



EUROPEAN UNION OF MEDICAL SPECIALISTS

**The European Accreditation Council
for Continuing Medical Education – EACCME®**

AVENUE DE LA COURONNE, 20

BE-1050 BRUSSELS

www.eaccme.eu

Institution of the UEMS_{aisbl}

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accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : PINAR UYSAL

AFFILIATION: AYDIN ADNAN MENDERES UNIVERSITY

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

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: NONE

Participation in a company sponsored speaker's bureau: NONE

Stock shareholder: NONE

Spouse/partner: NONE

Other support (please specify):

Signature:

P. Uryal

Date:

08/12/2019

UEMS_{aisbl} - Union Européenne des Médecins Spécialistes | Avenue de la Couronne 20,
BE-1050 Bruxelles IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 |
VAT n° BE 0469.067.848



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Bülent Enis Şekerel.....

AFFILIATION: Hacettepe University School of Medicine Ankara TURKEY.....

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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:

22. Oct. 2019



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NAME : Orpe Sozer

AFFILIATION: Hacettepe University School of Medicine

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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: 10/12/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Aslı Gelincik.....

AFFILIATION: Immunology and allergic Diseases, Internal Medicine, Istanbul Faculty of Medicine
Istanbul University.....

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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 **X**

Type of affiliation/financial interest

Name of commercial company

Receipt of grants/research supports:

CSL Behring- announced in Jan 2020

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Takeda- UNEV Preceptorships on Recurrent Angioedema 23-24 Jan 2020

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:



Date: 19.12.2019

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Sevim Bavbek.....

AFFILIATION: Full time professor in Ankara University, School of Medicine, Dept Of Chest Diseases, Division of Allergy and Clinical Immunology.....

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation/financial interest

Name of commercial company

Receipt of grants/research supports:

Astra Zeneca Turkey

Receipt of honoraria or consultation fees:

Novartis, Turkey

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 09.10.2019



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