Conflicts of Interest Disclosure Form
(to be completed by faculty members)

NAME: Miss MARIA DEL MAR

AFFILIATION: FERNANDEZ NIETO

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

- 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

Signature: [Signature]

Date: 15/08/2017

UEMS® - Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 BIC (SWIFT) BPOTBE81 VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: de Blayf

AFFILIATION: University Hospital of Heesbourg

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Signature: [Signature]

Date: 23.05.2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Andrea Alfredo Maria / Siracusa

AFFILIATION: formerly University of Perugia, Perugia, Italy

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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):

Signature: Andrea Siracusa

Date: August 3, 2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME : Gianna Moscato

AFFILIATION: Specialization School in Occupational Medicine, University of Pavia, Italy

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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: 03.8.2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Vandenplas, Olivier

AFFILIATION: CHU UCL, Namur, Your, Belgium.

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</table>

Signature: [Signature]

Date: 03/08/2014
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Prof. Dr. Monika Raufl

AFFILIATION: Institute for Prevention and Occupational Medicine of the German Social Accident Insurance (IPA); Institute of the Ruhr-University Bochum; Bochum Germany.

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Receipt of honoraria or consultation fees:

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Spouse/partner:

Other support (please specify):

Name of commercial company

ThermoFisher, HAL, Astella (before 2017)

Signature: [Signature]

Date: 2017/08/14