



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

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T + 32 2 649 51 64 - F + 32 2 640 37 30
eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Giorgio Walter Canonica.....

AFFILIATION: ...Humanitas University Milano-Italy.....

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: Allergy Therapeutics-
Stallergenes

Receipt of honoraria or consultation fees: ALK-Hal Allergy-
Anallergo

Participation in a company sponsored speaker's bureau:
Alk-Stallergenes

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify):

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

Association internationale sans but lucratif – International non-profit organisation

Signature:

A handwritten signature in black ink, appearing to be 'A. G. W.' or similar, written in a cursive style.

Date: April 8, 2018



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accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Jürgen Schwarze.....

AFFILIATION: The University of Edinburgh.....

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

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

Receipt of honoraria or consultation fees:

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

Participation in a company sponsored speaker’s bureau:

none

Stock shareholder:

none

Spouse/partner:

none

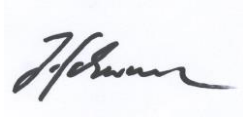
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Other support (please specify):

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

Signature:

A handwritten signature in black ink, appearing to read 'J. Helmer', is written over a light blue rectangular background.

Date: 18.04.2018



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Conflict of Interest Disclosure Form

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

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

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

Receipt of honoraria or consultation fees:

SANOFI, NOVARTIS, ASTRAZENECA

Participation in a company sponsored speaker's bureau:

TEVA Pharmaceuticals

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

Signature:

Date: 16/05/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Philippe Gevaert

AFFILIATION: Ghent University

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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: 24 may 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Pascal CHANEZ.....

AFFILIATION:

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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:

Astrazeneca, ALK Almirall, Boehringer-Ingelheim, Chiesi, GSK, Pfizer, Novartis, Teva

Receipt of honoraria or consultation fees:

Astrazeneca, ALK, Almirall, Boehringer-Ingelheim, Chiesi, GSK, Pfizer, Novartis, Teva

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

28/05/2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Prof. Martina Vasakova

AFFILIATION: Thomayer Hospital Prague, Czech republic

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DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: Novartis, GSK,
TEVA

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 6. 6. 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...Ignacio Dávila.....

AFFILIATION: ...University of Salamanca, Spain.

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Name of commercial company

MERCK, THERMOFISHER DIAGNOSTICS

ALK-ABELLO
ASTRA-ZENECA
GSK
NOVARTIS
STALLERGENS
TEVA

ALK-ABELLO
ASTRA-ZENECA
GSK
NOVARTIS
STALLERGENS

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Spouse/partner:

Other support (please specify):

A handwritten signature in black ink, appearing to be 'C. J. H. M.', written over a horizontal line that extends to the right.

Signature:

Date: 08/06/2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Darío Antolín Amérigo

AFFILIATION: Hospital Universitario Ramón y Cajal.

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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: 11th June 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : P. Brinkman

AFFILIATION: AMC Amsterdam

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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:

13/06/2010



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Sven Seys

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

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

7/2/6/2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Professor Andrew Bush

AFFILIATION: Imperial College and Royal Brompton Hospital

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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: 13-June-2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Prof Dr Moisés CALDERON**

AFFILIATION: **Imperial College London**

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	No
Receipt of honoraria or consultation fees:	ALK, Merck. Hall Allergy, Allergopharma, StallergenesGreer, ASIT biotech
Participation in a company sponsored speaker's bureau:	ALK, Merck. Hall Allergy, Allergopharma, StallergenesGreer
Stock shareholder:	No
Spouse/partner:	No
Other support (please specify):	No

Signature:

Date: June 13th 2018



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Parameswaran Nair

AFFILIATION: McMaster University, Hamilton, Ontario, Canada

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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:

AZ, Teva, Sanofi, Roche, BI, Novartis

Receipt of honoraria or consultation fees:

AZ, Teva, Sanofi, Roche, Theravance, Knopp, Merck, GSK, Novartis

Participation in a company sponsored speaker's bureau:

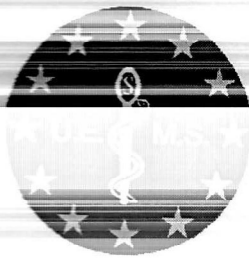
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 1th January 2018



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :STYLIANOS LOUKIDES.....

AFFILIATION:PROFESSOR RESPIRATORY MEDICINE NATIONAL AND KAPODISTIRAN UNIVERSITY OF ATHENS MEDICAL SCHOOL-ATTIKO UNIVERSITY HOSPITAL

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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:

GSK

Receipt of honoraria or consultation fees:

ASTRA ZENECA, GSK, ELPEN HELLAS, NOVARTIS,
BOEHRINGER INGELHEIM, MENARINI, CHIESI, PHARMATEN
HELLAS

Participation in a company sponsored speaker's bureau:

N/A

Stock shareholder: NONE

Spouse/partner: NONE

Other support (please specify): NONE

Signature:

Date:

14-6-2018



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: ANTONIO SPANEVELLO

AFFILIATION: UNIVERSITY OF INSUBRIA, VARESE, ITALY

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

GSK NOVARTIS MENARINI LUSOFARMACO
MALESCI GUIDOTTI ASTRAZENECA CHIESI
MUNDIPHARMA

Receipt of honoraria or consultation fees:

BOEHRINGER

Participation in a company sponsored speaker's bureau:

NO

Stock shareholder:

NO

Spouse/partner:

NO

Other support (please specify):

NO

Signature: 

Date: 26 June, 2018



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Tomás Chivato

AFFILIATION: University CEU San Pablo. Madrid. Spain

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DISCLOSURE

I have no potential conflict of interest to report

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

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

Signature:

Date: July 10, 2018



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Montserrat Alvaro Lozano

AFFILIATION: Pediatric allergy and clinical immunology department, Hospital Sant Joan de Deu, Barcelona.

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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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: 17-7 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :

AFFILIATION:

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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:

Name of commercial company

Academic Lead for the UK MRC Consortium for Stratified Medicine in Severe Asthma – Industrial Pharma partners Amgen, Astra Zeneca, Medimmune, Janssen, Novartis, Roche/Genentech, Glaxo Smith Kline and Boehringer Ingelheim

Project grant funding from Medimmune, Novartis UK, Roche/Genentech, & GSK

Advisory Boards supported by Novartis, Roche/Genentech, Glaxo Smith Kline, Sanofi-Aventis, Teva and Vectura

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

Association internationale sans but lucratif – International non-profit organisation

Participation in a company sponsored speaker's bureau:	Lectures supported by Astra Zeneca, Novartis, Roche/Genentech, Glaxo Smith Kline, Teva and Vectura
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	Travel funding to International Respiratory meetings (Astra Zeneca, Chiesi, Novartis, Boehringer Ingelheim, Teva & Glaxo Smith Kline) Taken part in asthma clinical trials (GSK, Schering Plough, Synairgen, Novartis and Roche/Genentech) for which his Institution was remunerated

Signature:



Date: 7th September 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Professor MD DMSc FERS Charlotte Suppli Ulrik

AFFILIATION: Respiratory Research Unit, Dept. of Respiratory Diseases, Hvidovre University Hospital, Hvidovre, 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.

DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Novartis, AZ, GSK, Mundipharma, BI, Sanofi, Chiesi, ALK-Abello,


Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:


CSULRIK

Date:

13/SEPT/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dr. Muhammad Usman

AFFILIATION: Imperial College London

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DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

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

Signature:

Date: 23/12/2016



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : MAREK JUTEL.....

AFFILIATION: 1.WROCLAW MEDICAL UNIVERSITY, 2. ALL-MED MEDICAL RESEARCH INSTITUTE
.....

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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: 08 OCTOBER, 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Dr. Maarten van den Berge

AFFILIATION: University Medical Center Groningen, Department Pulmonary Medicine and Tuberculosis, Groningen, The Netherlands

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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:

Astra Zeneca, TEVA, GSK, Chiesi

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: November 5th, 2018

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EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : *Jonas Erjefält, Prof*

AFFILIATION: *Unit of Airway Inflammation, Lund University, Sweden*

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder: *I am shareholder and owner of a spin-off CRO company from Lund University (Medetect AB)*

Spouse/partner:

Other support (please specify):

Signature:

Date: *5/11-2018*



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Cezmi A. Akdis.....

AFFILIATION: Director, Swiss Institute of Allergy and Asthma Research, Obere Strasse, 22, CH 7270 Davos, Switzerland

Medical Faculty of University of Zurich, Zurich Switzerland.....

Christine Kühne Center of Allergy Research and Education, Davos, Switzerland.....

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Name of commercial company

Allergopharma AG, Reinbek Germany;

Idorsia AG, Basel Switzerland

European Union Cure Grant, Swiss National Science Foundation Grant

Editor in Chief of "Allergy"

No

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
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Stock shareholder:

No

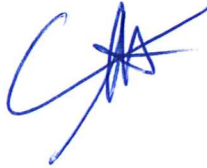
Spouse/partner:

European Union Cure Grant, Swiss

National Science Foundation Grant

Other support (please specify):

Signature:



Date:

5 November 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : ...JM OLAGUIBEL RIVERA, MD.....

AFFILIATION:Unidad de Asma Grave. Servicio de alergología. C Hospitalario de Navarra.
Pamplona. Spain.....

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Leti

Receipt of honoraria or consultation fees:

Astra Zeneca, GSK

Participation in a company sponsored speaker's bureau:

MundiPharma, Astra Zeneca, ALK

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 12/10/2018



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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

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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: 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: —

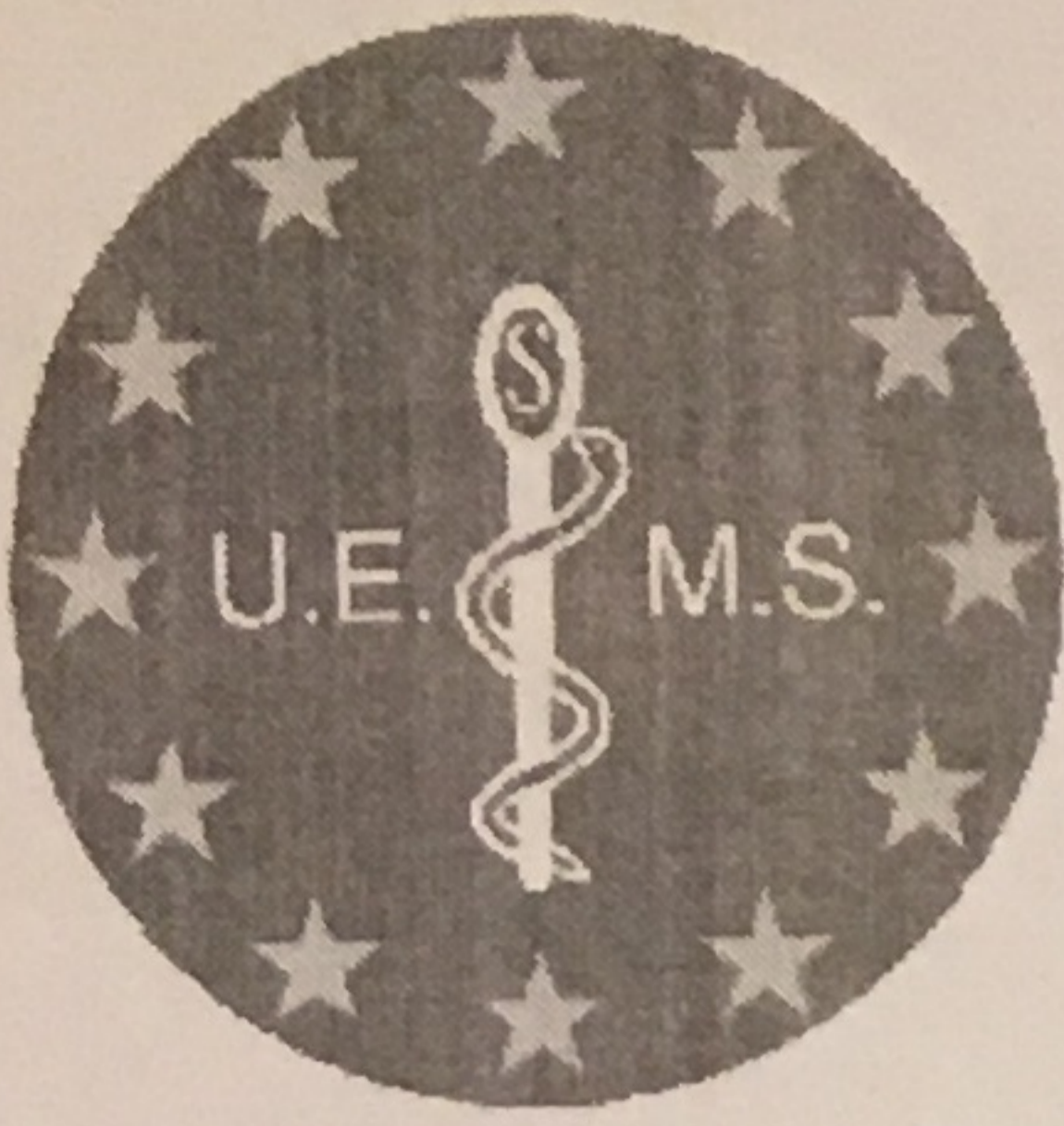
Spouse/partner: —

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 : MARIANA COSTO

AFFILIATION: HOSPITAL E INSTITUTO WF PORTO

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

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

Signature:

Date: 05/12/2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Omer KALAYCI

AFFILIATION: HACettepe University

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 05.12.2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : OSCAR PALOMARES

AFFILIATION: COMPLUTENSE UNVIERSITY OF MADRID

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Inmunotek S.L. and MINECO.

Receipt of honoraria or consultation fees:

Novartis, Sanofi Genzyme.

Participation in a company sponsored speaker’s bureau:

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

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

Signature: Oscar Palomares

Date: 08-12-2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : SILVIA SANCHEZ-GARCIA, M.D., Ph.D.

AFFILIATION: Hospital Infantil Universitario Niño Jesús, Madrid (Spain)

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DISCLOSURE

- 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:

Aimmune, Merck-Serono, Astrazeneca

Receipt of honoraria or consultation fees:

ALK-Abelló, Allergy Therapeutics

Participation in a company sponsored speaker's bureau:

Mead-Johnson, Lab. Leti, Allergy Therapeutics

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: December 10th, 2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Enrico Heffler

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

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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: 08/12/2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : MARCIN KYROWSKI

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

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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):

LECTURE FEES from:
 - Astra Zeneca
 - Sandoz
 - Chieri

TRAVEL GRANTS: AstraZeneca, Chieri, Allergopharma, H&L Allerg

Signature:

Date:

15 DEC 2017



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)**

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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME :Irina Bobolea.....

AFFILIATION:Allergy Specialist, Pulmonology department, Hospital Clinic Barcelona...

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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: no

Receipt of honoraria or consultation fees: no

Participation in a company sponsored speaker's bureau:

GSK, Teva, Novartis, Astra-Zeneca

Stock shareholder: no

Spouse/partner: no

Other support (please specify): no

Signature:

Date: 26 jan 2018



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Joaquin Sastre

AFFILIATION: Allergy Service, Fundación Jimenez Díaz and Universidad Autónoma de Madrid, Spain

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

ALK, GSK, SANOFI, STALLERGENS

Receipt of honoraria or consultation fees:

SANOFI, GSK, LETI, NOVARTIS, ASTRA

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: January, 25, 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Zuzana Diamant

AFFILIATION: Lund University, Lund, Sweden and UMCG, Dept of Clin Pharmacy and Clin Pharmacology and QPS NL, Groningen, NL

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

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

I work partly for a CRO (QPS-NL), in a phase I/II unit and work with several different pharma companies and biotechs as consultant/principle investigator on clinical studies

In past 3 years: Aerocrine, AstraZeneca, Boehringer Ingelheim, HAL Allergy, ALK, Aquilon, Gilead, Acucort, CSL-Behring

Benecke

none

none

none

Signature:

Date:

26 jan 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Stefano R. Del Giacco

AFFILIATION: University of Cagliari, Italy

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Novartis, Shire
Receipt of honoraria or consultation fees:	Chiesi, Meda, ABM Pharma, GSK, Valeas, Shire
Participation in a company sponsored speaker's bureau:	none
Stock shareholder:	none
Spouse/partner:	none
Other support (please specify):	none

Signature:

Date: 26 JAN 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Leif Bjermer

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

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	No
Receipt of honoraria or consultation fees:	ALK, AZ, Boehringer, Chiesi, GSK, Meda, Novartis, Teva
Participation in a company sponsored speaker's bureau:	No
Stock shareholder:	No
Spouse/partner:	No
Other support (please specify):	

Signature:

Date: 2018-01-29



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : MATTEO BONINI

AFFILIATION: IMPERIAL COLLEGE LONDON

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DISCLOSURE

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

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

Signature:

Date:

30/1/18



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : P. Hagedoorn

AFFILIATION: Department of Pharmaceutical Technology and Biopharmacy, University of Groningen,
The Netherlands

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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:

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

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify):

P. Hagedoorn is involved in development and design of the Twincer high dose dry powder inhaler and his employer receives royalties from the sales of the Novolizer and Genuair multi-dose dry powder inhalers.

A handwritten signature in black ink, appearing to read 'P. Hagedoorn', enclosed within a large, loopy circular flourish.

Signature:

Date: February 4th 2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Apostolos Bossios

AFFILIATION: Karolinska University Hospital & Karolinska Institutet

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

Signature:

Date:

2018-02-21



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Eva Polverino

AFFILIATION: Respiratory Disease Department VHIR- Hospital Vall d'Hebron Barcelona

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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: Chiesi

Receipt of honoraria or consultation fees: Bayer, Insmmed,
Grifols

Participation in a company sponsored speaker's bureau:

Grifols, Chiesi

Signature:

Date: 06/03/2018



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Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : VICTORIA DEL POZO

AFFILIATION: IIS-FUNDACIÓN JIMÉNEZ DÍAZ

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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: MERCK

Receipt of honoraria or consultation fees: ASTRA ZENECA

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 06/04/2019