Conflict of Interest Disclosure Form
(to be completed by faculty members)

Dr. Cianferoni, Antonella

INSTITUTION: The Children's Hospital of Philadelphia - University of Pennsylvania

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 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 remuneration 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

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

DBV, Amnune

Boehringer

DBV

GSK stock (employee)

Signature: [Signature]

Date: 10/18/2012
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Bindslev-Jensen, Prof. Carsten

AFFILIATION: Odense Research Center for Anaphylaxis

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

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☒ 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):

Name of commercial company

Signature:

Date: 17/10/2016
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Muraro, Prof. Antonella

AFFILIATION: EAACI

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

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<td>Spouse/partner:</td>
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Signature: Muraro
Date: Oct 18, 2018
Conflict of Interest Disclosure Form
(tо be completed by faculty members)

NAME: Halken, Prof. Susanne
AFFILIATION: Hans Christian Andersen Children's Hospital, Odense University Hospital, Denmark

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.

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Signature: [Signature]
Date: 18/10/2018

UEMS® – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Mørtz, Prof. Charlotte

AFFILIATION: Allergy Centre, Odense University Hospital

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.

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Signature: [Signature]

Date: 18/10/2018
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Sampson, Prof. Hugh

AFFILIATION: Icahn School Of Medicine At Mount Sinai

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.

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Signature: [Signature]

Date: Oct 18, 2018
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Worm, Prof. Margitta

AFFILIATION: Charité-universitätsmedizin Berlin

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)”, 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

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

Signature: [Signature]

Date: 18 Dec 17

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS
Association internationale sans but lucratif – International non-profit organisation
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Blümchen, Dr. Katharina

AFFILIATION: University Hospital Frankfurt

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

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

honourary fees from DBV

Type of affiliation / financial interest
Name of commercial company

Receipt of grants/research supports:

A. m. m. e. e. DBV, HAL, Z

Receipt of honoraria or consultation fees:

A. m. m. e. e. DBV, HAL, Z

Participation in a company sponsored speaker’s bureau:

DBV

Stock shareholder:


Spouse/partner:


Other support (please specify):


Signature: [Signature]
Date: 17.07.2022
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Lau, Prof. Susanne

AFFILIATION: Charité Universitätsmedizin Berlin

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.

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<td>Receipt of grants/research supports:</td>
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Signature:  
Date: 18 OCT 2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Grimshaw, Dr. Kate

AFFILIATION: University of Southampton/Southampton General Hospital

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.

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Signature: [Signature]

Date: 18-10-18
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Hoffmann-Sommergruber, Prof. Karin

AFFILIATION: Medical University of Vienna, Austria

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: Austrian Science Funds, EU

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 28.10.2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Dr. Arne Halken, Susanne

AFFILIATION: Hans Christian Andersen Children's Hospital, Odense University Hospital, Dk 5000 Odense C, Denmark

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.

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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: Susanne Halken Date: 18.10.2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Akdis, Prof. Cezmi

AFFILIATION: Swiss Institute of Allergy and Asthma Research

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.

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</table>

Signature: [signature]
Date: 18.10.2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Skamstrup Hansen, Dr. Kirsten

AFFILIATION: Allergy Clinic

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.

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**Name of commercial company:**

**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: [Signature]

Date: [Date]

UEMS - Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE1 | VAT n° BE 0469.067.848
**Conflicts of Interest Disclosure Form**

(to be completed by faculty members)

**NAME:** Fomsgaard Kjær, Dr. Henrik

**FILeATION:** Allergy Center, Odense University Hospital, Denmark

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Educational Events (LEEs)”, all declarations of potential or actual conflicts of interest, whether due to a financial other relationship, must be provided to the EACCME® upon submission of the application. Declarations also be made readily available, either in printed form, with the programme of the LEE, or on the website of the aniser of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-ursement of expenses in relation to the LEE has been provided.

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*nature:*

*Date: 15/10/2018*
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Dunn Galvin, Dr. Audrey

AFFILIATION: University College Cork

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.

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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

- DBV Technologies
- Aimmune

Signature: [Signature]

Date: 18/10/2018
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Poulsen, Prof. Lars K.

AFFILIATION: Allergy Clinic, Copenhagen University Hospital at Gentofte

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Signature: ✒
Date: 19/10/2019
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Kuehn, Dr. Annette

AFFILIATION: Luxembourg Institute of Health, Department of Infection and Immunity

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Signature: [Signature]

Date: 2018-10-18

UEMS eisbl – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Fernández Rivas, Dr. Montserrat

AFFILIATION: Hospital Clínico San Carlos, Universidad Complutense Madrid

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

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

Type of affiliation / financial interest

Receipt of grants/research supports: European Commission, MINECO and ISCIII of the Spanish Government
Receipt of honoraria or consultation fees: Amme, ABV, Schreiber foods
Participation in a company sponsored speaker’s bureau: Amme, SNC, HAC, Allergy Therapies
Stock shareholder: None

Spouse/partner: None

Other support (please specify):

Signature: [Signature]

Date: 18 Oct 2018
Conflicts of Interest Disclosure Form

(to be completed by faculty members)

NAME: Eller, Dr. Esben

AFFILIATION: Odense Research Center for Anaphylaxis

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

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Other support (please specify):

Name of commercial company

Signature:

Date: 18.10.2018
Conflicts of Interest Disclosure Form
(to be completed by faculty members)

NAME: Van Rees, Prof. Ronald

AFFILIATION: Academic Medical Venter - University of Amsterdam

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: H AL A l l e r s y B V / C i t e r i o l a B V

Participation in a company sponsored speaker's bureau: H AL A l l e r s y B V / T h e r m o F i s h

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]
Date: 10-10-2018
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Adel-Patient, Dr. Karine

AFFILIATION: Inra

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

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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: [Signature]
Date: 18.10.2018.
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Schmid-Grendelmeier, Prof. Peter

AFFILIATION: Dept. of Dermatology, University Hospital of Zurich

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.

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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

Novartis

Menarini, Meda

Signature: Peter

Date: 18.10.2014
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: O’Mahony, Prof. Liam

AFFILIATION: University College Cork

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

Receipt of grants/research supports:

GSK

Receipt of honoraria or consultation fees:

Nestle, Nutricia, AHL

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify): 

Signature: 

Date: 18/10/2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Alvaro Lozano, Dr. Montserrat

AFFILIATION: Hospital Sant Joan De Déu, Barcelona

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEP)", 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.

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</table>

Signature: [Signature]

Date: 18-18-18

UEMSaist - Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Eigenmann, Prof. Philippe

AFFILIATION: Geneva University Hospitals

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

Receipt of grants/research supports: TFS
Receipt of honoraria or consultation fees: TFS
Participation in a company sponsored speaker’s bureau: TFS
Stock shareholder: DR
Spouse/partner: klinik
Other support (please specify):

Name of commercial company

Signature: [Signature]
Date: 18/10/18
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Marchisotto, Mrs Mary Jane

AFFILIATION: Food Allergy Research & Education Inc (FARE)

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)s”, 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.

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Signature: [Signature]

Date: [18 Oct 2018]

UEMS®obl — Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Roberts, Prof. Graham

AFFILIATION: University of Southampton

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.

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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):

Signature: [Signature]

Date: 18/10/18
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Mills, Prof. Clare

AFFILIATION: The University of Manchester

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.

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Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: None

Participation in a company sponsored speaker's bureau: None

Stock shareholder: Shares in Reacta Biotech

Spouse/partner: None

Other support (please specify): UK FSA, EFSA, BEER, MRC, m Reind collaboration and Rodent labs UK

Name of commercial company

Signature: [Signature]

Date: 18/10/2018

UEMS, Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE81 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Ballmer-Weber, Prof. Barbara

AFFILIATION: Kantonsspital St. Gallen

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.

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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: 18.10.19

UEMS (2015) – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Vieths, Prof. Stefan
AFFILIATION: Paul-Ehrlich-institut

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.

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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: [Signature]

Date: 11.10.25
Conflicts of Interest Disclosure Form
(to be completed by faculty members)

NAME: Sichener, Prof. Scott

AFFILIATION: Icahn School of Medicine at Mount Sinai

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.

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Signature: [Signature]  Date: [Date]
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Flokstra-de Blok, Dr. Bertine

AFFILIATION: University Medical Center Groningen

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.

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**Signature:**

**Date:** 19 Oct 2018

UEMSaeb — Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Timmermans, Mr. Frans

AFFILIATION: Netherlands Anaphylaxis Network - European Anaphylaxis Taskforce

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Signature: 

Date: 18/11/2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Reese, Dr. Imke

AFFILIATION: Private Practice

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)”, 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.

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Signature: ___________________________  Date: ___________
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Knibb, Dr. Rebecca

AFFILIATION: Aston University

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

Grants

Alteryx Inc., mHealth

Consultant, Almune

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Alteryx Inc., mHealth

Receipt of honoraria or consultation fees: —

Participation in a company sponsored speaker's bureau: —

Stock shareholder: —

Spouse/partner: —

Other support (please specify): Consultant, Almune

Signature: [Signature]

Date: 18/10/18
CONFlict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Wahn, Ulrich

AFFILIATION:

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.

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Type of affiliation / financial interest

Receipt of grants/research supports: [Signature]
Receipt of honoraria or consultation fees: [Signature]
Participation in a company sponsored speaker’s bureau: [Signature]
Stock shareholder: [Signature]
Spouse/partner: [Signature]
Other support (please specify): [Signature]

Name of commercial company

Danone, Ace Allejophane, Stelley, Nestle

Signature: [Signature]
Date: [Signature]
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Garvey, Dr. Lene Heise

AFFILIATION: Allergy Clinic, Gentofte Hospital

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)”, 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.

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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):

Date: 18/10/18

Signature: [Signature]

UEMSaistl — Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(NAME : Schmid-Grendelmeier, Prof. Peter)

AFFILIATION: Dept. of Dermatology, University Hospital of Zurich

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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):

Name of commercial company

Novartis

Mecarini, Meda

Signature: [Signature]

Date: 18.10.18
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Venter, Dr. Carina

AFFILIATION: University of Colorado Denver School of Medicine | Children’s Hospital Colorado

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Type of affiliation / financial interest

Receipt of grants/research supports: Thermo Fisher

Receipt of honoraria or consultation fees: Danone, Abbott, Mead Johnson

Participation in a company sponsored speaker’s bureau: Danone, Abbott

Stock shareholder:

Spouse/partner:

Other support (please specify): Meda Johnson, Nestle, Thermo Fisher, Abbott

Signature: [Signature]

Date: October 18, 2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Francuzik, Mr. Wojciech

AFFILIATION: Charite Universitätsmedizin Berlin

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.

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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):

Signature: [Signature]

Date: 18.10.18

UEMSglobal – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Jensen, Dr. Bettina M.

AFFILIATION: Allergy Clinic, Copenhagen University Hospital

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<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td></td>
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<tr>
<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: [Signature] Date: 18/10/18
Conflict of Interest Disclosure Form

(NAME: Akin, Prof. Cem)

(AFFILIATION: University of Michigan)

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEE)s”, 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

Receipt of grants/research supports: 

Receipt of honoraria or consultation fees: Novartis, Blueprint

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 10/18/18

UEMS
Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Untersmayr-Eisenhuber, Prof. Eva

AFFILIATION: Medical University of Vienna

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: NORDMARK ARZNEIMITTEL GMBH

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau: DANONE

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Untersmayr-Eisenhuber

Date: 18.10.2018
Conflicts of Interest Disclosure Form

(to be completed by faculty members)

NAME: Christensen, Mr. Morten J.

AFFILIATION: Department of Dermatology and Allergy Center - Odense Research Center for Anaphylaxixs (ORCA)

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: 19/10/18