



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : IOANA OCTAVIA AGACHE

AFFILIATION: FACULTY OF MEDICINE, TRANSILVANIA UNIVERSITY, BRAHOV, 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 PhII-Ph-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 : Lars K. Poulsen, Ph.D.

AFFILIATION: EAACI Past-President Congresses, current member of EAACI Scientific Programme Committee  
Head of Research, Allergy Clinic Herlev-Gentofte Hospital, Denmark

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### DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

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 December 2017



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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.

### 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: 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 : SUCANNE HALKEN

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

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### DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Susanne Halcken

Date: 15.12.2017



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Kate Grimshaw

AFFILIATION: University of Southampton

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### DISCLOSURE

I have no potential conflict of interest to report

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

none

Receipt of honoraria or consultation fees:

- Danone/Nutricia; Reacta Biotech

Participation in a company sponsored speaker's bureau:

- Nutricia

Stock shareholder:

none

Spouse/partner:

none

Other support (please specify):

Signature: Kate Grimshaw

Date: 01.02.18.



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Knut Brockow.....

AFFILIATION: ... Department of Dermatology and Allergy Biederstein

Technische Universität München, Biedersteiner Straße 29, 80802 München / Munich

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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:

Meda Pharma, Phadia, Novartis

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 16.01.2018



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ..... ANTONELLA MURARO

AFFILIATION: ..... Dept of Pediatrics

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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:

A. Muraro

Date:

Febr 2nd, 2018



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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

(to be completed by scientific/organising committee members)

NAME : Carsten Bindslev-Jensen

AFFILIATION: ORCA, Odense Denmark

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### DISCLOSURE

I have no potential conflict of interest to report

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Novartis, HAL, Almmune, Allakos

Receipt of honoraria or consultation fees:

Allakos

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

May 15<sup>th</sup> 2014

1105 47/10/14

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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Ronald van Ree

AFFILIATION: Academic Medical Center – University of Amsterdam

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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:

ThermoFisher Scientific

Receipt of honoraria or consultation fees:

HAL Allergy BV / Citeq BV

Participation in a company sponsored speaker's bureau:

HAL Allergy BV / ThermoFisher Scientific

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

21-06-2018



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Ballmer-Weber. Barbara

AFFILIATION: Allergology, Clinic of Dermatology and Allergology, Kantonsspital St. Gallen

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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:

ThermoFisher, Novartis

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 24.6.18**



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof Dr Mojib Wolkh

AFFILIATION: Charité 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:

Meda, ALK, Sanofi, JBV

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

[Handwritten Signature]

Date:

25.6.2018



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : **Marina Atanaskovic-Markovic**

AFFILIATION: **University Children's Hospital, Faculty of Medicine University of Belgrade**

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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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 25.06.2018