



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
T + 32 2 649 51 64 - F + 32 2 640 37 30  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto: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.

### 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:	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:

Date:

15-MAR-2019



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
T + 32 2 649 51 64 - F + 32 2 640 37 30  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Arjan Bredenoord

AFFILIATION: AMC Amsterdam

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:**

**Date: 16-03-19**



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
T + 32 2 649 51 64 - F + 32 2 640 37 30  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME : Fatima Ferreira

AFFILIATION: Department of Biosciences, University of Salzburg

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:

HAL Allergy

Receipt of honoraria or consultation fees:

HAL Allergy; AllergenOnline

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: Salzburg, 17 March 2019

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

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

---



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
T + 32 2 649 51 64 - F + 32 2 640 37 30  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Dr Helen Brough

AFFILIATION: Evelina London, Guys' and St. Thomas' Hospital, King's College London

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:	ThermoScientific
Receipt of honoraria or consultation fees:	DBV
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: 14<sup>th</sup> March 2019

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

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

---



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
T + 32 2 649 51 64 - F + 32 2 640 37 30  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME : Alexandra Figueira Santos

AFFILIATION: King's College London, London, UK

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

<b>Type of affiliation / financial interest</b>	<b>Name of commercial company</b>
Receipt of grants/research supports:	Buhlmann, Thermo Fisher
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	Buhlmann, Thermo Fisher
Stock shareholder:	N/A
Spouse/partner:	N/A
Other support (please specify):	

Signature:

*Alexandra Figueira Santos*

Date: 15<sup>th</sup> March 2019



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
T + 32 2 649 51 64 - F + 32 2 640 37 30  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME : Jean-Philippe GIRARD

AFFILIATION: IPBS-CNRS, University of Toulouse

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:**

**Date: 05 05 2019**



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

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

---



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
T + 32 2 649 51 64 - F + 32 2 640 37 30  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :

AFFILIATION:

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:**

**Date: 16.4.2019**

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

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

---



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
T + 32 2 649 51 64 - F + 32 2 640 37 30  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accrreditation@uems.eu](mailto:accrreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : [Prof.dr.ir. M.J.T. Reinders](#)

AFFILIATION: [Delft University of Technology](#)

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:**

**Date:**

April 20, 2019



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

T + 32 2 649 51 64 - F + 32 2 640 37 30

[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Ronald van Ree

AFFILIATION: Amsterdam University Medical Centers / location AMC

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:

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



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

T + 32 2 649 51 64 - F + 32 2 640 37 30

[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

---

## **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME : Hilger Christiane

AFFILIATION: Luxembourg Institute of Health

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:

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**



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

T + 32 2 649 51 64 - F + 32 2 640 37 30

[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Stephan SCHEURER, PhD

AFFILIATION: Paul-Ehrlich-Institut, Langen, 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.

### 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:

German Research Foundation (DFG), Federal Ministry of Education and Research (BMBF), Federal Ministry of Economic Affairs and Energy (BMWi)

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: May 9, 2019





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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
T + 32 2 649 51 64 - F + 32 2 640 37 30  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## **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

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:

Date:

Vienna, March, 18, 2019



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

T + 32 2 649 51 64 - F + 32 2 640 37 30

[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## **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.

### **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: Lars K. Poulsen**

**Date: 14.3.2019**



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS  
T + 32 2 649 51 64 - F + 32 2 640 37 30  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Maria Montserrat Fernández Rivas

AFFILIATION: Hospital Clinico San Carlos, UCM, 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**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Aimmune, DBV, Schreiber Foods

Participation in a company sponsored speaker's bureau:

Aimmune, ALK, Allergy Therapeutics, HAL Allergy

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify): None

Signature:

Date:

28 March 2019