

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAMF.	Milena	Sokolowska
NAWE		

AFFILIATION: Swiss Institute of Allergy and Asthma Research, University of Zurich, Switzerland

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: SNSF, GSK, Novartis

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's

bureau:

AstraZeneca

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Date: 09.10.2023



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

Wojciech Feleszko NAME:		
Meddical University of Warsaw AFFILIATION:		
In accordance with criterion 13 of document UEMS 2023/07 "EALIVE Educational Events (LEEs)", all declarations of perceived or years, whether due to a financial or other relationship, musubmission of the application. COI declarations signed more that will not be accepted. Declarations must be made available of Declarations must include whether any fee, honorarium or arrangin relation to the LEE has been provided.	r actual co ist be pro an 6 mont nline on	onflicts of interest for the last 3 ovided to the EACCME® upon hs before the date of the event the event website of the LEE.
DISCLOSURE		
🗴 I have no potential conflict of interest to report		
☐ I have the following potential conflict(s) of interest to	o report	
Type of affiliation / financial interest	Nam	e 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:	9.10.2023



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 :Inge Kortekaas	
AFFILIATION:Vrije Universiteit Brussel, SKIN Research Group, Belgium	
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	
\square I have no potential conflict of interest to report	
\square 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:	Flanders Research Council (FWO), Pfizer, AbbVie, Sanofi Regeneron
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: Kortekoas	Date: 09 October 2023



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9/10/2023

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: CRISTINA GOHEZ CAS			
AFFILIATION: HEINRICH HEINE UN	VERSITY DUSSELDORF		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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:			

Date:

Other support (please specify):

Signature:



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

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Tomás Chivato

AFFILIATION: School of Medicine University CEU San Pablo (Madrid)

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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):	*	
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UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92

Date: 09/10/2023



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Kyle	Mincham	
AFFILIATION:	Imperal Cel	lege London

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

1 have no potential conflict of interest to report	
\square 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: 05/01/2024.

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME:	Ángel Maldonado Fuentes	

AFFILIATION: Complutense University of Madrid

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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		
The of official (for a significant	Name of annualist annualist	
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):		

06.01.2024

Date:



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

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Natalia Cuervo López		
AFFILIATION: Complutense University of Madrid		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.		
<u>DISCLOSURE</u>		
☑ I have no potential conflict of interest to report		
lue 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):		

Date: 4th January, 2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Paul ETTEL
AFFILIATION: Medical University of Vienna
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: 4.1.2023

Date:



NAME: Deminika Varalie ica

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

	o ich Aradomi	
AFFILIATION: itirsefeld britishe of Immunology and	experimental Therapy toosi receiving	
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.		
DISCLOSURE		
🔁 I have no potential conflict of interest to report		
\square I have the following potential conflict(s) of interest t	o 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:	ii a	
Other support (please specify):		
Signature: how keeps	Date: 04.01.2024	



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME:	De Vriese Shauni
TATATATT.	

AFFILIATION: ..Skin Research Group, Vrije Universiteit Brussel/

Departement of Dermatologie, Universitair ziekenhuis Brussel

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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		
Thave the following potential confinct(s) of litterest to	report	
Type of affiliation / financial interest	Name of commercial company	
Receipt of grants/research supports:	Pfizer, AbbVie	
Receipt of honoraria or consultation fees:		
Participation in a company sponsored speaker's bureau:		
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		

05/01/2024

Date:



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Elisabeth M Simonin

AFFILIATION: Harvard University School of Public Health

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

XI 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: January 4, 2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: MARLENA TYNECKA
AFFILIATION: MEDICAL UNIVERSITY
OF BIALYSTOK

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: Manera typeche Da

Date:

05/61/2024



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Sarah Lebeer	
AFFILIATION:University of Antwerp	
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	
x I have the following potential conflict(s) of interest to report	t
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports: YUN, DSM, BIOOrg/Metatecta, Lesaffre	
Receipt of honoraria or consultation fees: Freya Biosciences, YUN	
Participation in a company sponsored speaker's bureau: ISAPP (https:/isappscience.org), Yakult	
Stock shareholder: YUN (0.3% founder shares)	
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: 19/9/2023



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Jose Ordovas-Montanes		
AFFILIATION:Boston Children's Hospital (USA)	
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.		
DISCLO	<u>SURE</u>	
☐ I have no potential conflict of interest to repo	rt	
X I have the following potential conflict(s) of inte	erest to report	
Type of affiliation / financial interest	Name of commercial company	
Receipt of grants/research supports:		
New York Stem Cell Foundation		
Abbvie-Harvard Medical School Alliance		
AGA-Takeda Research Scholar Award		
Leona M. and Harry B. Helmsley Charitable Trust		
Pew Charitable Trusts Biomedical Scholars		

Broad Next Generation Award

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Mathers Foundation	
NIH R01 HL162642	
Cell Discovery Network support by Manton	
Foundation and Warren Alpert Foundation	
Chan Zuckerberg Initiative	
Richard and Susan Smith Family Foundation	
HDDC Pilot and Feasibility P30 DK034854	
Receipt of honoraria or consultation fees:	
Tessel	
Radera	
Princess Lilian Foundation (Belgium)	
St. Jude	
ннмі	
Penn	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Tessel	
Spouse/partner:	
Employed by BioNtech	
Other support (please specify):	
gnature:	Date: 19 October 2023



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Marc Veldhoen	
AFFILIATION:Instituto de Medicina Molecular	
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	
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: 27/09/2023	



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME:		
AFFILIATION: Department of Medicine, University	sity of Padov	va, Padova, Italy
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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 interes	st to report	
Type of affiliation / financial interest	Name	of commercial company
Receipt of grants/research supports:		
Receipt of honoraria or consultation fees:		
X Participation in a company sponsored speaker's bureau:	CSL-Be	ehring, Takeda, Kedrion, Grifols, GSK
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		
Signature:	Date:	27/NOV/2023



NAME: ...Louisa James......

Spouse/partner:

Other support (please specify):

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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)

AFFILIATION:Queen Mary University of London
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 re-

DISCLOSURE

imbursement of expenses in relation to the LEE has been provided.

☐ 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:	Almirall
Receipt of honoraria or consultation fees:	N/A
Participation in a company sponsored speaker's bureau:	N/A
Stock shareholder:	N/A

N/A

N/A

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

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Signature: Games

Date: 25th September 2023



NAME:Luke O'Neill.....

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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)

AFFILIATION:Trinity College Dublin	
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DISCLOSURE	
☐x I have no potential conflict of interest to report	
$oldsymbol{\square}$ 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: Date:19.9.23