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Col - Stephen Wilkinson.pdf
Col - Thomas Werfel.pdf
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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Kristiina Aalto-Korte.....

AFFILIATION: Finnish Institute of Occupational Health.....

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:

Date: November 6th 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Prof. Tilo Biedermann

AFFILIATION: Klinikum rechts der Isar der TU München, Klinik und Poliklinik für Dermatologie und Allergologie, Biedersteiner Str. 29, 80802 München

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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:

TILO BIEDERMANN
Direktor der Klinik und Poliklinik
für Dermatologie und Allergologie
am Biederstein
Technische Universität München
Biedersteiner Str. 29, 80802 München

Date: 05.10.2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Sigurd Broesby-Olsen

AFFILIATION: ...Department of Dermatology and Allergy Centre

Odense University Hospital, Denmark

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:

Date: 26.Oct 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Magnus Bruze

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

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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: Member of expert panel for fragrance safety, Lectured at meeting arranged by SmartPractice, Accomodation and travelling paid by Unilever – sensitization meeting.

Research Institute for Fragrance Materials, Smart Practice, Unilever

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

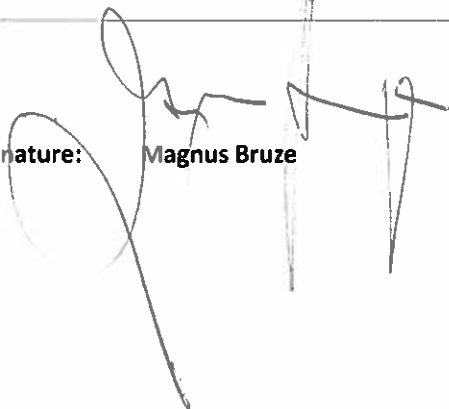
Other support (please specify):

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Signature:

Magnus Bruze

A handwritten signature in black ink, appearing to read 'Magnus Bruze', written over a horizontal line. The signature is stylized with a large loop on the left and a vertical stroke on the right.

Date:February 25, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Schmidt-Weber*

AFFILIATION: *ZAUM, TUM*

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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: | <i>Bencard, Leti, Allergopharma</i> |
| Receipt of honoraria or consultation fees: | <i>Bencard, Leti, Allergopharma</i> |
| Participation in a company sponsored speaker's bureau: | <i>/</i> |
| Stock shareholder: | <i>/</i> |
| Spouse/partner: | <i>/</i> |
| Other support (please specify): | <i>/</i> |

Signature: *[Handwritten Signature]*

Date: *14. May 2018*



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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.....

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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):

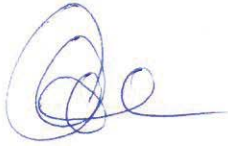
Teaching for Novartis 2017, 2 hours.

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EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Subinvestigator for Aimmun, Allakos.

Signature:



Date:

9/5-18



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...An Goossens.....

AFFILIATION: ...Prof. Em. Dept. Dermatology, University Hospital KULeuven, B-3000 Leuven,
Belgium.....

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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):

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Signature:

A handwritten signature in black ink, appearing to read 'M. M. M.', written in a cursive style with a long horizontal stroke extending to the right.

Date: 06-11-2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Dr Clive Grattan

AFFILIATION: St John's Institute of Dermatology, London

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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: Novartis

Participation in a company sponsored speaker's bureau:
Novartis

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: **CEH Grattan**

Date: 10/10/2018



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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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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:

Phadia, Novartis

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 10.11.18



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Karoline Krause

AFFILIATION: Charité - Universitätsmedizin Berlin

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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:

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

Novartis, Regeneron, Roche, Shire

Novartis, Roche, SOBI, CSL Behring

Signature:

Date:

8.10.18



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

Prof. Vera Mahler, M.D.
Director and Professor

NAME : ~~...Head..of.Division.of.Allergology~~

Paul-Ehrlich-Institut

AFFILIATION: ~~.....Paul-Ehrlich-Straße 51-59~~
63225 Langen

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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:

5. 10. 18



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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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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:

Sanofi Aventis, Allergopharma, Bayer,
Stallergenes, Novartis

Participation in a company sponsored speaker's bureau:

Stock shareholder:

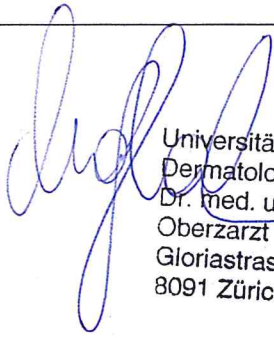
Spouse/partner:

Other support (please specify):

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Signature:



UniversitätsSpital Zürich
Dermatologische Klinik
Dr. med. univ. Martin Glatz
Oberarzt
Gloriastrasse 31
8091 Zürich

Date:

9.5.2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Prof. Dr. Martin Metz

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

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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:

Bayer, Moxie, Sanofi, Novartis, Uriach,
Celgene, Genentech

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 05-Oct-2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Thomas Rustemeyer

AFFILIATION: VU university medical center, Amsterdam.....

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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: 22-10-2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: CHRISTINA SCHUOFF
AFFILIATION: Technical University Munich, Dermatology

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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:

25-FEB-2019

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Frank SIEBENHAAR

AFFILIATION: Charité-Universitätsmedizin Berlin

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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: 25-FEB-2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Christine Schönmann.....

AFFILIATION:Klinik und Poliklinik für Dermatologie und Allergologie am Biederstein

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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: 19.03.2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Lene Heise Garvey, MD, PhD, Associate Professor.....

AFFILIATION: ...Allergy Clinic, Dept. of Dermatology and Allergy, Gentofte Hospital and Dept of Clinical Medicine, University of Copenhagen, 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

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: Member of adjudication committee, Merck, New Jersey, USA and Novo Nordisk A/S, Denmark

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 19. January 2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Maja Mockenhaupt, MD, PhD

AFFILIATION: dZh, Dept.of Dermatology, Medical Center & Medical Faculty – University of Freiburg, Germany

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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: **They concern the risk factors of severe cutaneous adverse reactions.**

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Sanofi-Aventis, Bayer Pharma, Tibotec-Janssen, UCB Pharma

Receipt of honoraria or consultation fees:

Pfizer, USA, in 2017; Merck, USA, in 2015

Participation in a company sponsored speaker's bureau:

-

Stock shareholder:

-

Spouse/partner:

-

Other support (please specify):

-

Signature:

Date: 27.02.19



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Paul Schmidle

AFFILIATION:

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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:

5/4/19



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Peter Schmid-Grendelmeier

AFFILIATION: Allergy Unit, Dept. of Dermatology, University Hospital of Zurich, 8091 Zurich, Switzerland

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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: AbbVie, EllyLilly,
Novartis Pharma,

Receipt of honoraria or consultation fees: CSL Behring,
Allergopharma, ALK-Abello, GSK, MSD, Novartis Pharma,
Pfizer, Sanofi, Shire Takeda

Participation in a company sponsored speaker's bureau:
None

Stock shareholder: None

Spouse/partner: None

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify): None

Signature:



Date: 12.03.2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : LEXNART M. ROESNER

AFFILIATION: DIV. OF IMMUNODERMATOLOGY AND ALLERGY RESEARCH, DIV. OF DERMATOLOGY AND ALLERGY, HANNOVER MEDICAL SCHOOL

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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:

NOVARTIS

Receipt of honoraria or consultation fees:

NOVARTIS

Participation in a company sponsored speaker's bureau:

/

Stock shareholder:

/

Spouse/partner:

/

Other support (please specify):

/

Signature:

L. Roesner

Date:

4.4.19



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Kathrin Scherer Hofmeier.....

AFFILIATION: University Hospital Basel.....

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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:

29.7.19



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Conflict of Interest Disclosure Form

NAME : Stephen Mark Wilkinson

AFFILIATION: Leeds Teaching Hospitals NHS Trust

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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:

European Academy of Dermato-venereology

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Other support (please specify): travel reimbursement:

British Association Dermatology, British Society
Cutaneous Allergy, Cosmetic Toiletry
Perfumery Association, Unilever

Accommodation and travel expenses:

European Academy Allergy & Clinical
Immunology for SAM 2019

Signature:

Date: 11 March 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Werfel*

AFFILIATION: *MM-Hannover*

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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:

Prof. Dr. T. Werfel
Medizinische Hochschule Hannover
Klinik für Dermatologie, Allergologie und Venerologie
Abteilung Immundefmatologie
und experimentelle Allergologie
Carl-Neuberg-Straße 1 • 30625 Hannover
Telefon (05 11) 5 32-5092 • Fax -8112

Date:

15th MAR 2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Wolfgang UTER

AFFILIATION: IMBE Friedrich-Alexander Univ. Erlangen/Nürnberg

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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):

✓
 { Mixed deam-pharm. sponsor,
 Paul-Ehrlich-Instiut
 ✓
 ✓
 ✓
 Travel reimbursement for participation in study meetings by IDEA (fragrance industry)
 Date: 2019/02/06

Signature:

Wolfgang Uter