Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...............David Orton

AFFILIATION: ......ESCD

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

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

have given a talk sponsored by La Roche Posay

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

L’Oreal
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ana M Giménez Arnau

AFFILIATION: Department of Dermatology . Hospital del Mar. IMIM. Universitat Autònoma. Barcelona

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DISCLOSURE

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<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<tr>
<td>Receipt of grants/research supports:</td>
<td>Uriach Pharma, Novartis, Grants from Instituto Carlos III- FEDER</td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Uriach Pharma, Genentech, Novartis, GSK</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>Uriach Pharma, Novartis, Genentech, Menarini, LEO- PHARMA , GSK, MSD, Almirall</td>
</tr>
</tbody>
</table>

Signature

Date: 14-May -2018
NAME: Schmidt-Welz

AFFILIATION: ZAUM TUM

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

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<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<tr>
<td>Receipt of grants/research supports:</td>
<td>Belcara, LETI, ALLERGOPHARMA</td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Belcara, LETI, ALLERGOPHARMA</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
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<tr>
<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
<td></td>
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<tr>
<td>Other support (please specify):</td>
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Signature: [Signature] Date: 14 May 2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Carsten Bindslev-Jensen

AFFILIATION: ORCA, Odense 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

Receipt of grants/research supports: Novartis, HAL, Alimmune, Allakos

Receipt of honoraria or consultation fees: Allakos

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: May 15th, 2014
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Thomas Rustemeyer.

AFFILIATION: Department of Dermatology – Allergology, VU university medical center, Amsterdam, The Netherlands,

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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: Rustemeyer Date: 16-05-2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ioana Agache

AFFILIATION: Faculty of Medicine, Transylvania University, Brasov, Romania

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<td>Receipt of grants/research supports:</td>
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<td>Receipt of honoraria or consultation fees:</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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</tr>
<tr>
<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
<td>-</td>
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<tr>
<td>Other support (please specify):</td>
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</tbody>
</table>

Signature: 

Date: 26 October, 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Wolfgang Uter, MD

AFFILIATION: ...Univ. of Erlangen/Nürnberg, Dept. of Medical Informatics, Biometry and Epidemiology, Germany.

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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

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Name of commercial company

Travel reimbursement for study meetings by IFRA

Lecture fee from mixed dermatopharmaceutical sponsors (Sept. 2018, Toledo, Spain, GEIDAC meeting). Lecture fee from Paul-
Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 2018/01/03
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof. Dr. med. Tilo Biedermann

AFFILIATION: Department of Dermatology, Technical University of Munich

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.

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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

Celgene, Novartis, Phadia-Thermo-Fischer,

Sanofi-Aventis, Mylan, Novartis, Phadia-Thermo-Fischer, Janssen, Alk-Abello

- “-” -

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Signature: [Signature]

Date: 11 May 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Charlotte G Mortz

AFFILIATION: Allergy Centre, Odense University Hospital, DK-5000 Odense C

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.

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<td>Participation in a company sponsored speaker's bureau:</td>
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<td>Stock shareholder:</td>
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<td>Teaching for Novartis 2017, 2 hours.</td>
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</tbody>
</table>
Subinvestigator for Aimmun, Allakos.

Signature: [Signature]

Date: 9/5/18
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Dr. med. Martin Glatz............

AFFILIATION: ...Allergy Unit, Department of Dermatology, University Hospital Zurich

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<td>Receipt of grants/research supports:</td>
<td>Sanofi Aventis, Allergopharma, Bayer, Stallergenes, Novartis</td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
<td></td>
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<tr>
<td>Other support (please specify):</td>
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</tbody>
</table>
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : Prof. Dr. Martin Metz

AFFILIATION: Charité – Universitätsmedizin Berlin, Charitéplatz 1, 10117 Berlin

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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

Bayer, Moxie, Sanofi, Novartis, Uriach,

Celgene, Beiersdorf

Signature: Martin Metz

Date: 9 May 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Prof. Dr. med. Vera Mahler

AFFILIATION: ...Paul-Ehrlich-Institute, Paul-Ehrlich-Straße 51-59, 63225 Langen, Germany

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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: 09.05.18

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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ……………………Knut Brockow………………………

AFFILIATION: Dpt of Dermatology and Allergy TUM Munich.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Phadia, Novartis

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Date: 10.11.18
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Magnus Bruze

AFFILIATION: Department of Occupational and Environmental Dermatology, Lund University, Skåne University Hospital, Malmö, Sweden

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Type of affiliation / financial interest                      Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: member of expert panel for safety of fragrance materials, lectured at patch test course arranged by SmartPractice in January, 2017

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Pavel Kolkhir

AFFILIATION: I.M. Sechenov First Moscow State Medical University (Sechenov University)

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Signature:  
Date: 10.05.2018