Takeda**
Description of relationship(s)	**Consultant**

Q7

Membership on advisory boards or speakers' bureaus

Name of FOR PROFIT and/or NOT-for-profit organization(s) (separate with commas)	**Biocryst, CSL Behring, Grifols, Pharming, Takeda**
Description of relationship(s)	**Non-promotional disease state presentations**

Q8

Funded grants or clinical trials

Name of FOR PROFIT and/or NOT-for-profit organization(s) (separate with commas)	**Astria, Biocryst, Biomarin, CSL Behring, Intellia, Ionis, Kalvista, Pharvaris, Takeda**
Description of relationship(s)	**Clinical trial investigator**

Q9 **Respondent skipped this question**

Patents on a drug, product or device

Q10

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

Name of FOR PROFIT and/or NOT-FOR PROFIT organization(s) (separate with commas)	**US Hereditary Angioedema Association Advisory Board, Immune Deficiency Foundation Physican Advisory Board**
Description of relationship(s)	**Uncompensated Board Member**

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 **No**

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.

Q13

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

N/A

Q14

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.

Yes

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

Q15

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

Yes

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

Q16

First Name:

Marc

Q17

Last Name:

Riedl

Q18

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

He/Him

Q19

Please review and check the items below.

I confirm that the above information is accurate and complete.

,

I understand that this information may be publicly available