



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Francesca Norelli

AFFILIATION : Allergy Unit, San Bortolo Hospital, Vicenza, 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

Date : 04/23/2026



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Markus Ollert

AFFILIATION : Infection and Immunity, Luxembourg Institute of Health, Esch-sur-Alzette, Luxembourg

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Editor-in-Chief, EAACI-3H Research & Innovation Hub

Date : **04/23/2026**



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Teresa Alfaya Arias

AFFILIATION : Allergy department, Hospital Universitario Fundación Alcorcón, Madrid, Spain

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DISCLOSURE

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Consulting fees and speaker honoraria: ALK and ROXALL

Date : **04/24/2026**



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Christine Breynaert

AFFILIATION : Allergy and Clinical Immunology, UZ Leuven / KU Leuven, Leuven, Belgium

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Other: Founder and manager of the KU Leuven Insect allergy Research fund, Vice-President of BeISACI (belgian society on allergy and clinical immunology)

Date : 04/24/2026



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Theo Gulen

AFFILIATION : Department of Respiratory Medicine and Allergy, Karolinska University Hospital, Stockholm, Sweden

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DISCLOSURE

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

Received honoraria and lecture fees from ALK

Date : **04/24/2026**



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Frank Siebenhaar

AFFILIATION : Institute of Allergology, Charité - Universitätsmedizin Berlin, Berlin, Germany

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DISCLOSURE

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

Honorarium as speaker for Blueprint, Cogent, Noucor, Novartis, Sanofi

Date : **04/24/2026**



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Patrizia Bonadonna

AFFILIATION : Vicenza General Hospital , Allergy Unit, Vicenza, Italy

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Date : 04/24/2026



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : David González-de-Olano

AFFILIATION : Allergology, Ramón y Cajal Hospital, Madrid, Spain

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Date : 04/25/2026



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Arantza Vega Castro

AFFILIATION : Allergy Service, Hospital Universitario 12 de octubre, Madrid, Spain

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DISCLOSURE

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Date : 04/25/2026

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes
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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Tiago Rama**

AFFILIATION : **Unidade de Imunoalergologia, Unidade Local de Saúde de Matosinhos, Rua de Doutor Eduardo Torres, Senhora da Hora, Portugal, Senhora da Hora, Portugal**

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DISCLOSURE

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

TAR declares the following conflicts of interest: consultancy for Blueprint Medicines, Alfasigma, and lecture fees for Novartis and Thermo Fisher.

Date : **04/25/2026**



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Massimiliano Bonifacio

AFFILIATION : University of Verona, Via San Francesco, Verona, VR, Italia, Verona, Italy

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DISCLOSURE

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

Date : 04/28/2026



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Gunter Sturm

**AFFILIATION : Department of Dermatology and Venerology, Medical University of Graz,
Auenbruggerplatz, Graz, Austria**

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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

Lecture fees from ALK Abello, HAL, Stallergens-Greer, Novartis & Allergopharma

Date : **04/30/2026**



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Daniela Lupi

AFFILIATION : Department of Food, Environmental and Nutritional Sciences, University of Milan , Milan, Italy

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DISCLOSURE

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

Date : 05/04/2026

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Massimo Triggiani

AFFILIATION : Medicine, Azienda Ospedaliera Universitaria San Giovanni di Dio e Ruggi d'Aragona, Salerno, Italy

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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

Istituto Gentili: Fee for advisory board

Date : 05/06/2026



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : M. Beatrice Bilò

AFFILIATION : Dipartimento di Scienze Cliniche e Molecolari, Università Politecnica delle Marche, Ancona, Italy

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DISCLOSURE

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

Date : 05/13/2026

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Sabine Altrichter

AFFILIATION : Dermatology and Venerology, Kepler Universitätsklinikum Med Campus III., Linz, Austria

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DISCLOSURE

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

Lecturer, ADboard member for Blueprint

Date : 05/15/2026
