European Union of Medical Specialists (UEMS)
European Accreditation Council on CME (EACCME®)

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T +32 2 649 51 64 - F +32 2 640 37 30
eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form
(to be completed by faculty 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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: B Ryffel

Date: 30/07/2019
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Domingo Barber
AFFILIATION: Universidad San Pablo CEU

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DISCLOSURE

☐ I have no potential conflict of interest to report
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Type of affiliation / financial interest

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

Signature: ____________________________  Date: 20/6/2019
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Caspar Ohnmacht

AFFILIATION: ZAUM- Center of Allergy & Environment, Technical University and Helmholtz Center Munich, Ingolstaedter Landstrasse 1, 85764 Neuherberg near Munich

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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: Caspar Ohnmacht

Date: 28.03.2019
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Eva Untersmayr-Elsenhuber

AFFILIATION: Medical University of Vienna

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Signature: [Signature] Date: 12.11.2019