

Name of angioedema center:



Head of angioedema center,  
email address:

Deputy, email address:

Address:

Date:

Contact information for patients:  
(email address/telephone number)

Website:

Please include a **photo or logo** representing your angioedema center when returning the application form to us.

Dear Professor Maurer,

Our center is a UCARE, and we would like to make use of the privileged access protocol for UCAREs to join the GA<sup>2</sup>LEN/HAEi Angioedema Centers of Reference and Excellence (ACARE) network. We apply for our center to become an ACARE.

We confirm that:

Our center sees and documents  $\geq 50$  angioedema patients in databank/year.

I am ready to serve as a GA<sup>2</sup>LEN/HAEi ACARE auditor.

Our center will contribute to ACARE network activities, projects, and meetings.

For patients with hereditary angioedema, we perform family screening and pedigree charting

We use C4 and C1 inhibitor testing in the diagnostic workup of patients with hereditary angioedema

Thank you very much in advance for your answer.

Name and signature