

#254

COMPLETE

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Page 2: Part 1

Q1

Title of activity

Secondary Immune Suppression Caused by Novel bi-specific Biologics - Codeveloped with Takeda

Q2

Date of activity

October 18 2026

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

Any direct financial payments including receipt of honoraria

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

Clinical Immunology Society

Description of relationship(s)

CIS Foundation Scholarship Grant awarded for visiting mentorship

Q7 Respondent skipped this question

Membership on advisory boards or speakers' bureaus

Q8 Respondent skipped this question

Funded grants or clinical trials

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 Yes (please list - Only generic names should be used whenever possible. If trade names are used, they should be accompanied by the generic name) :
 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.
 Cuvitru, Hizentra, HyQvia (brand name only products..?)
 similarly other IVIG products

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 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:

Andrew

Q17

Last Name:

Wong-Pack

Q18

He/Him

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
