

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 - F + 32 2 640 37 30 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Prof. Dr. Bernadette Eberlein

AFFILIATION: Department of Dermatology and Allergy Biederstein, Technische Universität München, Biedersteiner Str. 29, 80802 München, Germany

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.

	\square I have no potential conflict of interest to report		
	X I have the following potential conflict(s) of interest to r	еро	rt
	Type of affiliation / financial interest		Name of commercial company
	Receipt of grants/research supports:		Bühlmann Laboratories AG
	Receipt of honoraria or consultation fees:		-
	Participation in a company sponsored speaker's bureau:		-
	Stock shareholder:		-
	Spouse/partner:		-
	Other support (please specify):		-
Sig	nature:	D	ate:
	J. Well	1	15-MAR-2019



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NAME:			
AFFILIATION:			
In accordance with criterion 14 of document UEMS 2016/20 "EACCN Educational Events (LEEs)", all declarations of potential or actual conflior other relationship, must be provided to the EACCME® upon submis must be made readily available, either in printed form, with the progethe organiser of the LEE. Declarations must include whether any fimbursement of expenses in relation to the LEE has been provided.	cts of interest, whether due to a financial sion of the application. Declarations also gramme of the LEE, or on the website of		
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: 16.4.2019		
Quell			



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Conflict of Interest Disclosure Form

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NAME: Ronald van Ree

AFFILIATION: Amsterdam University Medical Centers / location AMC

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DISCLOSURE

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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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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Hilger Christiane

AFFILIATION: Luxembourg Institute of Health

☐ I have no potential conflict of interest to report

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✓ 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:	Laboratoires Réunis, Luxembourg			
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

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Signature: Date: 3/05/2019



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Conflict of Interest Disclosure Form

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NAME: Assoc. Prof. Karin Hoffmann-Sommergruber, PhD

AFFILIATION: Dept. of Pathophysiology and Allergy Research, Medical University of Vienna, AT

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X I hav	e no potential conflict of interest to report	
☐ I ha	eve the following potential conflict(s) of interest to	report
Туре о	of affiliation / financial interest	Name of commercial company
Receip	t of grants/research supports:	
Receip	t of honoraria or consultation fees:	
Partici	pation in a company sponsored speaker's bureau:	
Stock s	hareholder:	
Spouse	e/partner:	
Other	support (please specify):	
Signature:	Kan deff for	Date: Vienna, March, 18, 201



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Lars K. Poulsen

AFFILIATION: Allergy Clinic, Copenhagen University Hospital at Gentofte, Denmark.

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Type of a	ffiliation / financial interest	Name of commercial company	
Receipt o	f grants/research supports:		
Receipt o	f honoraria or consultation fees:		
Participat	cion in a company sponsored speaker's bureau	:	
Stock sha	reholder:		
Spouse/p	Spouse/partner:		
Other sup	pport (please specify):		
Signature:	Lars K. Poulsen	Date: 14.3.2019	