



**EUROPEAN UNION OF MEDICAL SPECIALISTS
(UEMS)**

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

Rue de l'Industrie 24, BE-1040 BRUSSELS
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accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ALBERTO ALVAREZ-PEREA

AFFILIATION: HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN, MADRID, SPAIN

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: 30/09/2020



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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: C. Alviani
5.10.2020

Date:

IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VATn° BE 0469.067.848



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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: *Simona Barni*

Date: 1.10.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: M. Cecilia Berin, PhD

AFFILIATION: Icahn School of Medicine at Mount Sinai

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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:

DBV Technologies, Prota Therapeutics

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

10/6/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Katharina Blumchen

AFFILIATION: Goethe University, Dept. of Children and Adolescent Medicine, Pneumology, Allergology and Cystic fibrosis, University hospital, Frankfurt, Germany

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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

Aimmune Therapeutics, DBV Technologies, Hipp GmbH

Aimmune Therapeutics, DBV Technologies, Allergy Therapeutics, Bencard Allergie, HAL

Aimmune Therapeutics, DBV Technologies, ThermoFisher Scientific, Nestle, Bencard Allergie, Allergopharma, HAL, ALK

None

None

Signature:

Date:

17-Oct-2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Robert Boyle

AFFILIATION: Imperial College 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 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:

Nil

Receipt of honoraria or consultation fees:

Dairy Goat Cooperative (2017),

DBV technologies (2018), Prota Therapeutics (2019) , Cochrane 2018-2020

Participation in a company sponsored speaker's bureau:

Nil

Stock shareholder:

Nil

Spouse/partner:

Nil

Other support (please specify):

Expert witness work in cases of food

allergy and in group actions related to infant formula health claims

Signature: Robert Boyle 12th October 2020

Date:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Heimo Breiteneder

AFFILIATION: Medical University of Vienna, Vienna, Austria

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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: 30SEP2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr Helen Brough

AFFILIATION: Evelina Children's Hospital

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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: NIH NIAID grant funding

Receipt of honoraria or consultation fees: DBV Technologies and Sanofi

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:



Date: 11.10.20

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Barbara Bellme-Weber

AFFILIATION: University Hospital Zürich @ Kantonsspital St. Gallen

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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:

6.7.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Kirsten Beyer

AFFILIATION: Charité Universitätsmedizin Berlin

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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: Amimmune, ALK, Danone, DBV, Good Mills, Hipp, Hycoor, InhibioPharm, Mucivig, ThermoFisher
Receipt of honoraria or consultation fees: Amimmune, ALK, Allergopharma, Inselselbst, Bionora
Danone, DBV, Hycoor, InhibioPharm, Mylan, Mucivig, Novartis
Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Beyer

Date:

4.7.2020



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NI 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:

Patent/bio

Spouse/partner:

Other support (please specify):

Signature:

Talal Chatila

Date:

October 12, 2020

Will follow soon



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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:

S. Drabburg

Date:

06.10.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr Shelley Dua

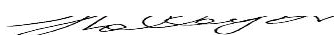
AFFILIATION: Cambridge University Hospitals NHS Trust

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☐

Signature: 

Date:

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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: National Children's Research Centre (NCRC) Ireland

Receipt of honoraria or consultation fees: Aimmune; DBV; Nutricia

Participation in a company sponsored speaker's bureau: Aimmune

Stock shareholder: n/a

Spouse/partner: n/a

Other support (please specify):

25/09/2020

Signature:

Date:



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Conflict of Interest Disclosure Form

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NAME:

AFFILIATION:

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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:

10/14/2020



Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Philippe EIGENMANN

AFFILIATION: University Hospitals Geneva

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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:
September 2020

30 Date:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *Stephanie Eisenbarth*

AFFILIATION: *Yale University*

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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:

9/30/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: María Marta Escribese Alonso

AFFILIATION: Universidad San Pablo CEU

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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:

05/10/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *Prof. Dr. Bernadette Eberlein*

AFFILIATION: *Department of Dermatology and Allergy Biederstein, Munich, TUM Germany*

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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:

Bühlmann Laboratories

Receipt of honoraria or consultation fees:

—

Participation in a company sponsored speaker's bureau:

—

Stock shareholder:

—

Spouse/partner:

—

Other support (please specify):

—

Signature:

B. Eberlein

Date:

23-JUN-2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Fernandez Dumont Antonio

AFFILIATION: European Food Safety Authority

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: antonio.
fernandezdumont
@efsa.europa.eu

Digitally signed by: antonio.
fernandezdumont@efsa.europa.eu
DN: CN = antonio,
fernandezdumont@efsa.europa.eu
Date: 2020.10.07 16:38:57 +01'00'

Date:



**EUROPEAN UNION OF MEDICAL SPECIALISTS
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prof Carsten Flohr

AFFILIATION:

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:	Sanofi Investigator-led microbiome study
Receipt of honoraria or consultation fees:	None
Participation in a company sponsored speaker's bureau:	None
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	None

Signature: *Carsten Flohr* 11th October 2020

Date:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Mary Feeney

AFFILIATION: King's College 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 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: Aimmune Therapeutics, Nutricia

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

M Feeney

Date:

07.10.20

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Montserrat Fernandez-Rivas

AFFILIATION: Allergy Dept. Hospital Clinico San Carlos, Madrid, Spain

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:

European Commission, Spanish Government

Receipt of honoraria or consultation fees:

Aimmune, DBV, Novartis, SPRIM

Participation in a company sponsored speaker's bureau:

Aimmune, ALK, Diater, HAL Allergy, GSK, Thermofisher Scientific

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 30 June 2020

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Jennifer Gerdts

AFFILIATION: Food Allergy Canada

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

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:

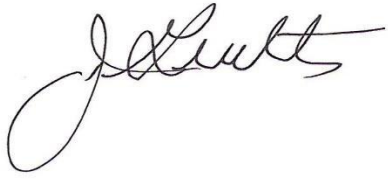
Spouse/partner:

Other support (please specify): Food Allergy Canada receives unrestricted education grants from Pfizer, Kaleo & Bausch

Signature:

Date:

Sept 29, 2020

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

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

AFFILIATION:

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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:

Agency for Healthcare Research and Quality (ended 6/30/20)

Receipt of honoraria or consultation fees:

Canadian Transportation Agency, Thermo Fisher, Intromune, and Aimmune Therapeutics; DBV Technologies, Sanofi/Genzyme, Glaxo Smith Kline, Genentech, Nutricia, Pfizer, Novartis, Kaléo Pharmaceutical, Nestlé, Aquestive, Allergy Therapeutics, Allergenics, Aravax, Prota, and Monsanto, Before Brands, multiple state allergy societies, the American College of Allergy Asthma and Immunology

Participation in a company sponsored speaker's bureau: none

Stock shareholder: none

Spouse/partner: none

Other support (please specify):

Signature: 

Date: 10/1/20

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: **George Guibas**

AFFILIATION: **Manchester University**

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

Receipt of grants/research supports: YES
Receipt of honoraria or consultation fees: YES
Participation in a company sponsored speaker's bureau: NIL
Stock shareholder: NIL
Spouse/partner: NIL
Other support (please specify):

Name of commercial company

I have received Honoraria from the COST organization for reviewing research applications, I am an Honorary fellow of a Contract Research Organization (Medicines Evaluation Unit) and I have received travel Grants from EAACI.

Signature;

Date: 14/10/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ruchi Gupta, MD, MPH

AFFILIATION: Northwestern University, Lurie Children's Hospital of Chicago

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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: [The National Institute of Health \(NIH\)](#)

[\(R21 ID # AI135705, R01 ID# AI130348, U01 ID # AI138907\)](#), [Stanford Sean N. Parker Center for Allergy Research](#), [Food Allergy Research Education \(FARE\)](#), [Northwestern University Clinical and Translational Sciences Institute \(NUCATS\)](#), [AllerGenis LLC](#), [Miller Family Foundation](#), [Melchiorre Family Foundation](#), [Aimmune Therapeutics](#), [UnitedHealth Group](#), [Thermo Fisher Scientific](#), [Peerview Operation Services America, LLC](#), [Genentech](#), [Kaleo Inc.](#), and the [National Confectioners Association \(NCA\)](#)

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

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

Date: 10/6/2020

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

AFFILIATION:

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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:

Susan Halber

Date:

02.10.2020

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Hausmann Oliver

AFFILIATION: Loewenpraxis and Klinik St. Anna Lucerne, ADR-AC GmbH Bern, Switzerland

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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): Employee of ADR-AC GmbH, a company that is offering basophil activation test for Switzerland

Signature:

Date: 09.10.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Professor Simon P Hogan

AFFILIATION: University of Michigan

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: NIH and FARE

Receipt of honoraria or consultation fees: N/A

Participation in a company sponsored speaker's bureau: N/A

Stock shareholder: N/A

Spouse/partner: N/A

Other support (please specify): N/A

Signature:

Date: 10/11/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

AFFILIATION:

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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:

Johnson & Johnson

Receipt of honoraria or consultation fees:

Aimmune Therapeutics

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Research Funding NCRC Ireland

Other support (please specify):

J Hourihane October 12th 2020

Date:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Karin HOFFMANN-SOMMERGRUBER, ASSOC. Prof. PhD,

AFFILIATION: Medical University of Vienna, AUSTRIA, Dept. of Pathophysiology & Allergy Research

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: Research grants from AUSTRIAN Science Funds

Receipt of honoraria or consultation fees: COMPARE Allergen database
review HESI

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: Vienna, June, 25, 2020



**EUROPEAN UNION OF MEDICAL SPECIALISTS
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: **Hans Jürgen Hoffmann**

AFFILIATION: **Aarhus University, 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: **23 June 2020**



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr Régis Joulia

AFFILIATION: William Harvey Research Institute, Queen Mary University of London

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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: None

Receipt of honoraria or consultation fees: None

Participation in a company sponsored speaker's bureau: None

Stock shareholder: None

Spouse/partner: None

Other support (please specify): None

Signature:

Date: 30/09/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: RODRIGO JIMÉNEZ-SAIZ

AFFILIATION: CNB-CSIC; MCMASTER UNIVERSITY; UNIVERSIDAD FRANCISCO DE VITORIA

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: June 24, 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

AFFILIATION:

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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:

DSV TECHNOLOGIES, NUTRICIA, ABBOTT,
DANONE, MEAD JOHNSON (RECKITT BENCKISER)
in 2019 + 2020.

Receipt of honoraria or consultation fees: N/A

Participation in a company sponsored speaker's bureau: N/A

Stock shareholder: N/A

Spouse/partner: N/A

Other support (please specify):

Signature:

Date:

03/07/2020



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Conflict of Interest Disclosure Form

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NAME:

AFFILIATION:

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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: TNO, FARRP, EC (SAFE, CREATE, Europrevall), ALK, Thermofisher, Dutch food safety authority, Nutricia/Danone, STW, DBV technologies, Novartis, EUROIMMUN, Takeda
Receipt of honoraria or consultation fees: ALK, Novartis, DBV technologies

Participation in a company sponsored speaker's bureau: ALK

Stock shareholder: none

Spouse/partner: not applicable

Other support (please specify): none

Signature:

Date:

12 / 10 / 20



EUROPEAN UNION OF MEDICAL SPECIALISTS
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accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: PETER KOROSÉC

AFFILIATION: PROF. DR

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:

12.10.20



**EUROPEAN UNION OF MEDICAL SPECIALISTS
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Marta Krawiec

AFFILIATION: Department of Paediatric Allergy, St Thomas' Hospital, London

Faculty of Life Sciences and Medicine, King's College London, London, UK

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: *Krawiec*

Date: 11Oct 2020

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Annette Kuehn

AFFILIATION: Department of Infection and Immunity, Luxembourg Institute of Health

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:

Laboratoires réunis Luxembourg

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

30/9/20



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Edward F. Knol

AFFILIATION: University Medical Center Utrecht, Utrecht, The Netherlands

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:

24 June 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

Dr. Tim Le

AFFILIATION:

umc utrecht, The Netherlands

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:

7-10-2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

AFFILIATION:

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

- ☐ X 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: Received support from a large number of public funding bodies

Receipt of honoraria or consultation fees: not in the last 3 years

Participation in a company sponsored speaker's bureau: no

Stock shareholder: no

Spouse/partner: no CoI

Other support (please specify): no CoI

Signature:

30.9.3030, Oslo

Date:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: THOMAS MARRS

AFFILIATION: GUY'S AND ST THOMAS' HOSPITAL TRUST, LONDON AND KING'S COLLEGE LONDON

DISCLOSURE

☐ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report YES – only third party

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: NONE

Receipt of honoraria or consultation fees: NONE

Participation in a company sponsored speaker's bureau: NONE

Stock shareholder: NONE

Spouse/partner: NONE

Other support (please specify): I am Director of the Allergy Academy, which is a post-graduate health care professional educational institute within King's College London. The Allergy Academy attracts commercial sponsorship from allergy-interested companies. From these funds, King's College London pay me 1 day per week to run this post-graduate institute.

Signature:

Date: 30th September 2020



EUROPEAN UNION OF MEDICAL SPECIALISTS
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Rosan Meyer

AFFILIATION: Imperial College 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 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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Danone/Nutricia

Receipt of honoraria or consultation fees:

Abbott, Danone/Nutricia

Participation in a company sponsored speaker's bureau:

Abbott, Danone/Nutricia, Nestle, Mead

Johnson

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:



ROSAN MEYER

Date: 30.09.2020

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Rosa M Muñoz Cano

AFFILIATION: Allergy Section. Hospital Clinic. Barcelona. Spain.

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

Signature:

Date: 30 September 2020



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info@eaccme.org

Conflict of Interest Disclosure Form

(to be completed by a candidate/organising committee members)

NAME: **MARY JANE MARCHISOTTO**

AFFILIATION: **AIM Advisory, LLC**

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LLE)", all declarations of potential or actual conflict 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 LLE, or on the website of the organiser of the LLE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LLE 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 grant/research support

Receipt of honoraria or consultation fees

Participation in a company sponsored speaker's bureau

Stock shareholding

Spouse/partner

Other support (please specify)

Signature:

Date:

Mary Jane Marchisotto

30 June 2020



EUROPEAN UNION OF MEDICAL SPECIALISTS
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Institution of the UEMS_{aisbl}

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Marek Jutel, MD

AFFILIATION: European Academy of Allergy and Clinical Immunology, President

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

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: Anergis SA, CH

Receipt of honoraria or consultation fees:

Stallergenes SA, Allergopharma Gmbh, ALK-Abello, HAL
Allergy, IQVIA, GER

Participation in a company sponsored speaker's bureau:
Stallergenes SA Allergopharma Gmbh, ALK-Abello, HAL
Allergy

Stock shareholder: none

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Spouse/partner: none

Other support (please specify): Investigator fees in clinical
trials: PPD, SCOPE, IQVIA, PHARM-OLAM, , GSK,

Signature:

Date: 06 Januar, 2020





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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: **Cristobalina Mayorga**

AFFILIATION: Research Laboratory and Allergy Unit, Hospital Regional Universitario de Málaga-IBIMA, Málaga, Spain

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: Málaga 25 June 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Clare Mills

AFFILIATION: The University of Manchester

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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

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:
Stock shareholder:

Name of commercial company

In the last five years:

BBSRC (CASE PhD Student Sponsored Genon and Waters Corp [completed 2017])

BBSRC (CASE PhD Student Sponsored by Waters Corp)

MRC (ICASE PhD Student Sponsored by Waters Corp [co-funding only]; completed 2019)

Industry Funded Research Reacta Biotech Ltd

Industry Funded Research DBV Technologies Ltd (completed 2016)

Innovate Knowledge-transfer partnership with Romer Labs UK Ltd (completed 2016)

Consultancy paid through the University of Manchester:

(1) To act as director for React Biotech LTD [Completed January 2020]

(2) Scientific advisory board for DBV Technologies [Completed June 2019]

(3) Session chair for Aimmune (2017)

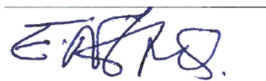
None

React Biotech LTD (Founder Shares)

Spouse/partner:
Other support (please specify):

None

Signature:

A handwritten signature in blue ink, appearing to be 'E. A. M. S.', written over a horizontal line.

Date: 24-JUN-2020

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Beatriz Moya

AFFILIATION: Allergy Unit, Hospital Universitario 12 de Octubre. Madrid, 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

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: JUNE 23, 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific organising committee members)

NAME: MARIA ANTONELLA MURARO

AFFILIATION: FOOD ALLERGY REFERRAL CENTRE
DEPT. OF WOMAN and CHILD HEALTH PADUA
UNIVERSITY HOSPITAL

In accordance with criterion 14 of document UEMS 2016 20 "EACCME3 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 EACCME3 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):

REGENERON, DVI

AIKIMUNE, DVB

Signature:

M.A. Muraro

Date:

June 24th, 2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Anna Nopp

AFFILIATION: Department of Clinical Science and Education, Karolinska Institutet

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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:

2020-07-02



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

LIAM O' MAHONY

AFFILIATION:

UNIVERSITY COLLEGE CORK, IRELAND

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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

Receipt of honoraria or consultation fees:

PBL

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

20/06/2020

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: **Sarita Ulhas Patil, MD**

AFFILIATION: **Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts, United States**

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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:

Buhlmann Laboratories, Sanofi

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: September 30, 2020

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accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: A/Prof Kirsten Perrett

AFFILIATION: Murdoch Children's Research Institute

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: DBV Technologies, MedImmune

Receipt of honoraria or consultation fees: nil

Participation in a company sponsored speaker's bureau: nil

Stock shareholder: nil

Spouse/partner: nil

Other support (please specify): nil

Signature:

Date:

05 Oct 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Jennifer Protudjer

AFFILIATION: University of Manitoba; Children's Hospital Research Institute of Manitoba.

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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:

University of Manitoba; Children's Hospital Research Institute of Manitoba; Manitoba Medical Services
Foundation; St-Boniface Research Foundation; Canadian Institutes of Health Research; Research Manitoba

Receipt of honoraria or consultation fees:

None.

Participation in a company sponsored speaker's bureau:

None.

Stock shareholder:

None.

Spouse/partner:

None.

Other support (please specify):

None.

Signature:

A handwritten signature in black ink, consisting of a stylized 'M' with a large loop on the left and a horizontal stroke extending to the right.

Date: 20201011

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Lynne Regent

AFFILIATION:

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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: 14/10/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Benjamin C. Remington, PhD

AFFILIATION: Remington Consulting Group B.V. and University of Nebraska

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DISCLOSURE

- ☐ I have no potential conflict of interest to report
- ☐ **XX** *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:

DBV Technologies

Receipt of honoraria or consultation fees:

DBV Technologies

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: September 30, 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

AFFILIATION:

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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 and Aimmune Therapeutics**

Receipt of honoraria or consultation fees: **GSK, FAES, Novartis, ALK-Abelló, Merck, LETI, Thermofisher scientific, Allergy Therapeutics and Aimmune**

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 30/09/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Sofia Romagosa Vilarnau

AFFILIATION: European Federation of Allergy and Airways Diseases Patients' Associations (EFA)

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: 06/10/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: **Graham Roberts**

AFFILIATION: **University of Southampton, UK**

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: **UK governmental Food Standards Agency**

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: **23 06 2020**



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

AFFILIATION:

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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:

GSK, Owlstone

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Angela simpson 14/10/20

Date:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: **Dr Isabel Skypala**

AFFILIATION: **Royal Brompton & Harefield NHS Foundation Trust, London, UK**

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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:

13/10/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Alexandra Figueira Santos

AFFILIATION: King's College London & Evelina London Children'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: Thermofisher, Buhlmann

Receipt of honoraria or consultation fees: Novartis, Allergy Therapeutics, Buhlmann, Thermofisher, Infomed

Participation in a company sponsored speaker's bureau: Buhlmann, Thermofisher, Nutricia

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Alexandra Figueira Santos

Date: 23/06/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Sabine Schnadt
AFFILIATION: German Allergy & Asthma Association (DAAG)

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:

S. Schnadt

Date:

12.10.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

AFFILIATION:

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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:

30 Sep 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr MARINA TSOUMANI

AFFILIATION: Consultant Allergist, Wythenshawe Hospital, Manchester University Foundation Trust
Honorary Research Associate, The University of Manchester

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DISCLOSURE

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

Type of affiliation / financial interest

Receipt of grants/research supports: (PI in a study)

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 Therapeutics

Signature:

Date: 15/10/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : PAUL TURNER

AFFILIATION: IMPERIAL COLLEGE 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 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:

Medical Research Council
National Institute for Health Research
European Commission
End Allergies Together
JM Foundation
Aimmune Therapeutics

Receipt of honoraria or consultation fees:

Aimmune Therapeutics
ILSI Europe
DBV Technologies
UK Food Standards Agency
Allergenics

Participation in a company sponsored speaker's bureau:

none

Stock shareholder:

none

Spouse/partner:

none

Other support (please specify):

none

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, consisting of stylized, overlapping letters and lines.

Date 4/10/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Marta Vazquez-Ortiz, MD PhD

AFFILIATION: NHLI, Imperial College London

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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: European Commission H2020 Marie S Curie Fellowship 2014, the Strategic Health Action, 'Instituto de Salud Carlos III, Spain' (ref: PI19/00497), Spanish Society of Paediatric Allergy, Asthma and Clinical Immunology (SEICAP), Spanish Society of Allergy and Clinical Immunology SEAIC, FPIES foundation.

Receipt of honoraria or consultation fees: None

Participation in a company sponsored speaker's bureau: None

Stock shareholder: None

Spouse/partner: None

Other support (please specify): None

Signature:

Date:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

AFFILIATION:

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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:	Reckitt Benkiser, National Peanut Board
Receipt of honoraria or consultation fees:	Reckitt Benkiser, DBV
Participation in a company sponsored speaker's bureau:	Danone, NNI, Abbott,
Stock shareholder:	none
Spouse/partner:	none
Other support (please specify):	none

Venter

September 30, 2020

Date:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

AFFILIATION:

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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: 1-10-2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: **Ronald van Ree**

AFFILIATION: **Amsterdam UMC, location AMC**

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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

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

Angany Inc.

HAL Allergy BV, Citeq BV, Angany Inc.

HAL Allergy BV, ThermoFisher

Signature:

Date: **July 2, 2020**



EUROPEAN UNION OF MEDICAL SPECIALISTS
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: M Walker

AFFILIATION: Laboratory of the Government Chemist (LGC)

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 the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Food Standards Agency (UK government) research grant to LGC FS101206 Food allergen reference materials (no contribution to the e-FAAM meeting 2020)

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

30 Sept. 2020.

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

AFFILIATION:

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:	Nutricia Research Foundation
Receipt of honoraria or consultation fees:	None
Participation in a company sponsored speaker's bureau:	None
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	Our group at the Pharmacology division of Utrecht University works in a strategic alliance together with Danone-Nutricia Research B.V.

Signature:

Date: 02-10-2020

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

GARY WK WONG

AFFILIATION:

Chinese University of Hong Kong

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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 Oct 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *Prof. Dr. med. Margitta Löbner*

AFFILIATION: *Division of Allergy and Immunology, Department of Dermatology and Allergy, 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:

none

Receipt of honoraria or consultation fees:

*> Alk-Abellö Arzneimittel GmbH,
Mylan Germany GmbH, Leo Pharma
GmbH, Sanofi-Aventis Deutschland GmbH,
Regeneron Pharmaceuticals, DBV Technologies
S.A., Stallergenes GmbH, HAL Allergie GmbH,
Allergopharma GmbH & Co. KG, Bencard
Allergie GmbH, Aimmune Therapeutics Ltd
Limited, Actelion Pharmaceuticals Deutschland
GmbH, Novartis AG, Biotest AG, Abbvie
Deutschland GmbH & Co. KG and Lilly Deutschland GmbH*

Participation in a company sponsored speaker's bureau:

Stock shareholder:

none

Spouse/partner:

none

Other support (please specify):

none

Signature:

Date:

24.06.20



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Maria Yazdanbakhsh

AFFILIATION: Leiden University Medical Center

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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 Oct 20