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

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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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<tr>
<td>Receipt of grants/research supports:</td>
<td>Bühlmann Laboratories AG</td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
<td>-</td>
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<td>Other support (please specify):</td>
<td>-</td>
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</tbody>
</table>

Signature: [Signature]                      Date: 15- MAR-2019
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.

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<td>Other support (please specify):</td>
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</table>

Signature: [Signature]

Date: 16-03-19
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**

- 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:** Fatima Ferreira  
**Date:** Salzburg, 17 March 2019
UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS
Association internationale sans but lucratif – International non-profit organisation
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

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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

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: 14th March 2019
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Alexandra Figueira Santos

AFFILIATION: King’s College London, London, UK

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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**

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<tr>
<th>Receipt of grants/research supports:</th>
<th>Buhlmann, Thermo Fisher</th>
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<td>Buhlmann, Thermo Fisher</td>
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<tr>
<td>Stock shareholder:</td>
<td>N/A</td>
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<tr>
<td>Spouse/partner:</td>
<td>N/A</td>
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<tr>
<td>Other support (please specify):</td>
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</tr>
</tbody>
</table>

**Signature:**

Alexander Figueira Santos

**Date:** 15th March 2019
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Jean-Philippe GIRARD

AFFILIATION: IPBS-CNRS, University of Toulouse

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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: 05 05 2019
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.

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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: 16.4.2019
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.

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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:

April 20, 2019
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Ronald van Ær
dee

AFFILIATION: Amsterdam University Medical Centers / location AMC

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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):

Name of commercial company

HAL Allergy BV / Citeq BV

ThermoFisher Scientific / HAL Allergy BV

Signature: [Signature]

Date: 15-03-2019

UEMS® is the Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE11 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Hilger Christiane

AFFILIATION: Luxembourg Institute of Health

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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):

Name of commercial company
Laboratoires Réunis, Luxembourg
Signature: ___________________________ Date: 3/05/2019
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.

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Type of affiliation / financial interest

Receipt of grants/research supports:

Name of commercial company

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
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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</table>

Signature: [Signature]
Date: [Vienna, March 18, 2019]
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.

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</table>

Signature: Lars K. Poulsen
Date: 14.3.2019
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Maria Montserrat Fernández Rivas

AFFILIATION: Hospital Clínico San Carlos, UCM, Madrid. Spain

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Aimmune, DBV, Schreiber Foods

Receipt of honoraria or consultation fees:

Aimmune, ALK, Allergy Therapeutics, HAL Allergy

Participation in a company sponsored speaker’s bureau:

None

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify): None

Signature:  

Date: 28 March 2019