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Conflict of Interest Disclosure Form

(to be completed by faculty members)

E : **Cianferoni, Dr. Antonella**

IATION: **The Children's Hospital of Philadelphia -University of Pennsylvania**

ordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live ional Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial er relationship, must be provided to the EACCME® upon submission of the application. Declarations also e made readily available, either in printed form, with the programme of the LEE, or on the website of the er of the LEE. Declarations must include whether any fee, honorarium or arrangement for re- ement 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

ype of affiliation / financial interest	**Name of commercial company**
eceipt of grants/research supports:	DBV, Aimmune
eceipt of honoraria or consultation fees:	~~D~~ Sanofi
articipation in a company sponsored speaker's bureau:	DBV
tock shareholder:	
pouse/partner:	GSK stock (employee)
ther support (please specify):	

ire: **Date:** 10/18/2018

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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 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:	HAL, Aimmune, Allergy Therapeutics, Orion
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: 17/11 2016

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Muraro, Prof. Antonella**

AFFILIATION: **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:	DVB Stallergenes, Nestlé, Aimmune
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: M A Muraro **Date:** 8 Oct 18

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Halken, Prof. Susanne** Arne Host

AFFILIATION: **Hans Christian Andersen Children's Hospital, Odense University Hospital, Denmark**

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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:** 18/10-2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Mørtz, Prof. Charlotte**

AFFILIATION: **Allergy Centre, Odense University Hospital**

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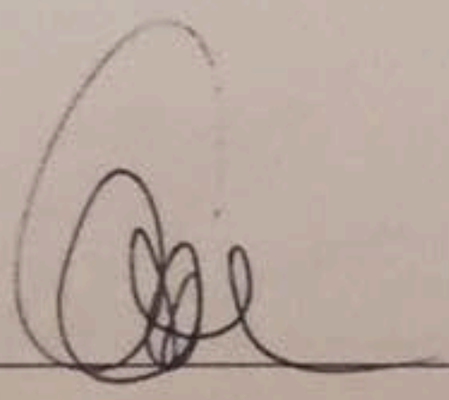
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 18/10-2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Sampson, Prof. Hugh**

AFFILIATION: **Icahn School Of Medicine At Mount Sinai**

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DISCLOSURE

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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: Hugh Sampson Date: Oct 18, 2018

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Association internationale sans but lucratif – International non-profit organisation

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Worm, Prof. Margitta**

AFFILIATION: **Charité-universitätsmedizin Berlin**

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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: [signature]

Date: 18 Oct 17

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Blümchen, Dr. Katharina**

AFFILIATION: **University Hospital Frankfurt**

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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

Honoraria from DBV

Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	Aimmune
Receipt of honoraria or consultation fees:	Aimmune, DBV, HAL, Ber
Participation in a company sponsored speaker's bureau:	DBV
Stock shareholder:	-
Spouse/partner:	-
Other support (please specify):	-

Signature: K. Blümchen **Date:** 17 OCT 2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Lau, Prof. Susanne**

AFFILIATION: **Charité Universitätsmedizin Berlin**

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Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	DBV, Nutricia, Sanofi, Allergopharma
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

ature: [signature] **Date:** 18 OCT 2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Grimshaw, Dr. Kate**

AFFILIATION: **University of Southampton/~~Southampton General Hospital~~**

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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: Kate Grimshaw **Date:** 18-10-18

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Hoffmann-Sommergruber, Prof. Karin**

AFFILIATION: **Medical University of Vienna, Austria**

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DISCLOSURE

☐ I have no potential conflict of interest to report

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	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: Ka. Hoffmann

Date: 18.10.2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ~~Høst, Dr. Arne~~ Halken, Susanne

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

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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

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Akdis, Prof. Cezmi**

AFFILIATION: **Swiss Institute of Allergy and Asthma Reserach**

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

Signature:

Date: 18.10.2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Skamstrup Hansen, Dr. Kirsten**

AFFILIATION: **Allergy Clinic**

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DISCLOSURE

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

PI ALK-ABELLO (MT-11)

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):	

K SKAMSTRUP

Signature:

Date: 18/10-2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

AME : **Fomsgaard Kjær, Dr. Henrik**

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

accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live ucational 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 st 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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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):	

nature: **Date:** 18/10-2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Dunn Galvin, Dr. Audrey**

AFFILIATION: **University College Cork**

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DISCLOSURE

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	DBV Technologies.
Receipt of honoraria or consultation fees:	Ainmune.
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: [signature]

Date: 18/10/2018

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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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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:** 19/10/2018

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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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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: A. Kuehn **Date:** 18/10/18

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Fernández Rivas, Dr. Montserrat**

AFFILIATION: **Hospital Clinico San Carlos, Universidad Complutense Madrid**

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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:	European Commission, MINECO and ISC III of the Spanish government.
Receipt of honoraria or consultation fees:	Inmune, SBV, Schreiber foods
Participation in a company sponsored speaker's bureau:	Inmune, ALK, HAL, Allergy Therapeutics, Thermofisher Scientific
Stock shareholder:	None
Spouse/partner:	none
Other support (please specify):	

Signature: [signature]

Date: 18 oct 2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Eller, Dr. Esben**

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 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:** 13.10.2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Van Ree, 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 re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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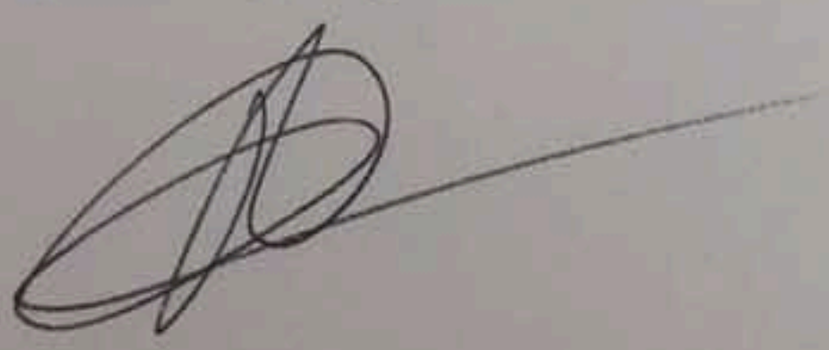
☒ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	HAL Allergy BV / Cutaq BV
Participation in a company sponsored speaker's bureau:	HAL Allergy BV / ThermoFisher
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 18-10-2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Adel-Patient, Dr. Karine**

AFFILIATION: **Inra**

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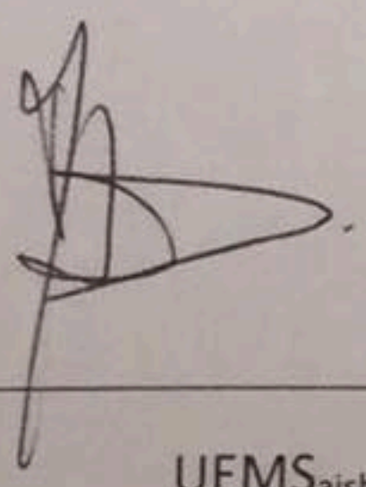
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 18.10.2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Schmid-Grendelmeier, Prof. Peter**

AFFILIATION: **Dept. of Dermatology, University Hospital of Zurich**

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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:	Novartis
Receipt of honoraria or consultation fees:	Menarini, Meda
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Peter

Date: 18.10.18

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **O'Mahony, Prof. Liam**

AFFILIATION: **University College Cork**

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DISCLOSURE

☐ I have no potential conflict of interest to report

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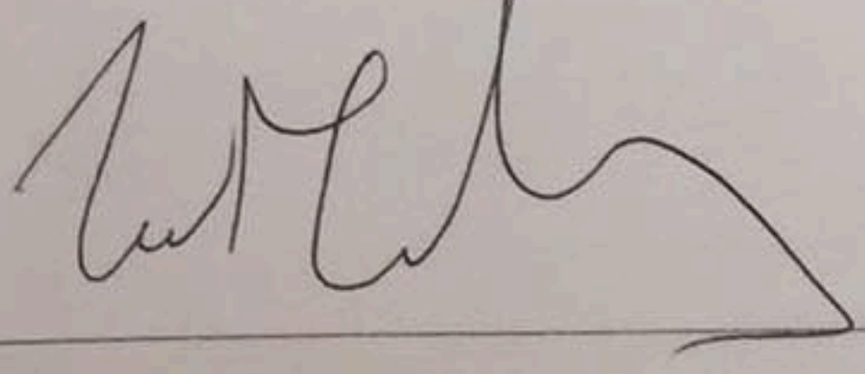
Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	GSK
Receipt of honoraria or consultation fees:	Nestle, Nutricia, AHL
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 18/10/2015

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Alvaro Lozano, Dr. Montserrat**

AFFILIATION: **Hospital Sant Joan De Déu, Barcelona**

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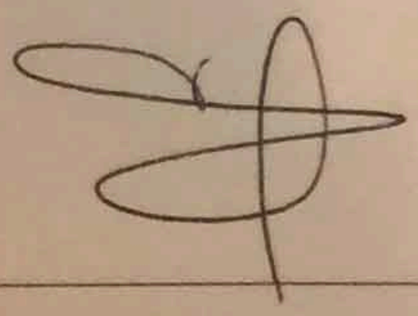
Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 18-X-18

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Eigenmann, Prof. Philippe**

AFFILIATION: **Geneva University Hospitals**

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DISCLOSURE

☐ I have no potential conflict of interest to report

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Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	TFS
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	TFS
Stock shareholder:	DRV Technologies
Spouse/partner:	
Other support (please specify):	

Signature: [signature]

Date: 18/10/18

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Marchisotto, Mrs Mary Jane**

AFFILIATION: **Food Allergy Reserach & Education Inc (FARE)**

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	**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: Mary Jane Marchisotto **Date:** 18 Oct 2018

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Roberts, Prof. Graham**

AFFILIATION: **University of Southampton**

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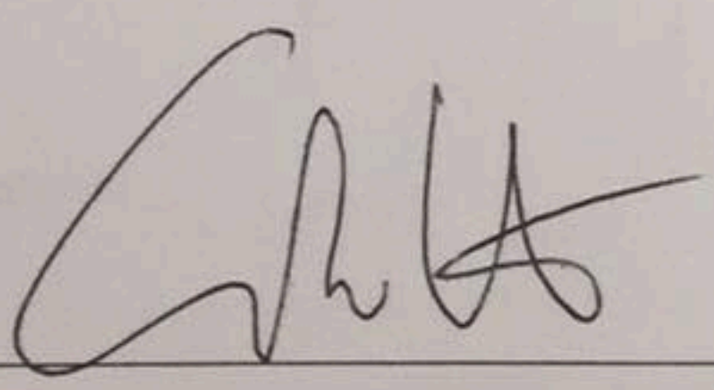
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 18/10/18.

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Mills, Prof. Clare**

AFFILIATION: **The University of Manchester**

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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:	• Reacta Biotech research grants to the University of Manchester for analytical method development and regulatory affairs support
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):	UKFSA; EFSA, BBSRC, MRC, in-Kind collaborations Waters Corp^{n} and Romer Labs UK Ltd

Signature: Z A S W **Date:** 18/10/2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Ballmer-Weber, Prof. Barbara**

AFFILIATION: **Kantonsspital St. Gallen**

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DISCLOSURE

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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: 18.10.18

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Vieths, Prof. Stefan**

AFFILIATION: **Paul-Ehrlich-institut**

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

Signature: [signature] **Date:** 11.10.18

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Sicherer, Prof. Scott**

AFFILIATION: **Icahn School of Medicine at Mount Sinai**

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

Signature: **Date:** April 20 2017

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 : **Flokstra-de Blok, Dr. Bertine**

AFFILIATION: **University Medical Center Groningen**

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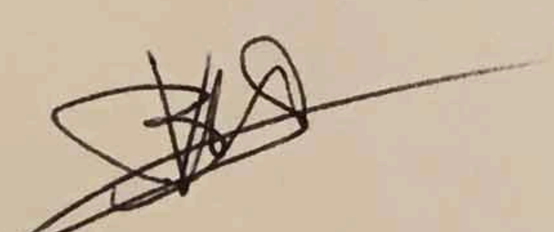
Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 19 Oct 2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Timmermans, Mr. Frans**

AFFILIATION: **Netherlands Anafylaxis Network - European Anaphylaxis Taskforce**

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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: [signature] **Date:** 18/11/2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Reese, Dr. Imke**

AFFILIATION: **Private Practice**

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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:** 18.10.18

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Knibb, Dr. Rebecca**

AFFILIATION: **Aston University**

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DISCLOSURE

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

Grants Allergy UK, MAARA
Consultant Almmune

Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	Allergy UK / MAARA
Receipt of honoraria or consultation fees:	—
Participation in a company sponsored speaker's bureau:	—
Stock shareholder:	—
Spouse/partner:	—
Other support (please specify):	Consultant Almmune

Signature: R Knibb **Date:** 18/10/18

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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 : **Wahn, Ulrich**

AFFILIATION:

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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:	Danone, AZK, Telepharma, Stallergenes, Nestlé
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date:

AVENUE DE LA COURONNE, 20
BE- 1050 BRUSSELS
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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 (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: Lene Garvey **Date:** 18.10.18

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Schmid-Grendelmeier, Prof. Peter**

AFFILIATION: **Dept. of Dermatology, University Hospital of Zurich**

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Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	Novartis
Receipt of honoraria or consultation fees:	Mchartini, Meda
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Peter **Date:** 18.10.18

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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	**Name of commercial company**
Receipt of grants/research supports:	Thermo fisher
Receipt of honoraria or consultation fees:	Danone, Abbot, Mead Johnson
Participation in a company sponsored speaker's bureau:	Danone, Abbott
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	Medd Johnson, Westle, Thermofisher, Abbott

ature: [signature] **Date:** October 18, 2018

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Francuzik, Mr. Wojciech**

AFFILIATION: **Charite Universitätsmedizin Berlin**

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

Signature: **Date:** 18.10.18

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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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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

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Akin, Prof. Cem**

AFFILIATION: **University of Michigan**

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Type of affiliation / financial interest	**Name of commercial company**
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: Cem Akin **Date:** 10/18/18.

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Untersmayr-Elsenhuber, Prof. Eva**

AFFILIATION: **Medical University of Vienna**

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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 **Date:** 18.10.2018

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Conflict 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 Anaphylaixs (ORCA)**

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: [signature]

Date: 19/10-18