



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS
T + 32 2 649 51 64 - F + 32 2 640 37 30
eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : FRANCESCA MORI

AFFILIATION: ALLERGY UNIT MEYER children hospital

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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

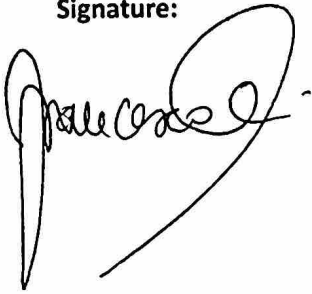
Spouse/partner:

Other support (please specify):

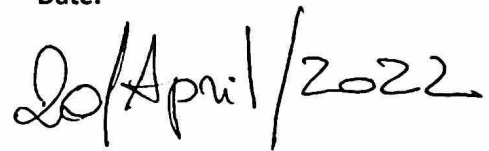
**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Signature:

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

Date:

A handwritten date '20/April/2022' in black ink, written in a cursive style.



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Hideo Asada.....

AFFILIATION: ...Nara Medical University....

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DISCLOSURE

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

Type of affiliation / financial interest

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):

Name of commercial company

MHLW FC Program Grant Number
JPMH20FC1035

Grant-in-Aid for Scientific Research (KAKENHI)
17K10250 to H. Asada.

Signature:

Hideo Asada

Date:

21 / April / 2022



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: ... **Alessandra Arcolaci M.D.**

AFFILIATION: **University Hospital of Verona, Immunology Unit – Italy**

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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: Verona, 19/04/2022



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accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Professor Stefano Del Giacco

AFFILIATION: University of Cagliari, Italy / EAACI

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: GSK, Astra Zeneca, Novartis, CSL Behring

Receipt of honoraria or consultation fees: Advisory board: Astra Zeneca, GSK, Novartis, Sanofi, Chiesi, Behringer

Participation in a company sponsored speaker's bureau: Speaker's fee: Astra Zeneca, GSK, Novartis, Sanofi, Chiesi, Behringer

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify): NO

Signature:

Date: 1st December 2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: PASQUALE IZACCA

AFFILIATION: DEPARTMENT OF MEDICINE ASST VERBITOVA ITALY

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.

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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:

Pasquale Izacca

Date:

19/3/2022



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Yoshiko Mizukawa....

AFFILIATION: ...Kyorin University School of Medicine...

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.

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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):

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Association internationale sans but lucratif – International non-profit organisation

Signature:



Date:

13. Apr / 2022



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : GIOVANNA ZANONI

AFFILIATION: IMMUNOLOGY UNIT, UNIVERSITY HOSPITAL, AZIENDA OSPEDALIERA UNIVERSITARIA INTEGRATA VERONA, ITALY

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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):

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
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Signature: 

Date: 12th April 2022



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Alessandra Vultaggio

AFFILIATION: Careggi University Hospital

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.

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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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Signature:



Date: 12/04/2022



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Yumi Aoyama.....

AFFILIATION: ...Department of Dermatology, Kawasaki Medical School

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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:

Yumi Aoyama

12 APR 2022



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Riichiro Abe.....

AFFILIATION: ...Niigata University Graduate School of Medical and Dental Sciences....

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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):

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Signature:

石部 理一郎

Date: 4/12/2022



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Knut Brockow.....

AFFILIATION: ...Department of Dermatology and Allergy Biederstein.....

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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

Signature:

Date: 12.04.22



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : SASSO VITO

AFFILIATION: UZ ANTWERPEN

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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:

02/05/2022



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SPECIALISTS**
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Continuing Medical Education –
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F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Prof Dean Naisbitt

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

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 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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SPECIALISTS**
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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

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

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:

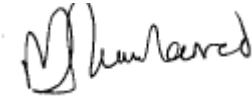
Spouse/partner:

Other support (please specify):

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

Association internationale sans but lucratif – International non-profit organisation

Signature:

A handwritten signature in black ink, appearing to read 'M. Lambert', written over a horizontal line.

Date:15/12/2021



EUROPEAN UNION OF MEDICAL SPECIALISTS
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Continuing Medical Education – EACCME®

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 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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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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Continuing Medical Education – EACCME®
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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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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: Dec 8th, 2021



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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

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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**

**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.

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:



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(to be completed by scientific/organising committee members)

NAME :PATRIZIA BONADONNA.....

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

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Type of affiliation / financial interest

Name of commercial company

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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

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NAME :Lene Heise Garvey.....

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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:

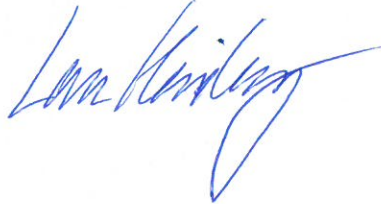
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Spouse/partner:

Other support (please specify):

Signature:



Date: 3. December 2021