

#### INTRODUCTION

This document includes your personal details and your declaration of interests to be made public in line with the provisions of the ENCePP Code of Conduct. All parts must be duly completed. Your declaration will not be accepted if any fields are left empty. You are responsible for the accuracy and completeness of the submitted information.

The form is designed to be filled in electronically and to be transmitted to the ENCePP Secretariat by email; in parallel, a copy of the form should be uploaded to the <u>EU PAS Register</u>.

#### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/ research centre is registered.

First Name:	Jonas
Last Name:	Reinold
Organisation / Research Centre :	Leibniz Institute for Prevention Research and Epidemiology - BIPS
Country:	Germany
Contact e-mail Address:	reinold@leibniz-bips.de
Study title in which context in	terests are declared (further referred to as `the study'):
	Intravenous Iron Postauthorisation Safety Study (PASS): Evaluation of the Risk of Severe Hypersensitivity Reactions
Study Reference Number: E	
Are you the (Primary) Lead	Investigator of the above study? No 🖆 Yes 🗌
Are you an investigator/res	earcher contributing to the above study No 🗌 Yes 🎦

In this section you must declare any interests in the pharmaceutical industry that you currently have or had within the past 3 years. If you have interests to declare please tick 'Yes' to the relevant questions. All questions in this part must be answered.

No 🔿

No

No 🔿

No 🔿

No 🔿

Yes 🔘

Yes 〇

Yes 🔿

Yes 🔘

Yes 🔘

No 🔘 Yes 🔘

No 🔿 Yes 🔾

#### 2.1 Employment

Employment in a pharmaceutical company during past 3 years of study application? Pharmaceutical company includes supply or service companies which contribute to research, development, production and maintenance of a medicinal product. Employment relates to salaries currently being directly paid to you by a pharmaceutical company.

#### 2.2 Financial Interest

Financial interests in the capital of a pharmaceutical company? Financial interests relate to current holding of shares of a pharmaceutical company with the exclusion of independently managed investment funds/pensions schemes that are not exclusively based on the pharmaceutical sector.

#### 2.3 Patent

Patent for a medicinal product?

Relates to a patent for a medicinal product currently owned by either you as individual or your organisation/ research centre, and you as individual are the beneficiary.

#### 2.4 Consultancy

Consultancy for a pharmaceutical company during the past 3 years of study application? Consultancy refers to provision of advice or services to a pharmaceutical company excluding the concerned study and including but not limited to reviewing activities, data monitoring, statistical analysis, end point committees, regardless of contractual arrangements or any form of remuneration such as consulting fees or honoraria. Note that conference/seminar attendance is not considered a consultancy but should be indicated if subject to fee or honorarium.

#### 2.5 Strategic Advisory Role

Strategic Advisory role on activities of a pharmaceutical company during the past 3 years of study application?

Participation with the right to vote on/influence the output in a (scientific) advisory board/steering committee with the role of providing advice/expressing opinions on the future strategy, direction or development activities of a pharmaceutical company either in terms of general or product-related strategy, regardless of contractual arrangements or any form of remuneration.

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Grant/funding from a pharmaceutical company other than funds contemplated in the concerned study contract?

Refers to a grant or funding from a pharmaceutical company which is currently being received by your research group, irrespective of whether you are employed or a volunteer, and you receive no personal gain.

Please specify the pharmaceutical company:

Comments	Add
mandatory PASS, requested by regulatory authorities	Х
mandatory PASS, requested by regulatory authorities	Х
mandatory PASS, requested by regulatory authorities	Х
	mandatory PASS, requested by regulatory authorities

#### SECTION 3: ANY OTHER INTERESTS

In this section you should declare any other interests to be made known to the public.

Any other relationships/conditions/circumstances that present a potential conflict of interest, including matters relating to members of your family?

Further to the interests declared above, I do hereby declare on my honour that I do not have any further interests or facts that should be made public in relation to the conduct of the study.

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 $\square$  I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the <u>EU PAS Register</u>.

FULL NAME:	Jonas Reinold	Date: 22/08/2017	
		Submit Form by Email	
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#### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/ research centre is registered.

First Name:	Tania
Last Name:	Schink
Organisation / Research Centre :	Leibniz Institute for Prevention Research and Epidemiology - BIPS
Country:	Germany
Contact e-mail Address:	schink@leibniz-bips.de
Study title in which context int	erests are declared (further referred to as `the study'):
	Intravenous Iron Postauthorisation Safety Study (PASS): Evaluation of the Risk of Severe Hypersensitivity Reactions
Study Reference Number: E	UPAS 2 0 7 2 0
Are you the (Primary) Lead	nvestigator of the above study? No 🖄 Yes 🗌
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No 🔿

No

No 🔿

No 🔿

No 🔿

Yes 🔘

Yes 〇

Yes 🔿

Yes 🔘

Yes 🔘

No 🔘 Yes 🔘

No 🔿 Yes 🔾

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FULL NAME:	Tania Schink	Date: 22/08/2017	
		Submit Form by Email	
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First Name:	Eyyub Ebu-Bekir	
Last Name:	Öztürk	
Organisation / Research Centre :	Leibniz Institute for Prevention Researc BIPS	h and Epidemiology -
Country:	Germany	
Contact e-mail Address:	oeztuerk@leibniz-bips.de	
	Intravenous Iron Postauthorisation Safe Severe Hypersensitivity Reactions	ety Study (PASS): Evaluation of the Risk of
Study Reference Number:	EUPAS 2 0 7 2 0	
Are you the (Primary) Lead	Investigator of the above study?	No 🖌 Yes 🗌
Are you an investigator/res	earcher contributing to the above study	No 🗌 Yes 🖌

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#### **2.1 Employment**

No 🕢 Yes 🔾

Yes 🔘

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 $\bigcirc$ 

#### 2.3 Patent

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#### 2.4 Consultancy

١o	$\checkmark$	Yes	$\bigcirc$
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Yes 🔘

No 🕢 Yes 🔿

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No

 $(\mathbf{\Lambda})$ 

No 🔿 Yes 🕢

No 🕢 Yes 🔿

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company	Comments	
Bayer Pharma AG	mandatory PASS, requested by regulatory authorities	
Takeda Pharma A/S	mandatory PASS, requested by regulatory authorities	
H. Lundbeck A/S	mandatory PASS, requested by regulatory authorities	

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FULL NAME:	Eyyub Ebu-Bekir Öztürk	Date:	22/08/2017

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First Name:	nicholas
Last Name:	moore
Organisation / Research Centre :	Bordeaux PharmacoEpi
Country:	France
Contact e-mail Address:	nicholas.moore@u-bordeaux.fr
	IV Iron post-authorisation safety study: evaluation of risk of severe hypersensitivity reactions
Study Reference Number: E	UPAS 2 0 7 2 0
Are you the (Primary) Lead	Investigator of the above study? No 📝 Yes 🗌
Are you an investigator/rese	earcher contributing to the above study No $\square$ Yes $\checkmark$

#### 2.5 Strategic Advisory Role

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company	Comments	
Many pharma companies	PASS and PAES studies (see Encepp register. Financial aspects are managed by the university of Bordeaux and Adera	

#### **SECTION 3: ANY OTHER INTERESTS**

No 🕢 Yes 🔿

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I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the EU PAS Register.

				ř –
FULL NAME:	nicholas moore	Date:	29/09/2017	

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No 🕢 Yes 🔿

No () Yes ()



ENTRODUCTION 2

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First Name:	Patrick
Last Name:	Blin
Organisation / Research Centre :	Bordeaux PharmacoEpi, Bordeaux CIC1401
Country:	France
Contact e-mail Address:	patrick.blin@u-bordeaux.fr
	IV Iron Postauthorisation Safety Study: Evaluation of Risk of Severe Hypersensitivity Reactions
Study Reference Number: E	UPAS 2 0 7 2 0
Are you the (Primary) Lead	Investigator of the above study? No $\checkmark$ Yes
Are you an investigator/rese	archer contributing to the above study No $\square$ Yes $\checkmark$

In this section you must declare any interests in the pharmaceutical industry that you currently have or had within the past 3 years. If you have interests to declare please tick 'Yes' to the relevant questions. All questions in this part must be answered.

No 🕢 Yes 🔿

Yes ()

Yes (

No () Yes (?)

No 🕢

#### 2.1 Employment

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#### **2.2 Financial Interest**

#### Financial interests in the capital of a pharmaceutical company?

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No 🔗

#### 2.3 Patent

#### Patent for a medicinal product?

Relates to a patent for a medicinal product currently owned by either you as individual or your organisation/ research centre, and you as individual are the beneficiary.

#### 2.4 Consultancy

#### Consultancy for a pharmaceutical company during the past 3 years of study application?

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Note that conference/seminar attendance is not considered a consultancy but should be indicated if subject to fee or honorarium.

Please specify the pharmaceutical company, types of consultancy and dates when fees/honoraria paid:

Period:	C Current 🧭	Past				
From Month:	06 From Year: 20	015	To Month:	09	To Year:	2015
Name of Pharmaceutical Company:		BMS				
Type of consultancy:		Scientific board for pharmacoepidemiologic studies				

Please specify the pharmaceutical company, types of consultancy and dates when fees/honoraria paid:

From Month: 03 From Year: 2015 To Month: 06 To Year: 2016	
Name of Pharmaceutical Company: UPSA	
Type of consultancy: Consultancy for study methodology	

Please specify the pharmaceutical company	y, types of consultancy and dates when fees/honoraria paid:
Period: $Q^{*}$ Current $\bigcirc$	Past
From Month: 09 From Year: 20	)14
Name of Pharmaceutical Company:	ASPEN
Type of consultancy:	Consultancy for study methodology and analysis

Diasce specify the pharmaceutical compa	ny, types of consultancy and dates when fees/honoraria	n nateli	
riedae apeeny the pharmaceutical compa	riy, types of consultancy and dates when rees/honorana	α μαια.	

Period: Current C	Past
From Month: 09 From Year: 2	014
Name of Pharmaceutical Company:	GSK
Type of consultancy:	Consultancy for study methodology and analysis

Please specify the pharmaceutical company, types of consultancy and dates when fees/honoraria paid:

Period:	C Current C	Past
From Month:	09 From Year: 20	014
Name of Pharn	naceutical Company:	Lundbeck
Type of consu	ultancy:	Consultancy for study methodology and analysis

2.5 Strategic Advisory Role

No 🕢 Yes 🔿

No 🔿 Yes 🕢

# Strategic Advisory role on activities of a pharmaceutical company during the past 3 years of study application?

Participation with the right to vote on/influence the output in a (scientific) advisory board/steering committee with the role of providing advice/expressing opinions on the future strategy, direction or development activities of a pharmaceutical company either in terms of general or product-related strategy, regardless of contractual arrangements or any form of remuneration.

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company	Comments
Aptalis	Drug utilisation study, safety and pharmacokinetic study of Pylera $\ensuremath{\mathbb{R}}$ in real-life
Astrazeneca	Benefit-risk of antiplatelet agents during secondary prevention of Acute coronary syndrome in France
Astrazeneca	Health outcomes, resource use, costs in patients with stable coronary artery disease in France
Bayer	Benefit-risk of arterial thrombotic prevention with rivaroxaban for atrial fibrillation in France
Biogen France	Effectiveness of Tecfidera® in multiple sclerosis in France
BMS	Benefit-risk of antithrombotic treatments after orthopedic surgery in France
Boehringer	Benefit-risk of anticoagulants in nonvalvular atrial fibrillation in France
Janssen Cilag	Therapeutic strategy in metastatic castration-resistant prostate cancer in France
Janssen France	Assessment of the treatment-resistant depression in France
Lundbeck	Assessment of Selincro® in real-life
Merck Serono	Assessment of targeted therapies in patients with colorectal cancer treated with Erbitux® in first line treatment
Novartis	Post inscription studies of ranibizumab for visual impairment due to diabetic macular edema and retinal vein occlusion
Novartis	Assessment of the inhalation systems handling in patients with COPD in real-life
Novartis Pharma AG	A Phase IIIb, multicentre, open-label study of nilotinib in adult patients with newly diagnosed Philadelphia chromosome positive and/or BCR-ABL positive CML in chronic phase
Pierre Fabre	Observational cohort study of myocardial infarction with long-term follow-up in France
Sanofi-Aventis	Assessment of cabazitaxel in real-life
Stallergenes	Assessment of Oralair® in real-life

#### SECTION 3: ANY OTHER INTERESTS

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FULL NAME:

Patrick Blin

Date: 03/08/2017

No 🕢 Yes 🔿

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Version-number 1.5



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First Name:	Régis	
Last Name:	Lassalle	
Organisation / Research Centre :	Bordeaux PharmacoEpi platform - CIC E	Bordeaux CIC1401
Country:	France	
Contact e-mail Address:	regis.lassalle@u-bordeaux.fr	
	IV Iron Postauthorisation Safety Study: Hypersensitivity Reactions	Evaluation of Risk of Severe
Study Reference Number:	EUPAS 2 0 7 2 0	
Are you the (Primary) Lea	d Investigator of the above study?	No 🖌 Yes 🗌
Are you an investigator/re	searcher contributing to the above study	No 🔲 Yes 🗸

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No () Yes ()

No 🕢 Yes 🔿

No (2) Yes ()

No 🕢 Yes 🔿



No 🕢 Yes 🔿

No 🕢 Yes 🔿

Name of Pharmaceutical Company	Comments		
Aptalis	Drug utilisation study, safety and pharmacokinetic study of Pylera® in real-life		
Astrazeneca	Benefit-risk of antiplatelet agents during secondary prevention of Acute coronary syndrome in France		
Astrazeneca	Health outcomes, resource use, costs in patients with stable coronary artery disease in France		
Bayer	Benefit-risk of arterial thrombotic prevention with rivaroxaban for atrial fibrillation in France		
Biogen France	Effectiveness of Tecfidera® in multiple sclerosis in France		
BMS	Benefit-risk of antithrombotic treatments after orthopedic surgery in France		
Boehringer	Benefit-risk of anticoagulants in nonvalvular atrial fibrillation in France		
Janssen	Therapeutic strategy in metastatic castration-resistant prostate cancer in France		
Janssen	Assessment of the treatment-resistant depression in France		
Lundbeck	Assessment of Selincro® in real-life		
Merck Serono	Assessment of targeted therapies in patients with colorectal cancer treated with Erbitux® in first line treatment		
Novartis	Post inscription studies of ranibizumab for visual impairment due to diabetic macular edema and retinal vein occlusion		
Novartis	Assessment of the inhalation systems handling in patients with COPD in real-life		
Novartis	A Phase IIIb, multicentre, open-label study of nilotinib in adult patients with newly diagnosed Philadelphia chromosome positive and/or BCR-ABL positive CML in chronic phase		
Pierre Fabre	Observational cohort study of myocardial infarction with long-term follow-up in France		
Sanofi-Aventis	Assessment of cabazitaxel in real-life		
Stallergenes	Assessment of Oralair® in real-life		

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FULL NAME:	Régis Lassalle		] Date:	03/08/2017
		Submi	it Form by E	Email

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First Name:	Helle
Last Name:	Kieler
Organisation / Research Centre :	Karolinska Institutet/Centre for Pharmacoepidemiology
Country:	Sweden
Contact e-mail Address:	helle.kieler@ki.se
	Intravenous Iron Postauthorisation Safety Study (PASS): Evaluation of the Risk of Severe Hypersensitivity Reactions
Study Reference Number:	EUPAS 2 0 7 2 0
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No

#### 2.3 Patent

#### Patent for a medicinal product?

Relates to a patent for a medicinal product currently owned by either you as individual or your organisation/ research centre, and you as individual are the beneficiary.

#### 2.4 Consultancy

١o	$\checkmark$	Yes	$\bigcirc$
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#### Consultancy for a pharmaceutical company during the past 3 years of study application?

Consultancy refers to provision of advice or services to a pharmaceutical company excluding the concerned study and including but not limited to reviewing activities, data monitoring, statistical analysis, end point committees, regardless of contractual arrangements or any form of remuneration such as consulting fees or honoraria. Note that conference/seminar attendance is not considered a consultancy but should be indicated if subject to fee or honorarium.

No

 $(\mathbf{\Lambda})$ 

#### 2.5 Strategic Advisory Role

#### Strategic Advisory role on activities of a pharmaceutical company during the past 3 years of study application?

Participation with the right to vote on/influence the output in a (scientific) advisory board/steering committee with the role of providing advice/expressing opinions on the future strategy, direction or development activities of a pharmaceutical company either in terms of general or product-related strategy, regardless of contractual arrangements or any form of remuneration.

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company	Comments	
Pfizer	Post-Authorization Safety Study	
AstraZeneca	Post-Authorization Safety Study	
Leo	Post-Authorization Safety Study	
Janssen	Post-Authorization Safety Study	
Bayer	Drug Utilization Study	
MSD	Post-Authorization Safety Study	
Novartis	Post-Authorization Safety Study	
Astellas	Post-Authorization Safety Study	



Yes ()

No 🕢 Yes 🔿

Yes ()

No 🕢 Yes 🔿

 $\mathbf{\Gamma}$ 

#### **SECTION 3: ANY OTHER INTERESTS**

No 🕢 Yes 🔿

#### In this section you should declare any other interests to be made known to the public.

Any other relationships/conditions/circumstances that present a potential conflict of interest, including matters relating to members of your family?

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 $\checkmark$  I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the <u>EU PAS Register</u>.

FULL NAME:	Helle Kieler	Date:	15/08/2017
------------	--------------	-------	------------

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### INTRODUCTION

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First Name:	Ingvild
Last Name:	Odsbu
Organisation / Research Centre :	Karolinska Institutet/Centre for Pharmacoepidemiology
Country:	Sweden
Contact e-mail Address:	ingvild.odsbu@ki.se
	Intravenous Iron Postauthorisation Safety Study (PASS): Evaluation of the Risk of Severe Hypersensitivity Reactions
Study Reference Number:	EUPAS 2 0 7 2 0
Are you the (Primary) Lead	Investigator of the above study? No 🖌 Yes
Are you an investigator/res	earcher contributing to the above study No 🗌 Yes 🖌

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١o	$\checkmark$	Yes	$\bigcirc$
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Janssen	Post-Authorization Safety Study	
Bayer	Drug Utilization Study	
MSD	Post-Authorization Safety Study	
Novartis	Post-Authorization Safety Study	
Astellas	Post-Authorization Safety Study	



Yes ()

No 🕢 Yes 🔿

Yes ()

No 🕢 Yes 🔿

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FULL NAME:	Ingvild Odsbu	Date:	15/08/2017
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First Name:	Marie
Last Name:	Linder
Organisation / Research Centre :	Karolinska Institutet/Centre for Pharmacoepidemiology
Country:	Sweden
Contact e-mail Address:	marie.linder@ki.se
	Intravenous Iron Postauthorisation Safety Study (PASS): Evaluation of the Risk of Severe Hypersensitivity Reactions
Study Reference Number:	EUPAS 2 0 7 2 0
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١o	$\checkmark$	Yes	$\bigcirc$
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No

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Janssen	Post-Authorization Safety Study	
Bayer	Drug Utilization Study	
MSD	Post-Authorization Safety Study	
Novartis	Post-Authorization Safety Study	
Astellas	Post-Authorization Safety Study	



Yes ()

No 🕢 Yes 🔿

Yes ()

No 🕢 Yes 🔿

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FULL NAME:	Marie Linder	Date:	15/08/2017
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First Name:	Zoltan
Last Name:	Thinsz
Organisation / Research Centre :	Karolinska Institutet/Centre for Pharmacoepidemiology
Country:	Sweden
Contact e-mail Address:	zoltan.thinsz@ki.se
	Intravenous Iron Postauthorisation Safety Study (PASS): Evaluation of the Risk of Severe Hypersensitivity Reactions
Study Reference Number: E	UPAS 2 0 7 2 0
Are you the (Primary) Lead	Investigator of the above study? No 🖌 Yes
Are you an investigator/rese	earcher contributing to the above study No $\square$ Yes $\checkmark$

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١o	$\checkmark$	Yes	$\bigcirc$
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AstraZeneca	Post-Authorization Safety Study	
Leo	Post-Authorization Safety Study	
Janssen	Post-Authorization Safety Study	
Bayer	Drug Utilization Study	
MSD	Post-Authorization Safety Study	
Novartis	Post-Authorization Safety Study	
Astellas	Post-Authorization Safety Study	



Yes ()

No 🕢 Yes 🔿

Yes ()

No 🕢 Yes 🔿

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#### **SECTION 3: ANY OTHER INTERESTS**

No 🕢 Yes 🔿

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FULL NAME: Zoltar	n Thinsz	Date:	15/08/2017
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<u>.</u>....

. .

First Name:	Irene							
Last Name:	Bezemer							
Organisation / Research Centre :	PHARMO Institute for Drug Outcomes R	esearc	h					
Country:	Netherlands					_		
Contact e-mail Address:	irene.bezemer@pharmo.nl							
	Intravenous Iron Postauthorisation Safe Severe Hypersensitivity Reactions	ety Sti	ıdy (I	PASS):	Evalua	ation of t	he Risk	of
Study Reference Number:	EUPAS 2 0 7 2 0							
Are you the (Primary) Lead	Investigator of the above study?	No	$\checkmark$	Yes				
Are you an investigator/res	earcher contributing to the above study	No		Yes	$\checkmark$			

In this section you must declare any interests in the pharmaceutical industry that you currently have or had within the past 3 years. If you have interests to declare please tick 'Yes' to the relevant questions. All questions in this part must be answered.

#### 2.1 Employment

No 🔿 Yes ⊘

#### Employment in a pharmaceutical company during past 3 years of study application?

Pharmaceutical company includes supply or service companies which contribute to research, development, production and maintenance of a medicinal product. Employment relates to salaries currently being directly paid to you by a pharmaceutical company.

Please specify the pharmaceutical company and dates when employed:

Period:	🖓 Current 🛛 🤇	Past
From Month:	01 From Year: 2	010
Name of Pharr	maceutical Company:	PHARMO Institute for Drug Outcomes Research

### 2.2 Financial Interest

### Financial interests in the capital of a pharmaceutical company?

Financial interests relate to current holding of shares of a pharmaceutical company with the exclusion of independently managed investment funds/pensions schemes that are not exclusively based on the pharmaceutical sector.

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#### Patent for a medicinal product?

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# Strategic Advisory role on activities of a pharmaceutical company during the past 3 years of study application?

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#### 2.6 Grant / Funding

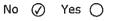
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No 🕢 Yes 🔿

No () Yes ()

No 🕢 Yes 🔿

No 🕢 Yes 🔿

No 🕢 Yes 🔿

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FULL NAME:	Irene Bezemer	Date:	08/08/2017	
	L	1		

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First Name:	Jetty					
Last Name:	Overbeek					
Organisation / Research Centre :	PHARMO Institute for Drug Outcomes R	esearch				
Country:	Netherlands					
Contact e-mail Address:	jetty.overbeek@pharmo.nl					
	Intravenous Iron Postauthorisation Safe Severe Hypersensitivity Reactions	ty Study	(PASS)	Evaluati	on of the R	isk of
Study Reference Number:	EUPAS 2 0 7 2 0					
Are you the (Primary) Leac	Investigator of the above study?	No 🗸	Yes			
Are you an investigator/res	earcher contributing to the above study	No 🗌	Yes	$\checkmark$		

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#### 2.1 Employment

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No 🕢 Yes 🔿

No 🕢 Yes 🔿

No (2) Yes ()

No 🕢 Yes 🔿

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From Month:	10 From Yea	ar: 2008	
Name of Pharr	naceutical Compa	any: PHARMO Institute for Drug Outcomes Research	

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No 🕢 Yes 🔿

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FULL NAME:	Jetty Overbeek		Date:	21/07/2017
		Submi	t Form by E	mail



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First Name:	Lisa
Last Name:	Smits
Organisation / Research Centre :	PHARMO Institute for Drug Outcomes Research
Country:	Netherlands
Contact e-mail Address:	lisa.smits@pharmo.nl
	Intravenous Iron Postauthorisation Safety Study (PASS): Evaluation of the Risk of Severe Hypersensitivity Reactions
Study Reference Number: I	EUPAS 2 0 7 2 0
Are you the (Primary) Lead	Investigator of the above study? No 📝 Yes
Are you an investigator/res	earcher contributing to the above study No 🔲 Yes 🔽

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No	0	Yes	$\oslash$
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No (2) Yes ()

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Name of Pharm	naceuti	cal Company:	PHARMO Intitute for Drug Outcomes Research

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No () Yes ()

No 🕢 Yes 🔿

No () Yes ()

۱e	past	З	year

No (2) Yes ()

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FULL NAME:	Lisa Smits		Date:	25/07/2017
			-	
		Submi	t Form by E	mail



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First Name:	Gero	
Last Name:	von Gersdorff	
Organisation / Research Centre :	University Hospital of Cologne Department of Medicine II - QiN-group Gleueler Strasse 176-178 50935 Cologne - Köln Germany	
Country:	Germany	
Contact e-mail Address:	gero.von-gersdorff@uk-koeln.de	]
	Intravenous Iron Postauthorisation Safe Severe Hypersensitivity Reactions	ty Study (PASS): Evaluation of the Risk of
Study Reference Number:	EUPAS 2 0 7 2 0	
Are you the (Primary) Leac	Investigator of the above study?	No 🖌 Yes 🗌
Are you an investigator/res	earcher contributing to the above study	No 🗌 Yes 🖌

In this section you must declare any interests in the pharmaceutical industry that you currently have or had within the past 3 years. If you have interests to declare please tick 'Yes' to the relevant questions. All questions in this part must be answered.

#### 2.1 Employment

No 🕢 Yes 🔿

#### Employment in a pharmaceutical company during past 3 years of study application?

Pharmaceutical company includes supply or service companies which contribute to research, development, production and maintenance of a medicinal product. Employment relates to salaries currently being directly paid to you by a pharmaceutical company.

#### **2.2 Financial Interest**

#### Financial interests in the capital of a pharmaceutical company?

Financial interests relate to current holding of shares of a pharmaceutical company with the exclusion of independently managed investment funds/pensions schemes that are not exclusively based on the pharmaceutical sector.

#### 2.3 Patent

#### Patent for a medicinal product?

Relates to a patent for a medicinal product currently owned by either you as individual or your organisation/ research centre, and you as individual are the beneficiary.

#### 2.4 Consultancy

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Participation with the right to vote on/influence the output in a (scientific) advisory board/steering committee with the role of providing advice/expressing opinions on the future strategy, direction or development activities of a pharmaceutical company either in terms of general or product-related strategy, regardless of contractual arrangements or any form of remuneration.

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Any other relationships/conditions/circumstances that present a potential conflict of interest, including matters relating to members of your family?

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✓ I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the EU PAS Register.

FULL NAME:	Gero von Gersdorff	Date:	09/10/2017
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No 🕢 Yes 🔿

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No Yes 🔘  $\bigcirc$ 

No 🕢 Yes 🔿

No 🕢 Yes 🔿



# INTRODUCTION

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First Name:	Katherine	
Last Name:	Rascher	
Organisation / Research Centre :	University Hospital of Cologne Department of Medicine II - QiN-group Gleueler Strasse 176-178 50935 Cologne - Köln Germany	
Country:	Germany	
Contact e-mail Address:	katherine.rascher@uk-koeln.de	]
	Intravenous Iron Postauthorisation Safe Severe Hypersensitivity Reactions	ty Study (PASS): Evaluation of the Risk of
Study Reference Number:	EUPAS 2 0 7 2 0	
Are you the (Primary) Lead	Investigator of the above study?	No 🖌 Yes 🗌
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#### 2.1 Employment

No 🕢 Yes 🔿

Yes 🔘

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No

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No 🕢 Yes 🔿

No 🕢 Yes 🔿

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FULL NAME: Katherine Rascher Date: 0	09/10/2017
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Yes 🔘



No 🕢 Yes 🔿



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First Name:	Mathias	
Last Name:	Schaller	
Organisation / Research Centre :	QiN Programm / Medizinische Klinik II de	er Universität zu Köln
Country:	Germany	
Contact e-mail Address:	mathias.schaller@uk-koeln.de	
	Intravenous Iron Postauthorisation Safe Severe Hypersensitivity Reactions	ty Study (PASS): Evaluation of the Risk of
Study Reference Number: I	EUPAS 2 0 7 2 0	
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FULL NAME:	Mathias	Celea lev	Date:	24.07.2017



No 🕢 Yes 🔿

No () Yes ()

No 🕢 Yes ()

No 🕢 Yes 🔿



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First Name:	VERA
Last Name:	EHRENSTEIN
Organisation / Research Centre :	DEPARTMENT OF CLINICAL EPIDEMIOLOGY AARHUS UNIVERSITY HOSPITAL AARHUS
Country:	Denmark
Contact e-mail Address:	ve@clin.au.dk
	Intravenous Iron Postauthorisation Safety Study (PASS): Evaluation of the Risk of Severe Hypersensitivity Reactions
Study Reference Number: E	UPAS 2 0 7 2 0
Are you the (Primary) Lead	Investigator of the above study? No 🗸 Yes
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No

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company	Comments	
	Institutional research grants administered by Aarhus University. I am a salaried employee of Aarhus University.	

No

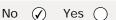
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No 🕢 Yes ()



Yes 🔘

Yes 🔘

Yes 🕢

Yes O

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 $\checkmark$  I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the <u>EU PAS Register</u>.

FULL NAME: VERA EHRENSTEIN Date: 30/11/2017