

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS 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		
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:		
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		

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation



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NAME: Domingo Barber

AFFILIATION: Universidad San Pablo CEU

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DISCLOSURE

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☐ I have the	☐ I have the following potential conflict(s) of interest to report		
Type of affili	iation / financial interest	Name of commercial company	
Receipt of gr	rants/research supports:	ALK, Alero	
Receipt of ho	onoraria or consultation fees:	Aimmune, ALK	
Participation	n in a company sponsored speaker's b	ureau:	
Stock shareh	nolder:		
Spouse/part	ner:		
Other suppo	rt (please specify):		
	1		
			
Signature:		Date: 20/6/2019	

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(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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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):
Sig	nature: asper Alumont Date: 28.03.2019



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NAME: Eva Untersmayr-Elsenhuber

AFFILIATION: Medical University of Vienna

☐ I have no potential conflict of interest to report

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DISCLOSURE

$x\Box$ I have the following potential conflict(s) of interest t	to report
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Nordmark Arzneimittel GmbH & Co KG
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	: Danone Trading Medical B.V.
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: 1 10 may E	Date: 12.11.2019