



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :An Goossens.....

AFFILIATION: Catholic University Leuven.....

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 read 'M. M. M.', written in a cursive style.

Date: 16/02/2021



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ANA M GIMENEZ -ARNAU

AFFILIATION: DERMATOLOGY . HOSPITAL DEL MAR. IMIM. UNIVERSITAT AUTONOMA BARCELONA

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

Uriach Pharma, Novartis, Grants from Instituto Carlos III-FEDER

Receipt of honoraria or consultation fees:

Uriach Pharma, Genentech, Novartis, FAES, GSK, Sanofi-Regeneron, Amgen, Thermo Fisher Scientific

Participation in a company sponsored speaker's bureau:

Uriach Pharma, Novartis, Genentech, Menarini, LEO-PHARMA, GSK, MSD, Almirall, Sanofi

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Barbara Ballmer-Weber.....

AFFILIATION: ...Kantonsspital St., Gallen und Universitätsspital Zürich.....

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: **ALK, Allergopharma, Menarini, Sanofi, Novartis, Thermofisher**

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 23.11.2020



EUROPEAN UNION OF MEDICAL SPECIALISTS
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Continuing Medical Education – EACCME®
Institution of the UEMS_{aisbl}

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Conflict of Interest Disclosure Form

NAME : Carsten Bindslev-Jensen

AFFILIATION: OUH

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

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

Aimmune, HAL, Termofischer, Allakos,

Signature:

Date:091220



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Charlotte G Mortz

AFFILIATION: Department of Dermatology and Allergy center, Odense Research Center for Anaphylaxis, Odense University Hospital, DK-5000 Odense C, 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:

Research grant from Novartis

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 17-2-2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : *C. GRATTAN*
AFFILIATION: *Guy's 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

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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:

[Handwritten Signature]

Date:

2.3.21



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Daniela Fernandes Carvalho

AFFILIATION: Escola Nacional de Saúde Publica, NEW University of Lisbon

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

I am currently an employee of a private CRO

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

CTI Clinical Trial & Consulting

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *Daniela Carvalho*

Date: 04 March 2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Edward Knol.

AFFILIATION: Associate Professor at University Medical Center Utrecht, The Netherlands

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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

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Sanofi/Regeneron

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 15 February 2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Elena Petkova

AFFILIATION: Medical university of Sofia

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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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 5 January 2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Dr. Frank Sieberhaar
AFFILIATION: Charité - Universitätsmedizin Berlin

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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: Allahas, Blueprint, Celldex, Jentiv
Receipt of honoraria or consultation fees: Blueprint, Novartis, Sanofi
Participation in a company sponsored speaker's bureau: Unich, Novartis
Stock shareholder: /
Spouse/partner: /
Other support (please specify): /

Signature:

Date:

09-MAR-2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Dr Helen Brough.....

AFFILIATION: ...Guy's and St, Thomas' Hospital and King's College London.....

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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:	NIH NAIAD grant
Receipt of honoraria or consultation fees:	DBV Technologies
Participation in a company sponsored speaker's bureau:	n/a
Stock shareholder:	n/a
Spouse/partner:	n/a
Other support (please specify):	n/a

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

Association internationale sans but lucratif – International non-profit organisation

Signature:



Date:15.02.2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Henrik Fomsgaard Kjær

AFFILIATION: Department of Dermatology and Allergy Center, Odense Research Centre for Anaphylaxis, Odense University Hospital, Denmark

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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: December 1st, 2020



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Jeanne Duus Johansen.....

AFFILIATION: National Allergy Research Centre, Department of Dermatology and Allergy
Gentofte Hospital, University of Copenhagen, 2900 Hellerup, Denmark

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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:

Other support (please specify):

Signature:

Date:

16/2 2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Jose Luis García-Abujeta

AFFILIATION: Hospital Marina Baixa (Villajoyosa – Alicante (Spain)).....

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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:

Other support (please specify):

Signature:

Date: 16/02/2021



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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, Technische Universität München

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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:

Other support (please specify):

Signature:

Date: 26.11.2020



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : KRISTINA AALTO -KORTE

AFFILIATION: FINNISH INSTITUTE OF OCCUPATIONAL HEALTH

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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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Kristina Aalto-Korte

Date:

November 23rd 2020



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

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Lars K. Poulsen.....

AFFILIATION:Copenhagen University 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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *Lars K. Poulsen*

Date: 16.2.2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Lene Heise Garvey.....

AFFILIATION: ...Allergy Clinic, Dept of allergy and dermatology, Gentofte Hospital, Hellerup, 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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 25. November 2020



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Maja Mockenhaupt, MD, PhD

AFFILIATION: Medical Center – University of Freiburg, Germany

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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:

Böhringer Ingelheim, Sanofi-Aventis (2020)

Receipt of honoraria or consultation fees:

DERFO, SIMID, RG-Ärztfortbildung (2020)

Participation in a company sponsored speaker's bureau:

-

Stock shareholder:

-

Spouse/partner:

-

Other support (please specify):

-

Signature:

Date: 18. Februar 2021



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SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL ON CME
(EACCME®)**

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Margarida Gonalo.....

AFFILIATION: ...Dermatology, University Hospital and Faculty of Medicine, University of Coimbra,
Coimbra, Portugal.....

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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:

Sanofi-Genzyme, Leo, Novartis, Pfizer, Lilly

Participation in a company sponsored speaker's bureau:

Sanofi-Genzyme, Novartis

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 20nov2020



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Prof Dr med Margitta Löwen

AFFILIATION: Charité - Universitätsmedizin Berlin, corporate member of Freie Universität Berlin and Humboldt - Universität zu Berlin, Dept. of Dermatology Allergy

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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:

Alk - Abello Arzneimittel GmbH
Mylan Germany GmbH

Receipt of honoraria or consultation fees:

- see sponsored speaker's bureau

Participation in a company sponsored speaker's bureau:

Alk - Abello Arzneimittel GmbH,

Stock shareholder: Ø

Mylan Germany GmbH, Bencara

Spouse/partner: Ø

Allergis GmbH, Novartis AG, Biotin

Other support (please specify): Ø

AG, Actelion Pharmaceuticals

Deutschland GmbH Sanofi-Aventis

Deutschland GmbH HAL Allergis GmbH

Aimovane Therapeutics UK Limited

Signature:

[Handwritten signature]

Date:



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : MARIA BOVA

AFFILIATION: UNIVERSITY OF NAPLES FEDERICO II

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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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Maria Bova

Date:

23rd February 2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Markus Magerl.....

AFFILIATION:

CHARITÉ
UNIVERSITÄTSMEDIZIN BERLIN
Centrum 12
Klinik für Dermatologie, Venerologie
und Allergologie
Prof. Dr. med. Markus Magerl
Campus Charité Mitte
Charitéplatz 1 | D-10117 Berlin
E-Mail: markus.magerl@charite.de

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DISCLOSURE

- I have no potential conflict of interest to report
- X 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: CSL Behring, Pharming

Receipt of honoraria or consultation fees: BioCryst, CSL Behring, Jerini/Dyax/ Shire/Takeda, Kalvista, Pharming, and Octapharma.

Participation in a company sponsored speaker's bureau: BioCryst, CSL Behring, Jerini/Dyax/ Shire/Takeda, Kalvista.

Stock shareholder: no Spouse/partner: no Other support (please specify): no

Signature:

Date:

M. MAR 2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Martin Metz

AFFILIATION: Charité - Universitätsmedizin Berlin

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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: X

Receipt of honoraria or consultation fees: Novartis, Bayer, Pharvaris, Sanofi, Uriach, Moxie, Amgen

Participation in a company sponsored speaker's bureau: X

Stock shareholder: X

Spouse/partner: X

Other support (please specify): X

Signature:

Date:



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Mette Deleuran.....

AFFILIATION:Dept. of Dermatology, Aarhus University Hospital, Denmark.....

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: AbbVie, Pfizer,
Eli-Lilly, Regeneron, Novartis, Pierre Fabre, Sanofi-
Genzyme, LEO Pharma

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:

NOV 25, 2020



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Sigurd Broesby-Olsen

AFFILIATION: Dept. of Dermatology and Allergy Centre, Odense University Hospital, Denmark

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:

Thermo Fisher, Blueprint, Novartis

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Sigurd Broesby-Olsen
Head, MD, Associate Professor
Department of Dermatology and
Allergy Centre
Odense University Hospital
Denmark

Date: Nov. 19. 2020



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Thomas Rustemeyer

AFFILIATION: Amsterdam University Medical Centers

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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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 15-02-2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Prof. Tilo Biedermann

AFFILIATION: Technical University of Munich, Klinikum rechts der Isar, Department of Dermatology and Allergology

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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:

Novartis, Celgene, Sanofi-Regeneron

Receipt of honoraria or consultation fees:

Lilly, Leo, Sanofi-Genzyme

Participation in a company sponsored speaker's bureau:

Sanofi, Lilly, Leo

Stock shareholder:

none

Spouse/partner:

none

Other support (please specify):

Signature:

Date: 01 March 2021



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: PICHLER WERNER

AFFILIATION: ADR-AC

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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:

gsk, Teleflex; Roche

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Werner Pichler

Date:

Feb 27th 2021



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Wolfgang Uter.....

AFFILIATION: ...Univ. of Erlangen/Nürnberg, Erlangen, Germany.....

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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:

One lecture fee Sept. 2018 from mixed dermatopharmaceutical sponsors

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Travel reimbursement for study meetings of the EFISS study of the IDEA project (IFRA)

Signature:

Date:

2021/02/22