

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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GSK, AstraZeneca, Boehringer, Mundipharma,

Chiesi, Novartis, Menarini

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Matteo Bonini

AFFILIATION: Catholic University of Rome, Italy – Imperial College 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

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	GSK

Participation in a company sponsored speaker's bureau:

☐ I have no potential conflict of interest to report

Receipt of honoraria or consultation fees:

X I have the following potential conflict(s) of interest to report

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Date: 24/02/2020



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Institution of the UEMSaisbl

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Stefano DEL GIACCO

AFFILIATION: University of Cagliari, Italy

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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: CSL Behring, GSK,

Novartis

Receipt of honoraria or consultation fees: AstraZeneca, Chiesi, CSL-Behring, Grifols, GSK, Guidotti, Menarini, Novartis, Valeas

Participation in a company sponsored speaker's bureau: AtraZeneca, GSK, Novartis, Valeas

Stock shareholder: none

Spouse/partner: none

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify): none

Signature:

Date: 15-JUL-2020



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Date: 14/07/2020

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Mariana Couto

AFFILIATION: Hospital CUF Descobertas

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

Ш	l have no	potential	conflict	of int	terest	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:	
X Receipt of honoraria or consultation fees:	Roche
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: CRISTIANO CARUSO

AFFILIATION: FONDAZIONE POLICLINICO A.GEMELLI, IRCCS

X I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

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DISCLOSURE

Name of commercial company

Association internationale sans but lucratif – International non-profit organisation

Time Como

Signature:

Date: 14/07/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: SILVIA SANCHEZ GARCIA, M.D., Ph.D.

AFFILIATION: Hospital Infantil Universitario Niño Jesus, Madrid, Spain

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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):			

 $Association\ internationale\ sans\ but\ lucratif-International\ non-profit\ organisation$

Signature:

SILVIA SÁNCHEZ GARCÍA

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.uems.net Date: 13-JULY-2020



Institution of the UEMSaisbl

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NAME:.....Maarten van den Berge.....

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

· ·	
AFFILIATION:University of Groningen	
In accordance with criterion 24 of document UEMS 2012/30 "Accordance EACCME", all declarations of potential or actual conflicts of interestellationship, must be provided to the EACCME® upon submission made readily available, either in printed form, with the programm organiser of the LEE. Declarations must include whether any fee, himbursement of expenses in relation to the LEE has been provided	st, whether due to a financial or other of the application. Declarations also must be ne of the LEE, or on the website of the nonorarium or arrangement for re-
DISCLOSURE	
x I have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interest to	o 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):	

Association internationale sans but lucratif – International non-profit organisation

Signature:

Date: 13 July 2020



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NAME: FECTO DNER FILEROL

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

IVAIVIE	100	\mathcal{L}
AFFILIATION: Arkara Jildining Beyssit University	Johnson of Medicine Allery on d	Division of
In accordance with criterion 24 of document UEMS 2012/30 "Accredi	itation of Live Educational Events	by the
EACCME", all declarations of potential or actual conflicts of interest, v		
relationship, must be provided to the EACCME® upon submission of		
made readily available, either in printed form, with the programme of		ie
organiser of the LEE. Declarations must include whether any fee, hon	orarium or arrangement for re-	
imbursement of expenses in relation to the LEE has been provided.		
DISCLOSURE		
have no potential conflict of interest to report		
☐ I have the following potential conflict(s) of interest to re	port	
Type of affiliation / financial interest	Name of commercial con	npany
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: All ha	Date: 10/July/2020	
IENAS Unión Francisco de Mário de Carlos de Ca		
JEMS _{aisbl} – Unión Européenne des Médecins Spécialistes Avenu IBAN BE28 0001 3283 3820 BIC (SWIFT) BPOTBEB	ue de la Couronne 20, BE-1050 1 VAT n° BE 0469.067.848) Bruxelles
	-	



Signature:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: GIORGIO WALTER CANONICA

AFFILIATION: Personalized Medicine, Asthma & Allergy - Humanitas Clinical and Research Center IRCCS, Rozzano (MI), Italy

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DISCLOSURE

lacksquare I have no potential conflict of interest to report		
☑ I have the following potential conflict(s) of interest to report - see attached		
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):		
gnature: Date:	13/07/2020	



PROF. G. WALTER CANONICA
PERSONALIZED MEDICINE CLINIC: ASTHMA & ALLERGY
HUMANITAS CLINICAL AND RESEARCH CENTER
DEPARTMENT OF BIOMEDICAL SCIENCE

Canonica G.W. Disclosure of Interests

GWC reports having received research grants as well as being lecturer or having received advisory board fees from:

- A.Menarini
- Alk-Abello'
- Anallergo
- AstraZeneca
- · Boehringer Ingelheim
- · Chiesi Farmaceutici
- Circassia
- Genentech
- Guidotti-Malesci
- · Glaxo Smith Kline
- Hal Allergy
- Meda
- Merck
- Merck Sharp & Dome
- Novartis
- Recordati-InnuvaPharma
- Roche
- Sanofi-Aventis
- Stallergenes
- UCB Pharma
- Uriach Pharma
- Teva
- · Thermo Fisher
- Valeas
- Vibor-Pharma





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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Cezmi A. Akdis			
AFFILIATION:Swiss Institute of Allergyand Asthma Research, University Zurich, Davos Switzerland			
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DISCLOSURE			
☐ I have no potential conflict of interest to report			
\boldsymbol{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:	Novartis, Basel, Switzerland		
	GSK, London, UK		
	Idorsia, Basel Switzerland		
	Astra Zeneca, Sweden		
	Swiss National Science Foundation		
	EU Cure Horisons 2020		
	Scibase, Sweden		

Association internationale sans but lucratif – International non-profit organisation

Receipt of honoraria or consultation fees:	XXX
Participation in a company sponsored speaker's bureau:	XXX
Stock shareholder:	XXX
Spouse/partner:	Prof. Dr. Mübeccel AkdisResearch Grants EU, Cure
	Swiss National Science Foundation
	Stanford University
Other support (please specify):	

Signature: Date: 9.7.2020

Cermi Abda



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AFFILIATION: UNIVERSITY OF INSUBRIA - VARESE (1TACY)

NAME: ANTONIO SPANEVELL

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

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DISCLOSURE	
have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interest to re	eport
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	-6
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: Mehull	Date: 09/07/2080



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Edward Knol. AFFILIATION: EAACT VP. congresses & UMC Ut	necht, The Nether Counds,		
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:	C		
Receipt of honoraria or consultation fees:	Sanofi		
Participation in a company sponsored speaker's bureau:			
Stock shareholder:			
Spouse/partner:			
Other support (please specify):	•		
Signature:	Date: 7 July 2028		



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ibon Eguiluz-Gracia

AFFILIATION: Allergy Unit. Hospital Regional Universitario de Malaga and Instituto de Investigacion Biomedica de Malaga, Malaga, Spain.

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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 honoraria or consultation fees: Novartis, ALK-Abelló

Participation in a company sponsored speaker's Novartis, Chiesi, Diater, ALK-ALK-Abelló

bureau:

Signature: Date: 03.07.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Tomás Chivato

AFFILIATION: EAACI Vice President Science

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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):		

Association internationale sans but lucratif – International non-profit organisation



Signature: Tomás Chivato Date: 21th February 22, 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Marek Jutel, MD

AFFILIATION: European Academy of Allergy and Clinical Immunology, President

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☐ 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: Anergis SA, CH

Receipt of honoraria or consultation fees:

Stallergenes SA, Allergopharma Gmbh, ALK-Abello, HAL Allergy, IQVIA, GER

Participation in a company sponsored speaker's bureau: Stallergenes SA Allergopharma Gmbh, ALK-Abello, HAL Allergy

Stock shareholder: none

Association internationale sans but lucratif — International non-profit organisation

Spouse/partner: none

franch fitel

Other support (please specify): Investigator fees in clinical

trials: PPD, SCOPE, IQVIA, PHARM-OLAM, , GSK,

Signature: Date: 06 Januar, 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ioana Octavia Agache

AFFILIATION: ...Transylvania University, Brasov, Romania....

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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):		

Association internationale sans but lucratif – International non-profit organisation

Signature:

Date: 14.02.2020