



EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMS_{aisbl}

AVENUE DE LA COURONNE, 20
BE- 1050 BRUSSELS
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F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Kristiina Aalto-Korte.....

AFFILIATION:Finnish Institute of Occupational Health.....

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 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: November 27th 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Ballmer-Weber Barbara.....

AFFILIATION:Kantonsspital St. Gallen and University Hospital Zürich.....

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I have no potential conflict of interest to report

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: **ALK,**
Allergopharma, Menarini, Sanofi, Novartis, Thermofisher

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 30.11.2020



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Conflict of Interest Disclosure Form

NAME : Carsten Bindslev-Jensen

AFFILIATION: OUH

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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

Aimmune, HAL, Termofischer, Allakos,

Signature:

Date:091220



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Knut Brockow

AFFILIATION: Department of Dermatology and Allergy Biederstein, Technische Universität München

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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: 26.11.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Sigurd Broesby-Olsen.....

AFFILIATION: Dept. of Dermatology and Allergy Centre, Odense University Hospital, Denmark

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- 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:

Thermo Fisher, Novartis, Blueprint

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Sigurd Broesby-Olsen
Head, MD, Associate Professor
Department of Dermatology and
Allergy Centre
Odense University Hospital
Denmark

Date:

Dec 4, 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Helen Brough.....

AFFILIATION:Guy's and St. Thomas' Hospital.....

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DISCLOSURE

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:	NIH SEAL study grant
Receipt of honoraria or consultation fees:	DBV Technologies, Sanofi
Participation in a company sponsored speaker's bureau:	DBV Technologies
Stock shareholder:	n/a
Spouse/partner:	n/a
Other support (please specify):	n/a

Signature:

Date: 08.12.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Charlotte G Mortz.....

AFFILIATION: Department of Dermatology and Allergy Center, Odense University Hospital,
Denmark.....

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Novartis research grant

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 26/11-2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Margarida Gonçalo.

AFFILIATION: Dermatology, University Hospital and Faculty of Medicine, University of Coimbra, Coimbra, Portugal.

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DISCLOSURE

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:

Novartis, Sanofi-Genzyme, Pfizer, Lilly, Takeda, Leo Pharma

Participation in a company sponsored speaker’s bureau:

Novartis, Sanofi-Genzyme

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

margarida gonçalo

Date: 05 December 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Edward Knol

AFFILIATION: Associate professor at University Medical Center Utrecht.....

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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: Sanofi

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 26 November 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Martin Metz, MD

AFFILIATION: Charité – Universitätsmedizin Berlin, Berlin, Germany

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Receipt of honoraria or consultation fees:

Name of commercial company

Amgen, Aralez, argenx, Bayer, Beiersdorf,
Celgene, Escient, Galderma, Menlo, Moxie,
Novartis, Pfizer, Roche, Sanofi, Siennabio,
Uriach

Signature:

Date:

26-Nov-2020



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NAME :Lars K. Poulsen.....

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

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 26.11.2020



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NAME : Thomas Rustemeyer

AFFILIATION: Amsterdam UMC

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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: 30-11-2020



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(to be completed by scientific/organising committee members)

NAME : ...Wolfgang Uter.....

AFFILIATION: ...Dept. of Medical Informatics, Biometry and Epidemiology,
Friedrich-Alexander University Erlangen/Nürnberg, Erlangen, Germany

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	--
Receipt of honoraria or consultation fees:	One speaker's honorarium by mixed dermatopharmaceutical sponsors, GEIDAC meeting, Toledo, Oct. 2017

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif - International non-profit organisation

Participation in a company sponsored speaker's bureau: --

Stock shareholder: --

Spouse/partner: --

Other support (please specify): Reimbursement of travel costs for preparatory study meetings of the IDEA project by IFRA (www.ifraorg.org)

Signature:



Date: 2020-12-02