

ICMJE DISCLOSURE FORM

Date: 12.06.2021

Your Name: Prof. Dr. Sebastian Schulz-Stübner

Manuscript Title: Penicillinallergie

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ ☒ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ ☒ None	
11	Stock or stock options	☐ ☒ None	
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Please place an “X” next to the following statement to indicate your agreement:

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