Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

Elizabeth Phillips, MD
NAME : .............................................
Vanderbilt University Medical Center, Nashville, TN USA
Institute for Immunology and Infectious Diseases
AFFILIATION: ...........................................

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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td></td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td></td>
</tr>
<tr>
<td>Consultation fees</td>
<td>Aicuris</td>
</tr>
<tr>
<td>Consultation fees</td>
<td>BioCryst Pharmaceuticals Inc</td>
</tr>
</tbody>
</table>
Participation in a company sponsored speaker’s bureau:

**Stock shareholder:** I am a co-director and Shareholder of IIID Ltd that holds a patent on HLA-B*57:01 screening for abacavir hypersensitivity.

Spouse/partner: Spouse is also a director and shareholder of IIID Ltd that holds a patent on HLA-B*57:01 screening for abacavir hypersensitivity.

Other support (please specify):

Signature: [Signature]

Date: 23 August, 2017
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: PATRIZIA BONADONNA

AFFILIATION: Allergy Unit Azienda Ospedaliera Universitaria of Verona

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

X 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:                         Alk Abellò, Thermofisher

Receipt of honoraria or consultation fees:                   

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:                                                   Date: 25/08/2017
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Tetsuo Shiokara

AFFILIATION: Dept of Dermatology, Kyorin Univ. Sch. of Med.

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: No                                          
Receipt of honoraria or consultation fees: No                                    
Participation in a company sponsored speaker's bureau: No.                       
Stock shareholder: No.                                                          
Spouse/partner: No.                                                              
Other support (please specify): No.                                               

Signature: Tetsuo Shiokara                                                     Date: 8/26/2017
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: [Signature]

AFFILIATION: [Signature]

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.

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<tr>
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<td>Other support (please specify):</td>
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</table>

Signature: [Signature]          Date: 28/03/2012
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ingrid Terbovich

AFFILIATION: Allergist

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
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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: 28/8/2017
Conflict of Interest Disclosure Form

NAME: MARIA JOSE TORRES JAEN

AFFILIATION: ALLERGY UNIT, REGIONAL UNIVERSITY HOSPITAL, MALAGA, SPAIN

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

Signature: [Signature]
Date: 28-AUGUST-2017
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Shuen-Iu Hung
AFFILIATION: National Yang-Ming University, Taipei, Taiwan

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

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: Shuen-Iu Hung
Date: 2017/ Sep/ 11
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Wen-Hung Chung

AFFILIATION: Chang Gung Memorial Hospital, Taipei, Taiwan

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

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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: [Signature]

Date: 2019

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Munir Pirmohamed

AFFILIATION: University of Liverpool

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

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: ___________________________ Date: 8th September 2017
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ......Dr Dean Naisbitt

AFFILIATION: ......The University of Liverpool....

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DISCLOSURE

☐ I have no potential conflict of interest to report

Signature:  

Date: 25/9/17
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Maja Mockenhaupt, MD, PhD
AFFILIATION: Medical Care Faculty, University of Tübingen, Germany

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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>through contracts of companies with university (Sanofi, Teijin, Boehringer Ingelheim)</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>member of an expert panel on drug reactions (Teijin)</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
</tbody>
</table>

Stock shareholder: /
Spouse/partner: /
Other support (please specify):

Signature: [Signature]
Date: 18.10.2017

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Carsten Schmidt-Weber

AFFILIATION: Center for Allergy and Environment (ZAUM), Munich Allergy Research Center (MARC)

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.

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<th>Type of affiliation / financial interest</th>
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<td>LETI Pharma</td>
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<td>Receipt of honoraria or consultation fees:</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>Allergopharma</td>
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<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
<td></td>
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<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: [Signature]

Date: 07/08/2017
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Ioana Agache

AFFILIATION: Transylvania University, Brasov, Romania

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

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<td>Receipt of honoraria or consultation fees:</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
<td></td>
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<tr>
<td>Other support (please specify):</td>
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Signature: ___________________________ Date: 07/08/2017

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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Barbaud Annick ...........................................

AFFILIATION: Dermatology and Allergy department
Sorbonne Universities, UPMC, Paris VI,
Tenon Hospital, 4 rue de la Chine
75020 – PARIS - France...........................................

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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: during the last 5 years
→ NOVARTIS, GSK

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau: 0

Stock shareholder: 0

Spouse/partner: 0
Other support (please specify):

* Participation to sponsored symposium as a speaker: → NOVARTIS

* Participation to the scientific committee: La Roche Posay laboratory (dermo-cosmetic, no pharmacy)

Signature: 

Date: 08/22/2017
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ……Knut Brockow........................................

AFFILIATION: ……Department of Dermatology Biederstein, TU Munich........................................

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DISCLOSURE

x I have no potential conflict of interest to report

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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
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<tr>
<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
<td></td>
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<tr>
<td>Other support (please specify):</td>
<td></td>
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</table>

Signature:    

Date: 22.08.17
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Cristobalina Mayorga

AFFILIATION: Research Laboratory and Allergy Unit, IBIMA, Regional University Hospital of Malaga, UMA, Malaga, Spain

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<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td></td>
</tr>
</tbody>
</table>
Spouse/partner:

Other support (please specify):

Signature: ____________________________ Date: 22 August 2017

[Signature]

AVENUE DE LA COURONNE, 20
BE- 1050 BRUSSELS
www.uems.net

T +32 2 649 51 64
F +32 2 640 37 30
info@uems.net
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : ...Hye-Ryun Kang...

AFFILIATION: ...Seoul National University College of Medicine...

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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: Aug 22nd, 2017
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Lene Heise Garvey MD PhD ............................................

AFFILIATION: ...Allergy Clinic, Gentofte Hospital, Denmark ............................

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DISCLOSURE

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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

Merck, AMAG pharmaceuticals, Biogen

Signature: ............................................................

Date: 22/8/17

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ....Simon Mallal

AFFILIATION: ..........Vanderbilt University Medical Center

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</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
</tr>
<tr>
<td>Stock shareholder: I am a Director and Shareholder of IIID Ltd that holds a patent on HLA-B*57:01 screening for abacavir hypersensitivity.</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner: Spouse is also a shareholder of IIID Ltd that holds a patent on HLA-B*57:01 screening for abacavir hypersensitivity.</td>
<td></td>
</tr>
</tbody>
</table>
Other support (please specify):

Signature: ____________________________  Date: 22 August 2017
**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

**NAME**: Pichler Werner

**AFFILIATION**: ADR-AC GmbH, Bern

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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: | Teleflex, Novartis
Participation in a company sponsored speaker’s bureau: | -
Stock shareholder: | ADR-AC, owner
Spouse/partner: | ADR-AC
Other support (please specify): | -

**Signature**: [Signature]

**Date**: Sept 22, 2017