Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Barbara Bohle

AFFILIATION: Medical University of Vienna

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: [Signature]
Date: 7.5.2018

UEMS BE — Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE1 | VAT n° BE 0469.067.848
NAME: …..Talal Chatila....

AFFILIATION: …..Boston Children’s Hospital, Harvard Medical School,........

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**

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- X I have the following potential conflict(s) of interest to report

<table>
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<tr>
<th>Type of affiliation / financial interest</th>
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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>
<td>Consortia Therapeutics</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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Signature: ___________________________ Date: January 9, 2019
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Eyerich Stefanie

AFFILIATION: Technical University and Helmholtz Center Munich

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<td>Stock shareholder:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 15.12.2018
## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof. Dr. Jan Gutermuth
AFFILIATION: ...VUB/ UZ Brussel

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

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<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<tr>
<td>Receipt of grants/research supports:</td>
<td>Abbvie, ALK Abello, Almirall, Ariez</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>International, Celgene, Janssen, LEO,</td>
</tr>
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<td></td>
<td>Lilly, Sanofi</td>
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</tbody>
</table>
Participation in a company sponsored speaker’s bureau: Abbvie, Celgene, Eucerin, Janssen, LEO, La Roche Posay, Nestle, Pierre Fabre, Sanofi, Thermo Fisher

Stock shareholder: 

Spouse/partner: No

Other support (please specify): No

Signature: 

Date: 10.12.2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ......................................................

AFFILIATION: ......................................................

DEPT OF PATHOL, OXO UNIVERSITY HOSPITAL

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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☐ 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: ...................................................... Date: ......................................................
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: ..................Andrew MacDonald

AFFILIATION: ...........University of Manchester.

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.

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<td>Receipt of grants/research supports:</td>
<td>GSK, Immodulon Therapeutics, MRC and BBSRC, EPSRC, Wellcome Trust</td>
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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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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature:  
Date: 14th December 2018
## Conflict of Interest Disclosure Form

(to be completed by faculty members)

**NAME:** Henry McSorley  
**AFFILIATION:** University of Edinburgh

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.

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**Signature:** [Signature]  
**Date:** 12/12/18
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Jenny Mjösberg

AFFILIATION: Center for Infectious Medicine, Department of Medicine Huddinge, Karolinska Institutet, Stockholm, Sweden

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.

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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]
Date: 2018-08-07
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Liam O’Mahony......................................................

AFFILIATION: University College Cork, Ireland...............................

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
GSK
Nestle, ALK, Alimentary Health
Nestle, Nutricia

Signature: [Signature]
Date: 12/12/2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Edward J. Pearce

AFFILIATION: Max Planck Institute of Immunobiology and Epigenetics and University of Freiburg

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.

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X 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:

Name of commercial company

Rheos Medicines
38 Sidney St
Cambridge, MA 02139
info@rheosrx.com

Spouse/partner:

Other support (please specify):

Signature: ____________________________ Date: 09/01/2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Isabella Quinti

AFFILIATION: Sapienza University of Rome, Italy

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: Kedrion spa

Receipt of honoraria or consultation fees: Octapharma spa

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Isabella Quinti

Date: 10.12.2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Madeleine Rådinger

AFFILIATION: Institute of Medicine, University of Gothenburg, Sweden

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<td>Other support (please specify):</td>
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Signature: Madeleine Rådinger

Date: 181212
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Dr. Florentina Sava

AFFILIATION: Great Ormond Street Hospital, London, United Kingdom

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 re-imbursement of expenses in relation to the LEE has been provided.

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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**

**Signature:**

**Date:** 12/12/2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: …….Jürgen Schwarze..........................

AFFILIATION: The University of Edinburgh..............................

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<table>
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<th>Receipt of grants/research supports:</th>
<th>Medical Research Council, The Wellcome Trust, Asthma UK, NIHR, British Lung Foundation, Chief Scientist Office Scotland, Action Medical Research</th>
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<td>Abbvie, MEDA, GSK, Bausch &amp; Lomb, Thermo-Fisher, f2f-events, Janssen, Airsonett, Mead-Johnsen Nutrition.</td>
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<tr>
<td>Stock shareholder:</td>
<td>none</td>
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Spouse/partner: none

Other support (please specify):

Support for Scottish Allergy and Respiratory Academy and CYANS allergy education meetings: Mylan/MEDA, GSK, ALK-Abello, Mead-Johnson, Nutricia, Thermo-Fisher, Bausch & Lomb, AllergyTherapeutics, NAPP, Abbot, Airsonett, Stallergenes, TEVA, Chiesi.

Signature: Date: 14.08.2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Hermelijn Smits

AFFILIATION: Leiden University Medical Center

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<td>Stock shareholder:</td>
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<td>Other support (please specify):</td>
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Signature: ____________________________ Date: 10 Jan 2019
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Milena Sokolowska

AFFILIATION: Swiss Institute of Allergy and Asthma Research (SIAF), University of Zurich, Obere Strasse 22, 7270 Davos, Switzerland

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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: 12.12.2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Eva Untersmayr-Elsenhuber

AFFILIATION: Medical University of Vienna

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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):

**Name of commercial company**

Nordmark Arzneimittel GmbH & Co KG

Danone Trading Medical B.V.

Signature: [Signature]

Date: 22.11.2018