

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Alberto Alvarez-Perea

AFFILIATION: Hospital General Universitario Gregorio Marañón, Madrid, Spain

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):

Signature: Date: 20/November/2019



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Conflict of Interest Disclosure Form

NAME : Prof. Dr. Kirsten Beyer		
AFFILIATION: Charite Universitaetsmedizin Berlin		
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:	Aimmune, ALK, Berliner Sparkassen Stiftung, Danone, DBV, DST Diagnostic, Good Mills, Hipp, Hycor, Infectopharm, Nutricia, ThermoFisher, VDI	
Receipt of honoraria or consultation fees:	Aimmune, ALK, Allergopharma, Bausch & Lomb, Bencard, Danone, Di-Text, Hammer und Rall Media, Hycor, Infectopharm, Mabylon, Meda Pharma, Mylan, Nestle, Nutricia	
Participation in a company sponsored speaker's bureau:	-	
Stock shareholder:	E=	

Association internationale sans but lucratif – International non-profit organisation

C	
Spouse/	/partner:

Other support (please specify):

Signature:

Kirsten Beyer

Date: 03. December 2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Jean-Christoph Caubet

AFFILIATION: Geneva University Hospitals

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DISCLOSURE

	X I have no potential conflict of interest to report	
	☐ I have the following potential conflict(s) of interest to rep	ort
	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):	
Sig	nature:	Date: 04.10.2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Antonella Cianferoni, MD, PhD

AFFILIATION: University of Pennsylvania, The Children's Hospital of Phialdelphia

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DISCLOSURE

 $\hfill \square$ 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: yes

DBV, Smilee study completed

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):

Subuello Cearl

Signature:

Date: 1.10.2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Christophe DUPONT		
AFFILIATION : Paris Descartes, Emeritus Professor		
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:		
Receipt of honoraria or consultation fees:	Nestlé, Nutricia, Novalac	
Participation in a company sponsored speaker's bureau:		
Stock shareholder:	DBV Technologies	
Spouse/partner:	DBV Technologies	
Other support (please specify):		
Signature	Data: 9.12/16	

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Signature:

Guillaume lezmi

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :LEZMI	
AFFILIATION:Department of Pediatric Pulmonology and Alle hospital	rgy , Necker
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DISCLOSURE	
x I have no potential conflict of interest to report	
$oldsymbol{\square}$ I have the following potential conflict(s) of interest to repo	ort
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):	

Date:3rd December 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Rosan Meyer

AFFILIATION: Imperial College London

☐ I have no potential conflict of interest to report

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DISCLOSURE

X I have the following potential conflict(s) of interest to report		
Name of commercial company		
Danone		
Mead Johnson, Nestle, Nutricia/Danone		

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Signature: Date: 20.06.2019



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Conflict of Interest Disclosure Form

NAME : Liam O'Mahony		
AFFILIATION: University College Cork, Ireland		
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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:	GSK	
Receipt of honoraria or consultation fees:	Nestle, ALK, Alimentary Health	
Participation in a company sponsored speaker's bureau:	Nestle, Nutricia	
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		
Signature:	Date: 12/12/2018	



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Montserrat Fernández-Rivas

AFFILIATION: Head Allergy Dept, Hospital Clinico San Carlos; Associate Prof. Medicine, Universidad Complutense; Madrid, 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	Name of commercial company	
Receipt of grants/research supports:	Aimmune, Diater	
Receipt of honoraria or consultation fees:	Aimmune, DBV, Schreiber Foods	
Participation in a company sponsored speaker's bureau:	Aimmune, ALK, Allergy Therapeutics, Diater HAL Allergy, Thermofisher Scientific.	
Stock shareholder:	None	
Spouse/partner:	None	
Other support (please specify):		

Signature:

Date: 27 August 2019



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Conflict of Interest Disclosure Form

NAME :Giovanni Pajno
AFFILIATION:University of MessinaItaly
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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: August /27/2019
Signature: Date: August /2//2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Ronald van Ree

AFFILIATION: Amsterdam University Medical Centers / location AMC

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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:

Receipt of honoraria or consultation fees:

HAL Allergy BV / Citeq BV

Participation in a company sponsored speaker's bureau:

ThermoFisher Scientific / HAL Allergy BV

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 15-03-2019



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Consultation fees: Hans Karrer GmbH, Uniklinik

Aachen, DAAB, DGAKI, Bodymed, DWA

Conflict of Interest Disclosure Form

NAME :Dr. Imke Reese		
AFFILIATION:private practice in Munich		
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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:		
Receipt of honoraria or consultation fees:	Honoraria: Nestlé, Nutricia GmbH, Bofrost GmbH, ALK-Abello Arzneimittel GmbH, Hans Karrer GmbH, Novartis GmbH, Beiersdorf GmbH, GMF, Medical Project Design, Sanomega GmbH, Landesvereinigung Bayrische Milchwirtschaft e.V., Milchwirtschaftlicher Verein Baden-Württemberg e.V., DAAB e.V., Vfed e.V., VDD e.V., VDOe e.V., Kneipp-Ärztehund e.V.	

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Sig	nature:	Date: 13.08.19
	Other support (please specify):	
	Spouse/partner:	
	Stock shareholder:	
	Participation in a company sponsored speaker's bureau:	



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Conflict of Interest Disclosure Form

NAME :Yvan Vandenplas	
AFFILIATION:KidZ Health Castle	
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DISCLOSUR	E
☐ I have no potential conflict of interest to report	
\square I have the following potential conflict(s) of interest	to report
Type of affiliation / financial interest	Name of commercial company
I have participated as a clinical investigator, and/or advisory board member, and/or consultant, and/or sp for Abbott Nutrition, Aspen, Biocodex, Danone, Nestle Health Science, Nestle Nutrition Institute, Nutricia, M Johnson Nutrition, Rontis, United Pharmaceuticals, W	e ead
Receipt of honoraria or consultation fees to hospital :	
Participation in a company sponsored speaker's burea hospital:	au to
Stock shareholder: No	
Spouse/partner: No	
Other support (please specify): No	

Association internationale sans but lucratif – International non-profit organisation

Signature:

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Berber Vlieg-Boerstra, RD PhD

☐ I have no potential conflict of interest to report

AFFILIATION: 1. OLVG, dept. Paediatrics, Amsterdam; 2. Hanze University of Applied Sciences, dept. Nutrition & Dietetics, Groningen, The Netherlands

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DISCLOSURE

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:	Nutricia Early Life Nutrition
	Nutricia Research
Receipt of honoraria or consultation fees:	Marfo Food Groups, Lelystad, NL
Participation in a company sponsored speaker's bureau:	Mead Johnson, Nutricia, Thermofisher (speaker's fee)
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Association internationale sans but lucratif – International non-profit organisation

Signature: Date: 6 September 2019



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Germany GmbH, Bencard Allergie GmbH

Pharmaceuticals Deutschland GmbH, Sanofi-

Novartis AG, Biotest AG, Actelion

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prof. Dr. med. Margitta Worm

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

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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:	none
Receipt of honoraria or consultation fees:	ALK-Abelló Arzneimittel GmbH, Mylan Germany GmbH, Leo Pharma GmbH, Sanofi- Aventis Deutschland GmbH, Regeneron Pharmaceuticals, Inc., DBV Technologies S.A
Participation in a company sponsored speaker's bureau:	ALK-Abelló Arzneimittel GmbH, Mylan

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	Aventis Deutschland GmbH, HAL Allergie GmbH
Stock shareholder:	none
Spouse/partner:	none
Other support (please specify):	none
Signature:	Date: 03.07.2019