



EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®

Institution of the UEMS_{aisbl}

AVENUE DE LA COURONNE, 20
 BE- 1050 BRUSSELS
www.eaccme.eu

T +32 2 649 51 64
 F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :BARBAUD Annick.....

AFFILIATION: Dermatology and Allergy department - TENON Hospital - AP-HP. Sorbonne Université - 4 rue de la Chine - 75020 - PARIS - France

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

Service de DERMATOLOGIE et
 D'ALLERGOLOGIE
 Professeur Annick BARBAUD
 Chef de Service
 DMU 31D

AP-HP Sorbonne Université Site : Hôpital Tenon
 4 rue de la Chine - 75970 PARIS CEDEX 20
 Tél. 01 56 01 72 25 - Fax 01 56 01 72 32
 RPPS 10002348885

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify): Participation to therapeutic protocols = NOVARTIS

Signature:

Date: 14/12/2021



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accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Alessandra Arcolaci

AFFILIATION: Immunology Unit, University Hospital, Borgo Roma, Verona, Italy.

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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 I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Alessandra Arcolaci

Date: 09/12/2021



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SPECIALISTS**
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Prof Dean Naisbitt

AFFILIATION: ...University of Liverpool.....

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DISCLOSURE

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Janssen, AZ, Merck

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:


Stock shareholder:

Spouse/partner:

Other support (please specify):

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Signature: 

Date: 5/1/21



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :BARBAUD Annick

AFFILIATION:Dermatology and Allergy department - TENON Hospital -
 AP-HP. Sorbonne Université - 4 rue de la Chine - 75020 - PARIS - France

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DISCLOSURE

Service de DERMATOLOGIE et
 D'ALLERGOLOGIE
 Professeur Annick BARBAUD
 Chef de Service
 DMU 31D

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 RPPS 10002348885

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify): Participation to therapeutic protocols = NOVARTIS

Signature:

Date:

14/12/2021



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Conflict of Interest Disclosure Form

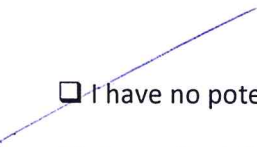
(to be completed by scientific/organising committee members)

NAME : *EBO Didier*

AFFILIATION: *UNIVERSITY (HOSPITAL) ANTWERP*

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

*Universiteit Ziekenhuis Antwerpen
 Prof. Dr EBO Didier
 1/17840/24/600
 Immunologie*

Signature:

Date:

27/12/2021



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Edward F. Knol

AFFILIATION: University Medical Center Utrecht, Utrecht, the Netherlands.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 7 June 2021



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Marek Jutel

AFFILIATION: Wroclaw Medical University

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Anergis SA

Receipt of honoraria or consultation fees:

Genentech, TEVA, Novartis, GSK, Stallergenes SA,
Allergopharma, ALK-Abello, HAL Allergy, Anergis, IQVIA,
PPD, Leti, Allergy Therapeutics, Chiesi

Participation in a company sponsored speaker's bureau:
Stallergenes SA Allergopharma GmbH, ALK-Abello, HAL
Allergy

Stock shareholder: none

Spouse/partner:

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify): none

Signature:

Date: 12.03.2021





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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ELIABEIRICO SENA

AFFILIATION: UNIVERSITY OF VEROVA

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

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I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

15.12.14

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify):

Signature:

Ingrid Terreehorst

Date: 07 12 2012



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Ingrid Terreehorst.....

AFFILIATION: MD, PhD, Dept ENT, Amsterdam University Medical Centres, The Netherlands

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

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I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Knut Brockow

AFFILIATION: Department of Dermatology and Allergy Biederstein, Technische Universität München

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

ThermoFisher

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify):

Signature:



Date: 08.12.2021



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Lene Heise Garvey.....

AFFILIATION: Danish Anaesthesia Allergy Centre, Allergy Clinic, Gentofte Hospital, Denmark.

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DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: Merck, Novo Nordisk, Lundbeck, Biomarin, Thermofisher

Participation in a company sponsored speaker's bureau:

Stock shareholder:

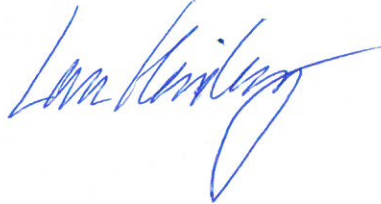
UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

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Spouse/partner:

Other support (please specify):

Signature:



Date: 3. December 2021



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accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Maria J Torres

AFFILIATION: Allergy Service of Malaga Regional University Hospital and Malaga University, Spain

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

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Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Name of commercial company

European Commission, MINECO and ISCIII of Spanish Government, and SEAIC

Diater, Aimmune Therapeutics and Leti laboratories

Diater, Aimmune Therapeutics and Leti laboratories

Signature: **Maria J Torres**

Date: **13th April 2021**



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Mariana Castells.....

AFFILIATION: ...Brigham & Women's Hospital.....

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DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Blueprints Medicine- PI for two clinical trials

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify):

Signature:

A handwritten signature in black ink, appearing to be 'J. S. G.', written in a cursive style.

Date: 12/13/21



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Atanasković-Marković Marina

AFFILIATION: University of Belgrade, Medical Faculty, University children's Hospital of Belgrade, Serbia

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Stock shareholder:

Spouse/partner:

Other support (please specify):

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Association internationale sans but lucratif – International non-profit organisation

Signature: 

Date: 13.04.2021.



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: MAURO PAGANI

AFFILIATION: ASST ULANTOVA

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Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Mauro Pagani

Date:

19/12/20



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Professor Sir Munir Pirmohamed

AFFILIATION: ...University of Liverpool

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

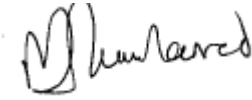
Spouse/partner:

Other support (please specify):

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Signature:

A handwritten signature in black ink, appearing to be 'M. Lambert', written in a cursive style.

Date:15/12/2021



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :PATRIZIA BONADONNA.....

AFFILIATION:AZIENDA OSPEDALIERA di VERONA
Auerly UN IN.....

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

6/12/24



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Riichiro Abe.....

AFFILIATION:Niigata University.....

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

研究部 理一郎

Date: 12/14/2021



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AVENUE DE LA COURONNE, 20
BE- 1050 BRUSSELS
www.eaccme.eu

T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Werner Pichler.....

AFFILIATION:ADR-AC, Bern, Switzerland.....

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Date: Dec 8th, 2021