



**EUROPEAN UNION OF MEDICAL SPECIALISTS**  
**The European Accreditation Council for**  
**Continuing Medical Education – EACCME®**  
Institution of the UEMS<sub>aisbl</sub>

AVENUE DE LA COURONNE, 20  
BE- 1050 BRUSSELS  
[www.eaccme.eu](http://www.eaccme.eu)

T +32 2 649 51 64  
F +32 2 640 37 30  
[accreditation@uems.net](mailto:accreditation@uems.net)

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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : .....MONTERRAT ALVARO LOZAÑO.....

AFFILIATION: ...Allergy and clinical immunology Department, Hospital Sant Joan de Déu, Esplugues, Barcelona.....

In accordance with criterion 24 of document UEMS 2012/2014 "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<sup>®</sup> 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):

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

*Association internationale sans but lucratif -- International non-profit organisation*

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Signature:

A handwritten signature in black ink, consisting of several overlapping loops and a vertical line extending downwards.

Date: 16-5-2018



**EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)**  
**EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)**

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
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## Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Prof. Dr. med. Margitta Worm

AFFILIATION: Charité-Universitätsmedizin Berlin, Department of Dermatology and Allergy

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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**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: 09.05.2018



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : .....Lars Jacobsen.....

AFFILIATION: .....ALC Copenhagen.....

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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: 16/5 2018



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Carmen Riggioni Víquez

AFFILIATION: Pediatric allergy and clinical immunology department, Hospital San Joan de Déu  
Barcelona, Spain

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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):

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
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**Signature:**

A handwritten signature in blue ink that reads "Armen Riggsioni". The signature is written in a cursive style with a large, prominent 'A' and 'R'.

**Date: 18 mayo 2018**



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ...Antonella Cianferoni.....

AFFILIATION: ...the Children's Hospital of Philadelphia

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### **DISCLOSURE**

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports: DBV PI for SMILEE study, Shire PI for 301 study

Receipt of honoraria or consultation fees: DBV

Participation in a company sponsored speaker's bureau:

Stock shareholder:

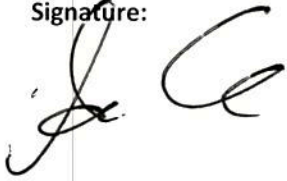
Spouse/partner:

Other support (please specify):

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EUROPEAN UNION OF MEDICAL SPECIALISTS

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Signature:

A handwritten signature in black ink, consisting of a stylized 'J' followed by a 'C' and a flourish.

Date:

5/21/2018