



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
www.eaccme.eu

T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Jürgen Schwarze.....

AFFILIATION: The University of Edinburgh.....

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 the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of honoraria or consultation fees:

Medical Research Council, The Wellcome Trust,
Asthma UK, NIHR

Abbvie, MEDA, GSK, Bausch & Lomb, Thermo-
Fisher, f2f-events, Janssen, Airsonett, Mead-
Johnsen Nutrition.

Participation in a company sponsored speaker’s bureau:

none

Stock shareholder: none

Spouse/partner: none

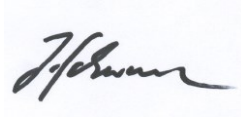
**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify):

Support for Scottish Allergy and Respiratory Academy and
CYANS allergy education meetings: Mylan, GSK, ALK-Abello,
Mead-Johnson, Nutricia, Thermo-Fisher, Bausch & Lomb,
AllergyTherapeutics, NAPP, Nutricia, Abbot, Airsonett
Stallergenes, TEVA, Chiesi.

Signature:



Date: 04.12.2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Apostolos Bossios

AFFILIATION: Karolinska University Hospital & karolinska Institutet.

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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:

AstraZeneca, TEVA

Participation in a company sponsored speaker's bureau:

-

Stock shareholder:

-

Spouse/partner:

-

Other support (please specify):

Signature:

Date: 2017-12-05



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Omer KALAYCI

AFFILIATION: HAcettepe University

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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: 05.12.2017



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

<https://eaccme.uems.eu> - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : IOANA OCTAVIA AGACHE

AFFILIATION: FACULTY OF MEDICINE, TRANSILVANIA UNIVERSITY, BRASOV, ROMANIA

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: NATIONAL RESEARCH GRANT PHLII-PU-TE-

Receipt of honoraria or consultation fees: CHEER, ASTRA ZELIECA 2014-4-23e

Participation in a company sponsored speaker's bureau: CHEER, ASTRA ZELIECA, NOVARTIS

Stock shareholder: —

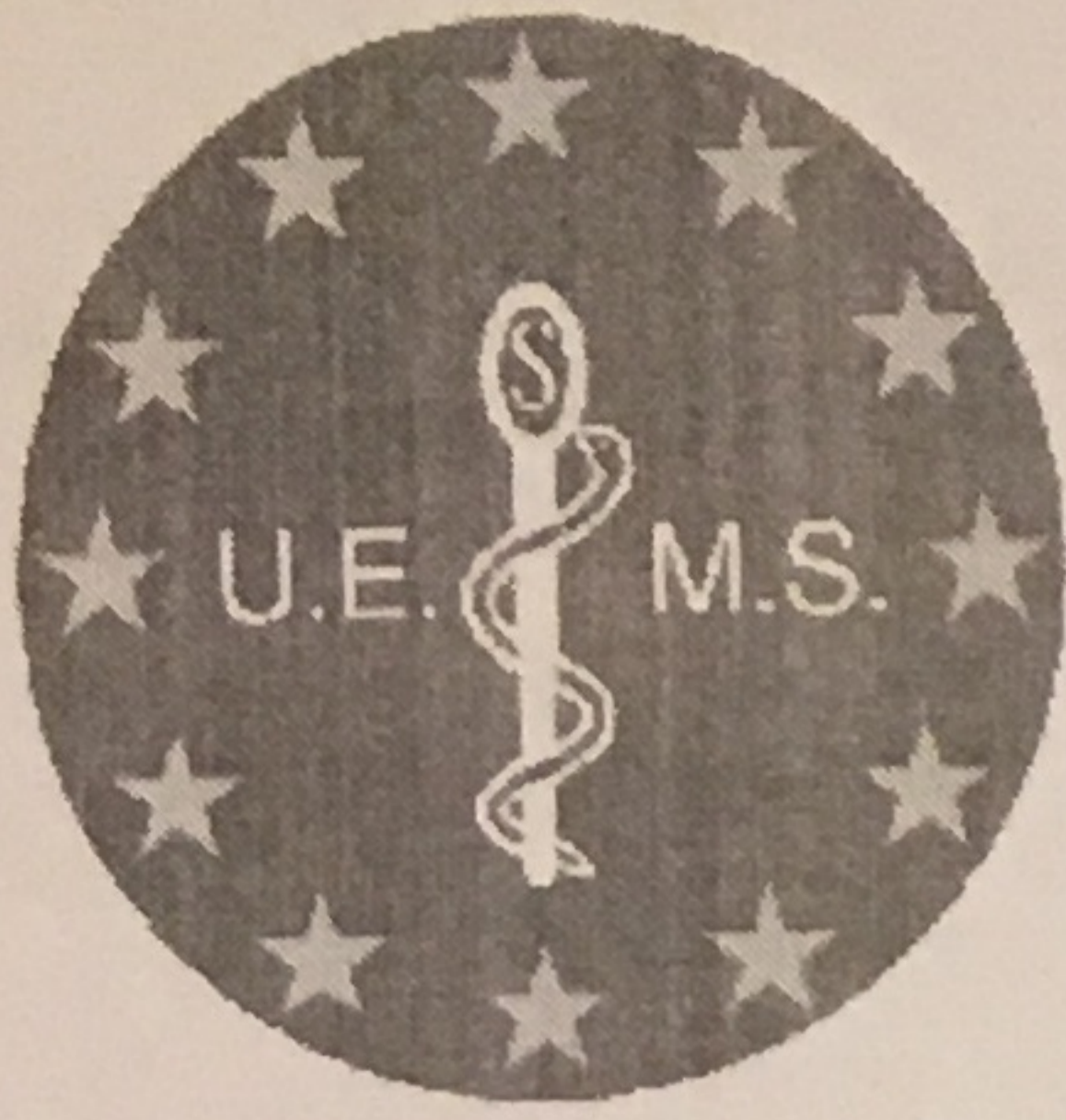
Spouse/partner: —

Other support (please specify): —

Signature:

Date:

18 NOV 2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : MARIANA COSTO

AFFILIATION: HOSPITAL E INSTITUTO WF PORTO

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

Signature:

Date: 05/12/2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Matteo Bonini

AFFILIATION: National Heart and Lung Institute, Royal Brompton Hospital & Imperial College London, UK

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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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 5/12/2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Susanne J.H. Vijverberg

AFFILIATION: Dept. of Respiratory Medicine, AMC, University of Amsterdam, the Netherlands

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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:

5/12/17



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Zuzana Diamant

AFFILIATION: Lund University, Lund Sweden and UCMG/QPS-NL, Groningen, NL

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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:

QPS-Netherlands

I work within a CRO (QPS-NL) on clinical studies (phase I/II drug development) for several pharmaceutical companies

Receipt of honoraria or consultation fees (past 3 y):

Aquilon, ALK, HALAllergy, Boehringer Ingelheim, Gilead, AZ

Participation in a company sponsored speaker's bureau: NA

Stock shareholder: NA

Spouse/partner: NA

Other support (please specify): NA

Signature:

Date: 05 December 2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : **DARÍO ANTOLÍN-AMÉRIGO**

AFFILIATION: **SERVICIO DE ENFERMEDADES DEL SISTEMA INMUNE-ALERGIA. HOSPITAL
UNIVERSITARIO PRÍNCIPE DE ASTURIAS. FACULTAD DE MEDICINA. DEPARTAMENTO DE MEDICINA
Y ESPECIALIDADES MÉDICAS. UNIVERSIDAD DE ALCALÁ (IRYCIS). MADRID, SPAIN**

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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:

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

Association internationale sans but lucratif – International non-profit organisation

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:



Date: December 7th 2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : OSCAR PALOMARES

AFFILIATION: COMPLUTENSE UNVIERSITY OF MADRID

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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:

Inmunotek S.L. and MINECO.

Receipt of honoraria or consultation fees:

Novartis, Sanofi Genzyme.

Participation in a company sponsored speaker’s bureau:

Allergic Therapeutics, Amgen, AstraZeneca, Inmunotek S.L, Stallergenes and Novartis.

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

Signature: Oscar Palomares

Date: 08-12-2017



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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 Jesús, Madrid (Spain)

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DISCLOSURE

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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:

Aimmune, Merck-Serono, Astrazeneca

Receipt of honoraria or consultation fees:

ALK-Abelló, Allergy Therapeutics

Participation in a company sponsored speaker's bureau:

Mead-Johnson, Lab. Leti, Allergy Therapeutics

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: December 10th, 2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Enrico Heffler

AFFILIATION: "Personalized Medicine, Asthma & Allergy Clinic" – Humanitas University – Milan (Italy)

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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: 08/12/2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Leif Bjermer.....

AFFILIATION: Dept of Respiratory Medicine & Allergology, Skane University Hospital, Lund Sweden

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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:

During the last three years I have received honoraria for to participate or to give lectures for the following companies:

ALK, AstraZeneca, Boehringer, Chiesi, GlaxoSmithKlein, Novartis, Teva

Other support (please specify):

Signature:

Date: 2017-12-11



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Montserrat Alvaro Lozano

AFFILIATION: Pediatric Allergy and Clinical Immunology Department. Hospital Sant Joan de Déu, Universitat de Barcelona. 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.

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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: I have received fees as a speaker from Leti, Novartis, Alk, Stallergenes, Merck and Uriach.

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 10-12-2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Tomás Chivato

AFFILIATION: Professor of Allergology. School of Medicine. University CEU San Pablo (Madrid).

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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: 14th December 2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : MARCIN KYROWSKI

AFFILIATION: Dept. of Immunology, Rheumatology, Allergy; Med. University of Lodz (PL)

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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):

LECTURE FEES from:
 - Astra Zeneca
 - Sandoz
 - Chieri

TRAVEL GRANTS: AstraZeneca, Chieri, Allergopharma, HRA Allerg

Signature:

Date:

15 DEC 2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Schmidt-Weber*

AFFILIATION: *ZAUM, TUM*

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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:	<i>Bencard, Leti, Allergopharma</i>
Receipt of honoraria or consultation fees:	<i>Bencard, Leti, Allergopharma</i>
Participation in a company sponsored speaker's bureau:	<i>/</i>
Stock shareholder:	<i>/</i>
Spouse/partner:	<i>/</i>
Other support (please specify):	<i>/</i>

Signature: *[Handwritten Signature]*

Date: *14. May 2018*



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Conflict of Interest Disclosure Form

NAME : ...SANTIAGO QUIRCE.....

AFFILIATION: DEPARTMENT OF ALLERGY, HOSPITAL LA PAZ, MADRID, SPAIN.....

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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: Project iFAAM, funded by the European Union's Seventh Framework Programme for research (grant agreement no 312147).

Receipt of honoraria or consultation fees:

SANOFI, NOVARTIS, ASTRAZENECA

Participation in a company sponsored speaker's bureau:

TEVA Pharmaceuticals

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

Signature:

Date: 16/05/2018



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

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accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Philippe Gevaert

AFFILIATION: Ghent University

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: 24 may 2018



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

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : JOAQUÍN SASTRE

AFFILIATION: FUNDACION JIMENEZ DIAZ, ALLERGOLOGY DPT. UNIVERSIDAD AUTONOMA DE MADRID, MADRID, SPAIN

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:	SANOFI, ALK
Receipt of honoraria or consultation fees:	SANOFI, NOVARTIS, STALLERGENES, ALK
Participation in a company sponsored speaker's bureau:	NO
Stock shareholder:	NO
Spouse/partner:	NO
Other support (please specify):	NO

Signature:

Date: June, 5, 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Sven Seys

AFFILIATION: 1 Laboratory of Clinical Immunology, KU Leuven, Belgium; 2 EUFOREA, Belgium

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DISCLOSURE

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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:

7/2/6/2018