

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Mattia Giovannini

AFFILIATION: Allergy Unit, Meyer Children's Hospital IRCCS, Florence, 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

Other Interests Sanofi I report personal fees (educational events)

Date: 12/17/2024



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Maria Jose Torres

AFFILIATION: Allergy unit, Malaga, Spain

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Cevdet Ozdemir

AFFILIATION: Institute of Child Health, Istanbul University, İstanbul, Turkey

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DISCLOSURE

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

EAACI Allied Health & Primary Care Section Chair Assistant Editor of Allergy journal

Date: 12/17/2024



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Ibon Eguiluz

AFFILIATION: Allergy, Instituto de Investigacion Biomedica de Malaga, Malaga, Spain

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Arantza Vega Castro

AFFILIATION: Allergy Service, Hospital Universitario de Guadalajara, Guadalajara, Spain

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Umit Murat Sahiner

AFFILIATION: Ankara, Turkey

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Sophia Tsabouri

AFFILIATION: Department of Pediatrics, University of Ioannina, 45332, Ioannina, Greece, Ioannina, Greece

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DISCLOSURE

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Date: 12/18/2024

* U.E. M.S. * * * * *

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Martha Jimenez Freites

AFFILIATION : Pediatric Allergology and Clinical Immunology Department, Sant Joan de Déu Barcelona Hospital, Esplugues de Llobregat, Spain

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Domingo Barber

AFFILIATION: Universidad CEU San Pablo - Facultad de Medicina, Plaza Montepríncipe, Alcorcón, España, Madrid, Spain

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Isabel Skypala

AFFILIATION: Allergy & Clinical Immunology, Royal Brompton & Harefield Hospitals, part of Guys & St Thomas NHS Foundation Trust, London, United Kingdom

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DISCLOSURE

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Date: 12/19/2024



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Carmen Riggioni-Viquez

AFFILIATION: Pediatrics, The Hospital for Sick Children (Sickkids), Toronto, Canada

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Date: 12/19/2024



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Cezmi Akdis

AFFILIATION: Swiss Institute of Allergy and Asthma Research, Davos, Switzerland

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DISCLOSURE

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Date: 12/20/2024



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Elisa Boni

AFFILIATION: Ospedale Maggiore Carlo Alberto Pizzardi, Largo Bartolo Nigrisoli, Bologna, BO, Italia, Azienda USL di Bologna - Sede Legale, Via Castiglione, Bologna, BO, Italia, Bologna, Italy

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Date: 12/20/2024



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Asli Akkor

AFFILIATION: Immunology and Allergic Diseases, Istanbul University Istanbul Faculty of Meidicine, Istanbul, Turkey

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DISCLOSURE

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

Date: 12/21/2024



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Jolanta Walusiak-Skorupa

AFFILIATION: Dep. of Occupational Diseases and Environmental Health, Nofer Institute of Occupational Medicine, św. Teresy od dzieciątka Jezus, Łódź, Polska, Lodz, Poland

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DISCLOSURE

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Date: 12/30/2024



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Carmen Milagros Rondon

AFFILIATION : Allergy Departmen, Hospital Regional Universitario de Málaga, España, Málaga, Spain

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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

Date: 12/31/2024

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Mohamed Shamji

AFFILIATION: National Heart and Lung Institute, Imperial College London, Exhibition Road, London, United Kingdom

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DISCLOSURE

I have no potential conflict of interest to report

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Date: 01/05/2025

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Oliver Pfaar

AFFILIATION: Department of otorhinolaryngology, head and neck surgery, section of rhinology and allergy, University Hospital Marburg, Philipps-Universität Marburg, Marburg, Germany

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DISCLOSURE

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

(4/4) Oliver Pfaar is Vice President of the European Academy of Allergy and Clinical Immunology (EAACI) and a member of EAACI Excom as well as a member of the external board of directors of the German Society of Allergy and Clinical Immunology (DGAKI); coordinator, main- or co-author of different position papers and guidelines in rhinology, allergology and allergen-immunotherapy; and is associate editor of Allergy and Editor-in-Chief of Clinical Translational Allergy.

Date: 01/06/2025

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Ozge Can Bostan

AFFILIATION: Allergy and Immunology, Çanakkale Mehmet Akif Ersoy State Hospital, Çanakkale, Turkey

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Date: 01/21/2025

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Cristobalina Mayorga

AFFILIATION: Allergy unit, Hospital Regional Universitario de Málaga, Málaga, Spain

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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

National Health Government Grant PI24/00132. Precise endophenotyping for plantbased food allergy diagnosis, tolerance biomarker signature, and assessment of mechanisms in microneedle-based immunotherapy.

Date: 02/19/2025



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Janice A Layhadi

AFFILIATION: Imperial College London, London, United Kingdom

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I have no potential conflict of interest to report

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Date: 02/27/2025



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Mubeccel Akdis

AFFILIATION: Swiss institute of allergy and asthma research (siaf), University of Zürich, davos wolfgang, Switzerland

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- I have no potential conflict of interest to report
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Date: 03/06/2025



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Montserrat Alvaro Lozano

AFFILIATION: Allergology and Clinical Immunology, Hospital Sant Joan de Déu, Barcelona, Spain

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Date: 03/12/2025