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- Research funding
- · Or other financial benefit

Check appropriate box and complete as applicable as an author:

_	e nothing to disclose. e financial, professional or personal interests or commitments to disclose, as described below.
Name:	Amber Luong, MD, PhD
Date:	June 12, 2017

Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

	Company/Entity	Nature of Conflict (i.e. consultant, research funding)
Financial	ENTvantage Diagnostics	Scientific advisory board member
	Aerin Medical	Consultant
	480 Biomedical	Consultant
	Medtronic	Consultant
	Intersect ENT	Research (funds submitted to department)

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□ I have nothing to disclose.

· Or other financial benefit

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Please describe the nature of the financial interest and/or relationships giving rise to any relevant conflict(s) that you (or your spouse, partner, dependent or someone with whom income is directly shared) have in the space provided. You do not need to disclose the amount or value of your financial interest(s). Attach additional sheets as required.

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Signature:

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Allergopharma	Consultancy/Honoraria, Speaker's bureau, Research funds/grants	
Allergy Therapeutics/Bencard GmbH	Advisory Board, Speaker's bureau, Research funds/grants	
Anergis S.A.	Consultancy/Honoraria, Research funds/grants	
Biotech Tools S.A.	Research funds/grants	
Circassia	Research funds/grants	
HAL Allergy B.V./HAL-Allergie GmbH	Consultancy/Honoraria, Advisory Board, Speaker's bureau, Research funds/grants	
Laboratorios LETI/LETI Pharma	Consultancy/Honoraria, Speaker's bureau, Research funds/grants	
Lofarma	Consultancy/Honoraria, Speaker's bureau	
Mobile Chamber Experts (MCX, a GA ² LEN Partner)	Advisory Board	
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Fields, Amaya

From:

CARMEN RONDON < carmenrs61@gmail.com>

Sent:

Friday, June 16, 2017 2:12 PM

To:

Fields, Amaya

Subject:

Re: REMINDER- ICAR Author Listing and Conflict of Interest Form Required!

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Dear Amaya

I send you my COI

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Best regards

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Luke Rudmik	
. 30th 2017	
	ncial, professional or personal interests or co Luke Rudmik

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Financial	BioInspire Inc	Scientific Advisory board member
	480 Biomedical Inc	Consultant

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Signature:	Luke Rudmik	
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Matthew Ryan, MD August 5, 2017 Disclosure of Conflicts of Interest Form for Authors of International Forum of Allergy & Rhinology -

International Consensus Statement on Allergy and Rhinology: Allergic Rhinitis supplement

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IX I have	e financial, professional or personal interests or commitments to disclose, as described below.
Name:_	JOAQUIN SASTRE
Date:	MAY, 23, 2017

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Financial	THERMOFISHER SCIENTIFIC	CONSULTANT
	SANOFI	CONSULTANT
	ALK	CONSULTANT
	LETI	CONSULTANT
	STALLERGENES	CONSULTANT

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• Or other financial benefit

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I have fin	-0	terests or commitments to disclose, as described below.
Name:	DARRY JSCHLOSSET	2
Date:	5/30/17	
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I have fi	nancial, professional or per	rsonal interests or commitments to disclose, as described below.
Name:	Pussell	-2017 MANE MI
Date:	6-19-	-2017
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Circassia Other Company not listed in drop down menu above (please specify):	☐ Employee ☐ Speaker ☐ Consultant ☐ Author ☐ Independent Contractor X Advisory Board Member ☐ Other (please specify):	☐ Salary ☐ Royalty ☐ Consulting fee ☐ Intellectual property rights X Honorarium ☐ Contracted Research ☐ Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) ☐ Other financial benefit (please specify):	Yes
Sanofi/Regeneral Other Company not listed in drop down menu above (please specify):	☐ Employee ☐ Speaker☐ Consultant ☐ Author☐ Independent Contractor X Advisory Board Member☐ Other (please specify):	□ Salary □ Royalty □ Consulting fee □ Intellectual property rights X Honorarium □ Contracted Research □ Ownership interest (e.g. stocks, stock options excluding diversified mutual funds) □ Other financial benefit (please specify):	Yes

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Date:	24/5/2017
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☐ I have fin	ancial, professional or personal in	terests or commitments to disclose, as described below.
Name:	Timothy L. Smi	<u>`</u>
Date:	5/23/17	
Please descr you (or your	ibe the nature of the financial inte spouse, partner, dependent or sor	rest and/or relationships giving rise to any relevant conflict(s) that meone with whom income is directly shared) have in the space ount or value of your financial interest(s). Attach additional sheets
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Pongsakorn Tantilipikorn

Name:/ Date:	May26, 2017	ngsakorn Tantilipikorn, MD PhD
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Check appropriate box and complete as applicable as an author:

Name:	Jody Tversky, MI	
Date:	June 12, 2017	
ou (or you	ir spouse, partner, dependent You do not need to disclose th	al interest and/or relationships giving rise to any relevant conflict(s) to or someone with whom income is directly shared) have in the space e amount or value of your financial interest(s). Attach additional sheet
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□ I have fir	nancial, professional or pers	sonal interests or commitments to disclose, as described below.
Name:	laria C. Veli	ng
Date:	5/23/11	
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Name:	DE YUN May 26;	WANG	interests or commitments to disclose, as described below.
Please dese	cribe the nature of the spause, partner, of the your do not need to	the financial int dependent or so	erest and/or relationships giving rise to any relevant conflict(s) that omeone with whom income is directly shared) have in the space rount or value of your financial interest(s). Attach additional sheets
Financial	Company/Entity		Nature of Conflict (i.e. consultant, research funding)

Company/Entity	Nature of Conflict (i.e. consultant, research funding)
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	Company/Entity

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Signature:	0 ,	

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☑ I have	e nothing to disclose.
□ I have	e financial, professional or personal interests or commitments to disclose, as described below.
Name:_	Marit Westman
	2017-05-24

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Financial		

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