

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.

	☐ 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):		-		
Signature:			ate:		
	J. Well	1	15-MAR-2019		



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Conflict of Interest Disclosure Form

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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 rep	port
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
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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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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

Association internationale sans but lucratif – International non-profit organisation



Signature: Date: 3/05/2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

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	☐ I have 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	Receipt of honoraria or consultation fees:					
Partici	Participation in a company sponsored speaker's bureau:					
Stock s	hareholder:					
Spouse	Spouse/partner:					
Other	support (please specify):					
Signature:	Kan deff for	Date: Vienna, March, 18, 201				



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: Lars K. Poulsen

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

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.

X □ I have	X□ I have no potential conflict of interest to report					
☐ I have	☐ I have the following potential conflict(s) of interest to report					
Type of a	ffiliation / financial interest	Name of commercial company				
Receipt o	Receipt of grants/research supports:					
Receipt o	Receipt of honoraria or consultation fees:					
Participat	Participation in a company sponsored speaker's bureau:					
Stock sha	Stock shareholder:					
Spouse/p	Spouse/partner:					
Other sup	Other support (please specify):					
Signature:	Lars K. Poulsen	Date: 14.3.2019				



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Institution of the UEMSaisbl

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(to be completed by scientific/organising committee members)

Conflict of Interest Disclosure Form

NAME: Edward Knol

Signature:

AFFILIATION: University Medical Center Utrecht, Utrecht, The Netherlands

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 ir	nterest	to re	port
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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:	
Receipt of honoraria or consultation fees:	Thermo Fisher Scientific
Participation in a company sponsored speaker's bureau:	Sanofi
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Date: 26 June 2019