

ICMJE DISCLOSURE FORM

Date: 9/28/2023

Your Name: Luc Bracoud

Manuscript Title: Validation of 3- and 5-point severity scales to assess ARIA-E

Manuscript Number (if known): DADM-D-23-00143R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are 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 author's relationships/activities/interests should be defined broadly. 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.

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Date: 9/28/2023

Your Name: Gregory Klein

Manuscript Title: Validation of 3- and 5-point severity scales to assess ARIA-E

Manuscript Number (if known): DADM-D-23-00143R1

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

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

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Date: 9/28/2023

Your Name: Marco Lyons

Manuscript Title: Validation of 3- and 5-point severity scales to assess ARIA-E

Manuscript Number (if known): DADM-D-23-00143R1

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Date: 9/28/2023

Your Name: Marzia A. Scelsi

Manuscript Title: Validation of 3- and 5-point severity scales to assess ARIA-E

Manuscript Number (if known): DADM-D-23-00143R1

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Date: 9/28/2023

Your Name: Jakub Wojtowicz

Manuscript Title: Validation of 3- and 5-point severity scales to assess ARIA-E

Manuscript Number (if known): DADM-D-23-00143R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are 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 author's relationships/activities/interests should be defined broadly. 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.

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11	Stock or stock options	<input type="checkbox"/> None	
		F. Hoffmann-La Roche Ltd.	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 9/28/2023

Your Name: Szofia Bullain

Manuscript Title: Validation of 3- and 5-point severity scales to assess ARIA-E

Manuscript Number (if known): DADM-D-23-00143R1

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ICMJE DISCLOSURE FORM

Date: 9/28/2023

Your Name: Derk Purcell

Manuscript Title: Validation of 3- and 5-point severity scales to assess ARIA-E

Manuscript Number (if known): DADM-D-23-00143R1

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ICMJE DISCLOSURE FORM

Date: 9/28/2023

Your Name: Jochen B. Fiebach

Manuscript Title: Validation of 3- and 5-point severity scales to assess ARIA-E

Manuscript Number (if known): DADM-D-23-00143R1

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Date: 9/28/2023

Your Name: Jerome Barakos

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

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

ICMJE DISCLOSURE FORM

Date: 9/28/2023

Your Name: Joyce Suhy

Manuscript Title: Validation of 3- and 5-point severity scales to assess ARIA-E

Manuscript Number (if known): DADM-D-23-00143R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are 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 author's relationships/activities/interests should be defined broadly. 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.

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Time frame: Since the initial planning of the work											
1	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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">F. Hoffmann-La Roche Ltd.</td> <td>Funding of the study, medical writing, and article processing charges</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	F. Hoffmann-La Roche Ltd.	Funding of the study, medical writing, and article processing charges					Click the tab key to add additional rows.	
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