

# 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 - accreditation@uems.eu

# **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME: Bingith Beck Melchiors AFFILIATION: Dumsh Anis Hum Mby Certer - Julith Hospitel

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 re-imbursement 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:

2/3-22

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# **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME: EPSt Jessy AFFILIATION: University of Antwerp

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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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

2/3/2022

UEMS<sub>aisbl</sub> – Union Européenne des Médecins Spécialistes IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848

Name of commercial company



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# **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : .....Lene Heise Garvey......

AFFILIATION: ..... Danish Anaesthesia Allergy Centre, Allergy Clinic, Gentofte Hospital, Denmark.

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 re-imbursement of expenses in relation to the LEE has been provided.

#### 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: Merck, Novo Nordisk, Lundbeck, Biomarin, Thermofisher

Participation in a company sponsored speaker's bureau:

Stock shareholder:

# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Spouse/partner:

Other support (please specify):

Signature:

Lan Kinilen

Date: 3. December 2021

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# **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Professor Stefano Del Giacco

AFFILIATION: University of Cagliari, Italy / EAACI

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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, Astra Zeneca, Novartis, CSL Behring

Receipt of honoraria or consultation fees: Advisory board: Astra Zeneca, GSK, Novartis, Sanofi, Chiesi, Behringer

Participation in a company sponsored speaker's bureau: Speaker's fee: Astra Zeneca, GSK, Novartis, Sanofi, Chiesi, Behringer

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify): NO

Signature: Mulues

Date: 1st December 2021

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# **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME : Didier EBO .....

AFFILIATION: Antwerp University, Belgium.....

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#### DISCLOSURE

□ I have no potential conflict of interest to report

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:

Universitaly Ziekenhuls An

Prof. Dr EBO Dio

1/17540/24/5 Immunologi

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

2/8/2022

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# **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME : Paul Sadleir

AFFILIATION: Sir Charles Gairdner Hospital

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### DISCLOSURE

X I have no potential conflict of interest to report

 $\hfill \Box$  I have the following potential conflict(s) of interest to report

ppor on.

Signature:

Date: 21/03/2022



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## Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ......Gerald W. Volcheck, MD.....

AFFILIATION: ... Mayo Clinic Rochester, MN.....

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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: Derell Volcheck MD. Date: 2/23/2022

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

Association internationale sans but lucratif – International non-profit organisation

Other suppo	rt (please specify):	
Signature:	Ingrid Terreehorst	Date: 07 12 2012
4	M	

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# **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : .....Ingrid Terreehorst.....

AFFILIATION: MD, PhD, Dept ENT, Amsterdam University Medical Centres, The Netherlands

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#### DISCLOSURE

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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:

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# **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME : ...Louise Savic.....

AFFILIATION: .....ISPAR.....

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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

Receipt of grants/research supports: NIHR doctoral fellowship (commenced 2021). Further research grants from NIHR and National Institute of Academic Anaesthesia.

Receipt of honoraria or consultation fees: Honorarium from Royal College Physicians for expert drug allergy review

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

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

Association internationale sans but lucratif – International non-profit organisation

for for Signature:

Date: 28/2/22



EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for Continuing Medical Education – EACCME®

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# **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

AFFILIATION: AZIENDA OJREDAUERA di VERONA

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DISCLOSURE

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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: 6/12/24

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# **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

#### NAME : PAUL MERTES AFFILIATION: University of Strasbourg & NHC

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#### **DISCLOSURE**

 $\hfill\square$  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:

#### Name of commercial company

PMM is a scientific advisor for the ALPHO study (NCT02250729) funded by a consortium of pharmaceutical companies : Zambon, Urgo, Pierre Fabre, Boots, Hepatoum, Biocodex, Sanofi, LBR, GSK, APL, Bells Healthcare, Pinewood, T&R, Ernest Jackson

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 10/03/2022



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# **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME : ... Prof Philip M Hopkins.

AFFILIATION: University of Leeds, UK.

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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):

AMILA

Signature:

Date: 18 March 2022



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# **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME: Reter COOISE AFFILIATION: An age Man

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#### DISCLOSURE

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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:

Book

Date:

3/3/22



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#### **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: Dr Sophie Farooque

AFFILIATION: <u>Monsultont in allerny</u>, <u>Impenal Mulege</u> <u>Mealthcare NHS Trugt</u> 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. 4 5 ...

DISCLOSURE	
have no potential conflict of interest to report	¥.
I have the following potential conflict(s) of interest to r	report
Type of affiliation / financial interest	
Receipt of grants/research supports:	Name of commercial company
Receipt of honoraria or consultation fees:	2
Participation in a company sponsored speaker's bureau: Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: Hanne	Date: 14/12/2021

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# **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME: SAGED UITO

AFFILIATION: UT ANTWEREN

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### DISCLOSURE

A 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:

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