

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jean 2. Surname (Last Name) Bousquet 3. Date 28-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)
JTD-GARD-21-001

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Chiesi, Cipla, Hikma, Menarini, Mundipharma, Mylan, Novartis, Sanofi-Aventis, Takeda, Teva, Uriach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member of advisory boards Consultations Honoraria for meeting lectures
KYomed-Innov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shares
Purina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Bousquet reports personal fees from Chiesi, Cipla, Hikma, Menarini, Mundipharma, Mylan, Novartis, Sanofi-Aventis, Takeda, Teva, Uriach, other from KYomed-Innov, personal fees from Purina, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Anna

2. Surname (Last Name)

Bedbrook

3. Date

07-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
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Dr. Bedbrook has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Wienia	2. Surname (Last Name) Czarlewski	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
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Dr. Czarlewski has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Giuseppe	2. Surname (Last Name) De Carlo	3. Date 28-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
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Dr. De Carlo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Joao	2. Surname (Last Name) Fonseca	3. Date 08-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
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being a partner in a company developing mobile technologies for monitoring airways diseases

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Dr. Fonseca reports being a partner in a company developing mobile technologies for monitoring airways diseases.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Miguel Ángel	2. Surname (Last Name) González Ballester	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
6. Manuscript Identifying Number (if you know it) JTD-GARD-21-001		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. González Ballester has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maddalena	2. Surname (Last Name) Illario	3. Date 09-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
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Dr. Illario has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Seppo	2. Surname (Last Name) Koskinen	3. Date 28-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Tiina

2. Surname (Last Name)

Laatikainen

3. Date

28-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)

JTD-GARD-21-001

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Dr. Laatikainen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gabrielle	2. Surname (Last Name) Onorato	3. Date 07-February-1966
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Susanna	2. Surname (Last Name) Palkonen	3. Date 28-September-2020
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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Palkonen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vincenzo	2. Surname (Last Name) Patella	3. Date 07-February-1966
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
6. Manuscript Identifying Number (if you know it) JTD-GARD-21-001		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Patella has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nhan

2. Surname (Last Name)
PHAM-THI

3. Date
07 09 2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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none

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

FRANCESCA

2. Surname (Last Name)

PUGGIONI

3. Date

08-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)

JTD-GARD-21-001

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Dr. PUGGIONI has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Maria Teresa

2. Surname (Last Name)

Ventura

3. Date

09-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)

JTD-GARD-21-001

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Dr. Ventura has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Guy	2. Surname (Last Name) Joos	3. Date 11-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Piotr 2. Surname (Last Name) Kuna 3. Date 28-September-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Bousquet

5. Manuscript Title
 Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
 ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)
JTD-GARD-21-001

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Adamed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture
Berlin Chemie Menarini	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture
Chiesi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture
Hal Allergy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture
Lekam	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture
Polpharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Astra	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Kuna reports personal fees from Adamed, personal fees from Berlin Chemie Menarini, personal fees from Boehringer Ingelheim, personal fees from Chiesi, personal fees from Hal Allergy, personal fees from Lekam, personal fees from Novartis, personal fees from Polpharma, personal fees from Astra, outside the submitted work; .

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Renaud

2. Surname (Last Name)
LOUIS

3. Date

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Bousquet

5. Manuscript Title
Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)
JTD-GARD-21-001

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
GSK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AZ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chiesi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. LOUIS reports grants and personal fees from GSK, grants and personal fees from AZ, grants and personal fees from Novartis, grants from Chiesi, personal fees from Sanofi, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Makris	3. Date 28-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
6. Manuscript Identifying Number (if you know it) JTD-GARD-21-001		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Makris has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Petra

2. Surname (Last Name)

Zalud

3. Date

28-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)

JTD-GARD-21-001

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Are there any relevant conflicts of interest?

Yes

No

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

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Yes

No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Zalud has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Torsten

2. Surname (Last Name) _____ Zuberbier

3. Date _____ 15-September-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name _____ Jean Bousquet

5. Manuscript Title _____ Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it) _____ JTD-GARD-21-001

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Board membership
Bayer Health Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Consultancy
FAES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Consultancy
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Consultancy
Henkel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Consultancy
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Employment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Expert testimony
Novartis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Grants/grants pending

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Henkel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Grants/grants pending
AstraZeneca Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
AbbVie Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
ALK Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Almirall Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Astellas Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Bayer Health Care Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Bencard Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Berlin Chemie Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
FAES Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
HAL Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Leti Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Meda Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Menarini Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Merck Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
MSD Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Novartis Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Pfizer Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Sanofi Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Stallergenes Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Takeda Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus

ICMJE Form for Disclosure of Potential Conflicts of Interest

Teva Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
UCB Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Henkel Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
Kryolan Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
L'Oréal Fee for talk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Payment for lectures including service on speakers bureaus
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Payment for manuscript preparation
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Patents (planned, pending or issued)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Royalties
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Payment for development of educational presentations
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Stock/stock options
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Travel/accommodations/ meeting expenses unrelated to activities listed**
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Other (err on the side of full disclosure)

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 6. Disclosure Statement

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Dr. Zuberbier reports personal fees from Bayer Health Care, personal fees from FAES, personal fees from Novartis, personal fees from Henkel, from null, from null, from Novartis, from Henkel, personal fees from AstraZeneca Fee for talk, personal fees from AbbVie Fee for talk, personal fees from ALK Fee for talk, personal fees from Almirall Fee for talk, personal fees from Astellas Fee for talk, personal fees from Bayer Health Care Fee for talk, personal fees from Bencard Fee for talk, personal fees from Berlin Chemie Fee for talk, personal fees from FAES Fee for talk, personal fees from HAL Fee for talk, personal fees from Leti Fee for talk, personal fees from Meda Fee for talk, personal fees from Menarini Fee for talk, personal fees from Merck Fee for talk, personal fees from MSD Fee for talk, personal fees from Novartis Fee for talk, personal fees from Pfizer Fee for talk, personal fees from Sanofi Fee for talk, personal fees from Stallergenes Fee for talk, personal fees from Takeda Fee for talk, personal fees from Teva Fee for talk, personal fees from UCB Fee for talk, personal fees from Henkel Fee for talk, personal fees from Kryolan Fee for talk, personal fees from L'Oréal Fee for talk outside the submitted work; .

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Claus	2. Surname (Last Name) Bachert	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
6. Manuscript Identifying Number (if you know it) JTD-GARD-21-001		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Bachert has nothing to disclose.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Luisa	2. Surname (Last Name) Brussino	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
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Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Brussino has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pedro	2. Surname (Last Name) Carreiro-Martins	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
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Dr. Carreiro-Martins has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Carme

2. Surname (Last Name)

Carrion y Ribas

3. Date

28-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)

JTD-GARD-21-001

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Dr. Carrion y Ribas has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Maciej

2. Surname (Last Name)

Chalubinski

3. Date

28-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)

JTD-GARD-21-001

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Dr. Chalubinski has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Elísio

2. Surname (Last Name)

Costa

3. Date

08-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
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Dr. Costa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Govert

2. Surname (Last Name)
de Vries

3. Date
28-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bousquet

5. Manuscript Title
Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)
JTD-GARD-21-001

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Dr. de Vries has nothing to disclose.

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Section 1. Identifying Information

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Bilun

2. Surname (Last Name)

Gemicioğlu

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07-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Bousquet

5. Manuscript Title

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Dimitra

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Gennimata

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07-September-2020

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Yes

No

Corresponding Author's Name

Bousquet

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Dr. Gennimata has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yann

2. Surname (Last Name)

Micheli

3. Date

28-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)

JTD-GARD-21-001

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

Yes

No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Micheli has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marek	2. Surname (Last Name) Niedoszytko	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
6. Manuscript Identifying Number (if you know it) JTD-GARD-21-001		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Niedoszytko has nothing to disclose.

Evaluation and Feedback

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Frederico

2. Surname (Last Name)
Regateiro

3. Date
28-September-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Bousquet

5. Manuscript Title
Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)
JTD-GARD-21-001

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Astra-Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lusomedicamenta	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Regateiro reports personal fees from Astra-Zeneca, personal fees from Novartis, personal fees from Lusomedicamenta, personal fees from Sanofi, personal fees from GSK, outside the submitted work; .

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jan	2. Surname (Last Name) Romantowski	3. Date 11-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bousquet
5. Manuscript Title Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning		
6. Manuscript Identifying Number (if you know it) JTD-GARD-21-001		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Romantowski has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Luis

2. Surname (Last Name)

Taborda-Barata

3. Date

07-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)

JTD-GARD-21-001

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

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Dr. Taborda-Barata has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sanna

2. Surname (Last Name)

Toppila Salmi

3. Date

28-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)

JTD-GARD-21-001

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

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Dr. Toppila Salmi has nothing to disclose.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name) Ioanna

2. Surname (Last Name) Tsiligianni

3. Date 08-September-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Bousquet

5. Manuscript Title
Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
ARIA, GARD demonstration project, RSCN of the EIP on AHA, DHE Twinning

6. Manuscript Identifying Number (if you know it)
JTD-GARD-21-001

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novartis, Boehringer Ingelheim, Astra Zeneca, GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GSK Hellas, ELPEN,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Tsiligianni reports personal fees from Novartis, Boehringer Ingelheim, Astra Zeneca, GSK , grants from GSK Hellas, ELPEN, , outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Frédéric

2. Surname (Last Name)

Viart

3. Date

28-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bousquet

5. Manuscript Title

Digital Health Europe (DHE) Twinning on Severe Asthma – Kick-Off Meeting Report
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Daniel

2. Surname (Last Name)

Laune

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Corresponding Author's Name

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