



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

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eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :DARIO ANTOLIN-AMERIGO.....

AFFILIATION:HOSPITAL UNIVERSITARIO RAMÓN Y CAJAL....

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: FEBRUARY 10TH, 2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : *Dr. BEATRICE BILLO*

AFFILIATION: *POLYTECHNIC UNIVERSITY OF MARCHE ANCONA ITALY*

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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: /

Receipt of honoraria or consultation fees: *AKK-ARBUO*

Participation in a company sponsored speaker's bureau: /

Stock shareholder: /

Spouse/partner: /

Other support (please specify): /

Signature:

[Handwritten Signature]

Date:

19.03.2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : PATRIZIA BONANNONA
AFFILIATION: ANEMERGY UNIT AZIENDA OSPEDALIERA UNIVERSITARIA
INTEGRATA

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:

ALK ABELLO / ANEMERGY
ITA.

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Patrizia Bonannona

Date:

16.3.19



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : David González de Olano

AFFILIATION: Allergy Department, Hospital Ramón y Cajal, Madrid (Spain)

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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:

19 October 2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Prof. Dr. Thilo Jakob

AFFILIATION: University Medical Center Giessen

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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:

Novartis, ALK-Abello, Allergopharma

Receipt of honoraria or consultation fees:

Novartis, ALK-Abello, Allergopharma, Bencard

Participation in a company sponsored speaker's bureau:

Novartis, ALK-Abello, Allergopharma, Bencard

Stock shareholder:

none

Spouse/partner:

none

Other support (please specify):

Editor of Allergo Journal International

Board member of German Society of Allergy
and Clinical Immunology

Signature:

Date:



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Peter Korošec

AFFILIATION: Prof. dr.

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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:

Receipt of honoraria or consultation fees:

Novartis

Participation in a company sponsored speaker's bureau:

Teva Pharmaceutical Industries

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

19.03.2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Carmen Moreno-Aguilar

AFFILIATION: Head of Allergy Unit. Hospital Universitario Reina Sofía. Córdoba (Spain)

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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:

Menarini

Receipt of honoraria or consultation fees:

Novartis, ALK, Thermofisher

Signature

Date:20 March 2019

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Prof. Dr. med. Markus OLLERT

AFFILIATION: Luxembourg Institute of Health, Esch-sur-Alzette, Luxembourg & University of Southern Denmark, Odense, Denmark.

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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:	none
Receipt of honoraria or consultation fees:	Hycor Diagnostics Thermo Fisher – Phadia Diagnostics
Participation in a company sponsored speaker's bureau:	none
Stock shareholder:	none
Spouse/partner:	none
Other support (please specify):	Scientific Co-Founder, PLS-Design GmbH, Hamburg, Germany

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Signature:

A handwritten signature in blue ink, appearing to be 'M. Ollas', is centered within a light blue rectangular box.

Date: 31.03.1019



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accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :J.N.G. (Hanneke) Oude Elberink.....

AFFILIATION:University Medical Center Groningen, Dept of Allergology.....

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: Blue Print, AIMMUNE,
Novartis

Receipt of honoraria or consultation fees: Novartis, Sanofi,
ALK-ABello

Participation in a company sponsored speaker’s bureau:

Stock shareholder: none

Spouse/partner: none

Other support (please specify): none

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Signature:

Date: December 6th 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Prof. Dr. med. Franziska Ruëff

AFFILIATION:

München Klinik Thalkirchnerstraße Fachklinik I für Dermatologie und Allergologie Städtisches Klinikum München GmbH Thalkirchnerstr. 48 D-80337 München	Klinik und Poliklinik für Dermatologie und Allergologie AllergieZENTRUM Klinikum der Universität München Frauenlobstraße 9-11 D-80337 München
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- 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
Receipt of honoraria or consultation fees:	Adboard for Allergopharma GmbH & Co. KG, Bencard Dr. Gerhard Mann, ALK-Abelló, LEO- Pharma, UCB, Novartis
Paid lectures, honorary from:	Abbvie, ALK-Abelló, Düsseldorf Congress Sport &

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Event GmbH, Forschungszentrum Borstel, Jürgen
Schaaf GmbH, Novartis, MEDA, Universitätsklinikum
Schleswig-Holstein, Universitätsklinikum Erlangen,
Santis GmbH, Stallergenes GmbH

Stock shareholder:

None.

Spouse/partner:

Not applicable.

Other support (please specify):

Chair of the Arbeitsgruppe Insektengiftallergie der
Deutschen Gesellschaft für Allergie und klinische
Immunologie (DGAKI)

Past-chair of the Interest Group Insect Venom
Allergy der European Academy of Allergy and
Clinical Immunology (EAACI)

Signature:



Date: 27.03.2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : VITO SABATO

AFFILIATION: UNIVERSITY OF ANTWERP

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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:

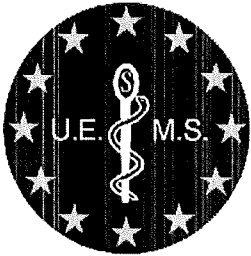
Other support (please specify):

Signature:

Universitair Ziekenhuis Antwerpen
Prof. dr. SABATO Vito
1-49755-13-580
immunologie, Allergologie

Date:

28/02/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Christoph Schrautzer.....

AFFILIATION:IG Insect venom allergy, Board Member EAACI.....

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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: 12.12.2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Mohamed Shamji.

AFFILIATION: Imperial 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:

Name of commercial company

- Via Research grants via Imperial College London from MRC (UK), NIHR, NIAID, Food Standards Agency (UK), Immune Tolerance Network (USA). Novartis, LETI, Stallergenes, ALK, Regeneron Pharmaceuticals and ASIT Biotech sa.

Receipt of honoraria or consultation fees:

ALK/ ASIT Biotech/ UCB/ Allergopharma

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Participation in a company sponsored speaker's bureau: NA
Stock shareholder: NA
Spouse/partner: NA
Other support (please specify): NA

Signature: *M. Shamji*

Date: 23.09.2018



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Stephen J. Galli, MD.....

AFFILIATION: ...Stanford University School of Medicine.....

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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: March 18, 2019



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ARANTZA IZGA CASTRO

AFFILIATION: HOSPITAL UNIVERSITARIO GUSOLAJARA

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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:

DIATER LAB, ALK - Abellis, NOVARTIS

Receipt of honoraria or consultation fees:

ALK

Participation in a company sponsored speaker's bureau: NO

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify):

Signature:

Date:

CEBRERA, 11th 2019



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Kymberly Spillars

AFFILIATION: MONASH HEALTH

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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:

11/4/2019