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

NAME: ...Hans Jürgen Hoffmann........................................

AFFILIATION: Aahus 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

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

Signature: ____________________________ Date: 4 October 2017
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Paule Maria Matricardi

AFFILIATION: Charité Medical University, Berlin

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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):

Signature: [Signature]

Date: 31.07.2017

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Chrysanthi Skevaki

AFFILIATION:

Institute of Laboratory Medicine and Pathobiochemistry,
Molecular Diagnostics
Philipps University Marburg
University Hospital Giessen and Marburg GmbH
Campus Marburg
Baldingerstrasse
35043 Marburg, Germany

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<td>Receipt of grants/research supports: Mead Johnson</td>
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<td>Receipt of honoraria or consultation fees: Hycor</td>
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<td>Spouse/partner: None</td>
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<td>Other support (please specify): None</td>
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</table>

Signature: Chrysanthi Skevaki

Date: 04 Oct 2017