

NAME: ...Giovanni Pajno.....

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

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

AFFILIATION: Department of Pediatrics- University Of Messina- No. 11.	∕lessina-	
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 	ort	
Type of affiliation / financial interest	Name of commercial company	
Receipt of grants/research supports:	name of commercial company	
Receipt of honoraria or consultation fees:		
Participation in a company sponsored speaker's bureau:		
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

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Signature:

Professor Giovanni B. Pajno

Date:8th- May- 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Prof. Dr. med. Margitta Worm

AFFILIATION: Charité-Univeristätsmedizin Berlin, Department of Dermatology and Allergy

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DISCLOSURE

Q I ha	ve no potential conflict of interest to report	
☐ I ha	ve the following potential conflict(s) of interest	to report
Туре о	f affiliation / financial interest	Name of commercial company
Receip	t of grants/research supports:	
Receip	t of honoraria or consultation fees:	
Partici	pation in a company sponsored speaker's burea	au:
Stock :	shareholder:	
Spouse	e/partner:	
Other	support (please specify):	
Signature:	A 0 1	Date: 09.05.2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: OZLEM CAVKAYTAR

AFFILIATION: Department of Pediatric Allergy, İstanbul Medeniyet University, Göztepe Training And Research Hospital, Kadıköy, İstanbul

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DISCLOSURE

I have no potentia	conflict of interest to report
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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:

Th May 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Lars Jacobsen
AFFILIATION:ALC Copenhagen
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
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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):
Signatura Pata 16/E 2018



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NAME:MONTSERRAT ALVARO LOZAÑO.....

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Conflict of Interest Disclosure Form

(to be completed by scientific, organising committee members)

AFFILIATION:Allergy and ciinical Immunology Department, Hos	pital Sant Joan de Déu, Esplugues,	
In accordance with criterion 24 of document CEMS 2012/2017, and had EACCIME", all declarations of potential or actual conflicts of interest, where relationship, must be provided to the EACCIME® upon submission of the made readily available, either in printed form, with the programme of organiser of the LEE. Declarations must include whether any fee, honor imbursement of expenses in relation to the LEE has been provided.	nether due to a financial or other e application. Declarations also must be the LEE, or on the website of the	
DISCLOSTIRE		
□XX I have no potential conflict of interest to report		
I have the following potential conflict(s) of interest to report		
Type of affiliation / financial interest	Name of commercial company	
Receipt of grants/research supports:		
Receipt of honoraria or consultation fees:		
Participation in a company sponsored speaker's bureau:		
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		

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Signature:

Date: 16-5-2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Carmen Riggioni Víquez

AFFILIATION: Pediatric allergy and clinical immunology department, Hospital San Joan de Déu Barcelona, Spain

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

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Signature:

Date: 18 mayo 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Antonella Cianferoni		
AFFILIATION:the Children's Hospital of Phialdelphia		
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: DBV PI for SMILEE study, Shire PI for 301 study		
Receipt of honoraria or consultation fees: DBV		
Participation in a company sponsored speaker's bureau:		
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		

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Signature:

Date:

5/21/2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: PASQUALE COMBERIATI

🕱 I have no potential conflict of interest to report

AFFILIATION: UNIVERSITY OF VERONA, PEDIATRIC CLINIC

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DISCLOSURE

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	



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(to be completed by faculty members)

NAME : Muraro Maria Antonella	
AFFILIATION:Dept.of Woman and Child Health, University of	Padua , Padua , Italy
In accordance with criterion 14 of document UEMS 2016/20 "EACCM Educational Events (LEEs)", all declarations of potential or actual conflict or other relationship, must be provided to the EACCME® upon submiss must be made readily available, either in printed form, with the progethe organiser of the LEE. Declarations must include whether any formula imbursement of expenses in relation to the LEE has been provided.	cts of interest, whether due to a financial sion of the application. Declarations also tramme of the LEE, or on the website of
DISCLOSURE	
☐ I have no potential conflict of interest to report	
☐ X I have the following potential conflict(s) of interest to re	eport
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:	Aimmune , DVB , Nestlè, MEDA
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Maria Antonella Muraro

Date: June 23rd, 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Susanne Halken

AFFILIATION: Hans Christian Andersen Children's Hospital, Odense University Hospital, Denmark

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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:

Receipt of honoraria or consultation fees: Member of Steering Committee for the Grazax

Asthma Prevention study. Paid by ALK-Abelló for participation in meetings only. Seldom receiving honoraria for lecturing for different companies.

Participation in a company sponsored speaker's bureau: None

Stock shareholder: None

Spouse/partner: None

Other support (please specify):

None

Signature: Susanne Halken Date: 30.07.2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Domingo Barber Hernandez

AFFILIATION: Universidad San Pablo CEU. Facultad de Medicina

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DISCLOSURE

- 1	☐ 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
1	Receipt of grants/research supports:	
	Receipt of honoraria or consultation fees:	ALK,AIMMUNE
	Participation in a company sponsored speaker's bureau:	
3	Stock shareholder:	
	Spouse/partner:	
	Other support (please specify):	
ign	ature:	Date:08/05/2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Pablo Rodríguez del Río

AFFILIATION: Hospital Niño Jesús, Madrid, Spain.

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DISCLOSURE

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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

Aimmune, ALK-Abelló

FAES, Allergy Therapeutics,

None

None

None

None

Signature: Date: 8th, May, 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Alberto Alvarez-Perea

AFFILIATION: Allergy Service, Hospital General Universitario Gregorio Marañón, 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:

Signature: Date: 20/August/2018

Other support (please specify):



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Mohamed Shamji

Spouse/partner:

Other support (please specify):

AFFILIATION: Imperial College London

☐ I have no potential conflict of interest to report

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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:	Via Imperial College London (ALK, ASIT, Leti, Regeneron	
Receipt of honoraria or consultation fees:	ALK, and ASIT	
Participation in a company sponsored speaker's bureau:	N/A	
Stock shareholder:	N/A	

N/A

N/A

Signature: Date: 6th September 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Graham Roberts

AFFILIATION: University of Southampton

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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-Abello – investigator in GAP and MT-11 studies – fees to my University; supported consumables in my research programme Receipt of honoraria or consultation fees: ALK-Abello – consultation fees to my University Participation in a company sponsored speaker's bureau: ALK-Abello, Thermo Fisher, Allergen **Therapeutics** Stock shareholder: None Spouse/partner: None Other support (please specify): Coordinator of EAACI AIT Guidelines and Chair of the Rhinoconjunctivitis Guideline

Signature: Date: 7th September 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Pfaar, Oliver

AFFILIATION: Department of Otorhinolaryngology, Head and Neck Surgery, Universitätsmedizin Mannheim, Medical Faculty Mannheim, Heidelberg University, Mannheim, Germany.

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DISCLOSURE

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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: See next page

Receipt of honoraria or consultation fees:

See next page

Participation in a company sponsored speaker's bureau: See next page

Stock shareholder: none

Spouse/partner: none

Other support (please specify): See next page

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Dr. Pfaar reports grants and personal fees from ALK-Abelló, grants and personal fees from Allergopharma, grants and personal fees from Stallergenes Greer, grants and personal fees from HAL Allergy Holding B.V./HAL Allergie GmbH, grants and personal fees from Bencard Allergie GmbH/Allergy Therapeutics, grants and personal fees from Lofarma, grants from Biomay, grants from Nuvo, grants from Circassia, grants and personal fees from ASIT Biotech Tools S.A., grants and personal fees from Laboratorios LETI/LETI Pharma, personal fees from Novartis Pharma, personal fees from MEDA Pharma, grants and personal fees from Anergis S.A., personal fees from Mobile Chamber Experts (a GA2LEN Partner), personal fees from Pohl-Boskamp, personal fees from Indoor Biotechnologies, grants from Glaxo Smith Kline. Dr. Pfaar is member of the ExCom of the EAACI, Interest-Group Representative of the EAACI, Member of the (ext.) board of Directors of the German Society of Allergy and Clinical Immunology (DGAKI), corresponding author/coordinator or co-author of different guideline projects of the EAACI and DGAKI.

Signature:

Date

902/2

10-09-2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Marta Vazquez-Ortiz	
AFFILIATION: Consultant in Paediatric Allergy, Imperial Colleg Course director PG Cert, PG Dip and MSc in Allergy, Imperial College	
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DISCLOSURE	
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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

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Signature:

Date:11.9.18