Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: …………Barbara Ballmer-Weber………………………………

AFFILIATION: …Luzerner Kantonsspital and University Hospital Zürich

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

DISCLOSURE

☐ I have no potential conflict of interest to report

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

Type of affiliation / financial interest                      Name of commercial company

Receipt of grants/research supports:                        EU-grant iFAAM until 02/2017
Receipt of honoraria or consultation fees                    ThermoFisher Scientific; Novartis
Participation in a company sponsored speaker’s bureau: no
Stock shareholder: no
Spouse/partner: no
Other support (please specify): no

Signature:                                                  Date: 6.7.2017
Conflict of Interest Disclosure Form

NAME: Carsten Bindslev-Jensen

AFFILIATION: Odense Research Center for Anaphylaxis

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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, Hal Allergy, Aimmune, Anergis

Hal Allergy

Hal Allergy

-

-

-

Signature: [Signature]

Date: 100717
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ……Dr George Du Toit……………………………………

AFFILIATION: ……Guys and St Thomas’, London………………………………….

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<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports: NIH, NIAID (USA)</td>
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<td>Receipt of honoraria or consultation fees: Aimmune</td>
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<td>Participation in a company sponsored speaker’s bureau: Aimmune</td>
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<tr>
<td>Stock shareholder: FoodMaestro</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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UNION EUROPÉENNE DES MÉDECINS SPÉcialistes
EUROPEAN UNION OF MEDICAL SPECIALISTS
Association internationale sans but lucratif – International non-profit organisation

Signature: Dr Lionel George Du Toit
Date: 10 July 2017
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Susanne Halken

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

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<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>ALK-Abelló: Member of Steering Committee for the Grazax Asthma Prevention study and member of Advisory Board on research in Allergen Immunotherapy October - December 2017. Paid by for participation in meetings only</td>
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<tr>
<td></td>
<td>Seldom receiving honoraria for giving lectures for different companies e.g. Stallergenes, Allergopharma, ALK-Abelló, MEDA.</td>
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</table>
Participation in a company sponsored speaker’s bureau: None

Stock shareholder: None

Spouse/partner: My spouse have no conflicts of interest

Other support (please specify): None

Signature: Susanne Halken

Date: 10.07.2017
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Montserrat Alvaro...............................................

AFFILIATION: ...Hospital Sant Joan de Deu..., 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: 6-2-19

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ............Antonella Muraro..........................

AFFILIATION: ...........Food Allergy Referral Centre – Veneto Region, Dept. of Women and Child Health Padua University, Padua Italy ................................

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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>Meda – Mylan, Stallergenes, ALK, Nestlé</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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Signature: [Signature]
Date: July 13th, 2017
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Özlem Cavkaytar
AFFILIATION: Department of Pediatric Allergy and Immunology, Sınavlı Ulus Women’s and Children’s Training and Research Hospital, Ankara, Turkey

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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: 07.07.2017
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Lars K. Poulsen

AFFILIATION: ...Allergy Clinic, Copenhagen University Hospital at Gentofte

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Signature: Lars K. Poulsen
Date: 6.7.2017
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Rosan Meyer.........................

AFFILIATION: Kings College London.........................

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<tr>
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<td>Nestle, Danone (Nutricia), Cow and Gate, Mead Johnson</td>
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<td>Stock shareholder:</td>
<td>None</td>
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<td>Spouse/partner:</td>
<td>Not applicable</td>
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<td>Other support (please specify):</td>
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Lau, Susanne, Prof. Dr. ..............................................

AFFILIATION: ...Charité Universitätsmedizin Berlin.............................

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Type of affiliation / financial interest                  Name of commercial company

Receipt of grants/research supports:
Allergopharma/Merck, Symbiopharm, Ministry of Nutrition and Agriculture (Bundesanstalt für Ernährung und Landwirtschaft)

Receipt of honoraria or consultation fees: Allergopharma, Merck, Symbiopharm

Participation in a company sponsored speaker’s bureau:
None

Stock shareholder: None

Spouse/partner: no COI

Other support (please specify): none
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Olympia Tsilochristou.

AFFILIATION: Children's Allergy Service, St Thomas' Hospital, London, UK

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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: 06/10/2017

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