



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS
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<https://eaccme.uems.eu> - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :LAIA ALSINA.....

AFFILIATION:MD, PhD. Head of Clinical Immunology and Primary Immunodeficiencies Unit,
Hospital Sant Joan de Déu, Barcelona. Assistant Professor at Universitat de 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.

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:

11-07-2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

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

AFFILIATION: ...Paediatric Allergy and clinical Immunology Department. Hospital Sant Joan de Déu, Esplugues, Barcelona.

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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: July 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Liz Angier.....

AFFILIATION:Southampton University

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DISCLOSURE

- XI 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:

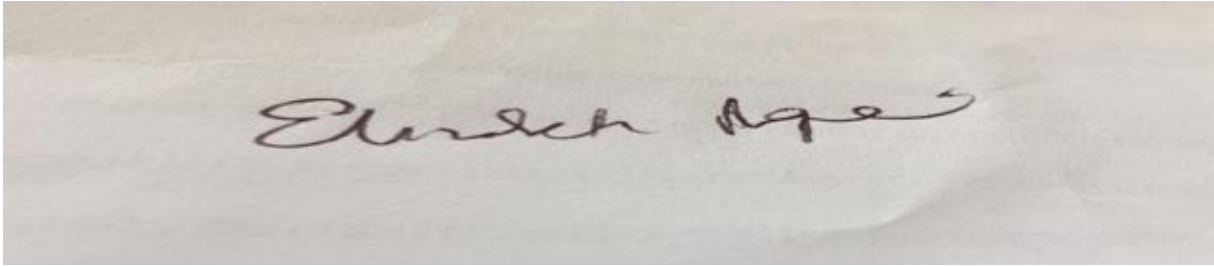
Spouse/partner:

Other support (please specify):

Signature: Liz Angier

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

Association internationale sans but lucratif – International non-profit organisation



Date: 22nd August 22, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Stefania Arasi

AFFILIATION: "Bambino Gesù" Children Hospital, Rome (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:	none
Receipt of honoraria or consultation fees:	None
Participation in a company sponsored speaker's bureau:	None
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	None

Signature:

Date: 4th July 2019

Stefania Arasi



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : **Marina Atanaskovic-Markovic**

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

Date: 4.07.2019.



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Raffaele Badolato

AFFILIATION: University of Brescia, Brescia, Italy

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

X4 pharmaceuticals, Boston

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify): DMC member

Novimmune, Switzerland

**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 'R. R. h. t. k.' with a stylized flourish at the end.

Date:

3th July 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : **Sami Bahna, MD, DrPH**

AFFILIATION: **Louisiana State University Health Sciences Center**

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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: *Sami L Bahna*

Date: July 4, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : SIRONA BARNI

AFFILIATION: ANALGY UNIT, A. REYER COLUMAN'S 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:

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


Association internationale sans but lucratif – International non-profit organisation

Other support (please specify):

Signature:

A handwritten signature in black ink, appearing to be 'J. Meunier', written in a cursive style.

Date:

A handwritten date '8/08/19' in black ink, written in a cursive style.



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Anna Belloni Fortina

AFFILIATION: Department of Medicine DIMED - University of Padova

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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:

8/07/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Bruce G. Bender

AFFILIATION: National Jewish Health and the University of Colorado School of Medicine

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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:

GlaxoSmithKline, Propeller Health, KAC Health

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: July 4, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :M. Cecilia Berin.....

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

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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): Scientific Advisory Board

Prota Therapeutics

Signature:

Digitally signed
by Cecilia Berin
Date: 2019.07.08
11:42:09 -04'00'

Date:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Roberto Bernardini

AFFILIATION: HEAD PEDIATRIC UNIT, S. Giuseppe HOSPITAL, EMPOLI (FLORENCE)

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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:

LOFARMA spa
MILANO

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

REALIZATION of didactic material

Signature:

AZIENDA USL TOSCANA CENTRO
SOC Pediatria San Giuseppe
Direttore
Dott. Roberto Bernardini

Roberto Bernardini

Date:

31 luglio 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Roberto Berni Canani

AFFILIATION:

- Chief of the Pediatric Allergy Program at the Department of Translational Medical Science
- European Laboratory for the Investigation of Food Induced Diseases (ELFID)
- Chief of the Immunonutrition Lab at CEINGE – Advanced Biotechnologies
- Task Force on Microbiome Investigation
- University of Naples “Federico II”

Via S. Pansini 5 80131 Naples, Italy

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Name of commercial company

Receipt of grants/research supports:

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

Association internationale sans but lucratif – International non-profit organisation

Receipt of honoraria or consultation fees:

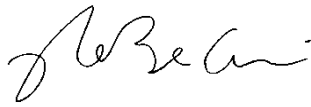
Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:



Date: July ,31th,2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Kirsten Beyer

AFFILIATION: Charité Universitätsmedizin Berlin

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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:

Aimmune, ALK, Berliner Sparkassen Stiftung, Danone, DBV, DST Diagnostic, Good Mills, Hipp, Hycor, Infectopharm, ThermoFisher, VDI

Receipt of honoraria or consultation fees:

Aimmune, ALK, Allergopharma, Bausch & Lomb, Bencard, Danone, Di-Text, Hammer und Rall Media, Hycor, Infectopharm, Mabyon, Meda Pharma, Mylan, Nestle, Unilever

Participation in a company sponsored speaker's bureau:

None

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

Signature:

Date:

01 July 2019



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

(to be completed by scientific/organising committee members)

NAME : ...Carsten Bindslev-Jensen

AFFILIATION: 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:

Novartis, Allakos, Termofischer, HAL,
Almmune,

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: July 9th 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Katharina Blümchen

AFFILIATION: Department of Children and Adolescent Medicine, Division of Pneumology,

Allergology and Cystic fibrosis, University Hospital Frankfurt, Frankfurt am

Main, Germany

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DISCLOSURE

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Aimmune Therapeutics
Receipt of honoraria or consultation fees:	Bencard Allergie, Aimmune Therapeutics, DBV
Participation in a company sponsored speaker's bureau:	Novartis, HAL Allergy, ThermoFisher, Bencard Allergie, Allergopharma, ALK, DBV, Nestle, Nutricia
Stock shareholder:	none
Spouse/partner:	none

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

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify):

Signature:

Date: 06.10.2019



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Chiesi, Cipla, Hikma, Menarini, Mundipharma, Mylan, Novartis, Sanofi-Aventis, Takeda, Teva, Uriach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member of advisory boards Consultations Honoraria for meeting lectures	X
KYomed-Innov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shares	X
Purina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
						ADD

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Generate Disclosure Statement

Dr. Bousquet reports personal fees from Chiesi, Cipla, Hikma, Menarini, Mundipharma, Mylan, Novartis, Purina, Sanofi-Aventis, Takeda, Teva, Uriach, other from KYomed-Innov, outside the submitted work.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Helen Brough.....

AFFILIATION: ...Evelina London, Guy's and St. Thomas' Hospital, King's 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:	ThermoFisher Scientific
Receipt of honoraria or consultation fees:	DBV Technologies, UK Scientific Advisory Committee
Participation in a company sponsored speaker's bureau:	DBV Technologies
Stock shareholder:	n/a
Spouse/partner:	n/a
Other support (please specify):	n/a

Signature:

Date: 04/07/19



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Dominique MA Bullens.....

AFFILIATION: ...prof dr (MD, PhD).....

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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:

- 2019 Thermo Fisher speaker's fee, paid to my institution
- 2017 Nutricia speakers's fee, paid to my institution

Thermo Fisher

Nutricia

Participation in a company sponsored speaker's bureau:
none

Stock shareholder: none

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Spouse/partner: none

Other support (please specify):

- 2018-2019 Mead Johnson: travel and hotel accommodation to attend EAACI-school/conference Mead Johnson
- 2018 ALK: idem ALK

Signature:



Date: 25-9-2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ROXANA BURGĂŢA

AFFILIATION: UNIVERSITY OF MEDICINE AND PHARMACY
CAROL ILAIU, BUCUREŞTI, 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:

Receipt of honoraria or consultation fees:

NOVARTIS, ASTRA-ZENECA,
SANOFI, GALENICA, EVIOPHARMA
CHIESI

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

09. OCT. 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Davide CAIMMI

AFFILIATION: Allergy Unit, CHU de Montpellier, France

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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: 04/07/2019



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(to be completed by scientific/organising committee members)

NAME : ...Thomas B Casale, MD.....

AFFILIATION: University of South Florida.....

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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, Genentech, Sanofi, Regeneron

Receipt of honoraria or consultation fees: Novartis, Genentech, Sanofi, Regeneron, GSK

Participation in a company sponsored speaker's bureau: Genentech

Stock shareholder:

Spouse/partner:

Other support (please specify):

Thomas B Casale

Signature:

Date: August 1, 2019



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(to be completed by scientific/organising committee members)

NAME : Jean-Christoph Caubet

AFFILIATION: Geneva University Hospitals

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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: 12.07.2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ÖZLEM CAVKAYTAR

AFFILIATION: Istanbul Medeniyet University Medical Faculty Goztepe Research and Training Hospital, Department of Pediatric Allergy and Immunology, Kadıköy, İstanbul, Turkey

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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: 08.07.2019



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(to be completed by scientific/organising committee members)

NAME : Antonella Cianferoni

AFFILIATION: The University of Pennsylvania.

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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:04.09.2019



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(to be completed by scientific/organising committee members)

NAME : MARIA PIA CICALI LEJE

AFFILIATION: SAN RAFFAELE 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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

10.09.2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : PASQUALE COMBERIATI

AFFILIATION: UNIVERSITY OF PISA

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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: 09/07/2019



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(to be completed by scientific/organising committee members)

NAME :Professor Adnan Custovic.....

AFFILIATION: ...Imperial College London.....

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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:

Receipt of honoraria or consultation fees:

Regeneron/Sanofi, Phillips, Boehringer
Ingelheim

Participation in a company sponsored speaker's bureau:

Novartis, Thermo Fisher

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 12/07/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : CZERKINSKY

AFFILIATION: INSERM-CNRS-UNS

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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:

Sept 24, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : DESCHILGRE Antoinette
 AFFILIATION : CHU - LIJG - France

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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 Outside of the topic of the talk

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Stallerjens Green

Receipt of honoraria or consultation fees: ALK, Stallerjens, GSK, Novartis,

Participation in a company sponsored speaker's bureau: Chiesi, DBV Technologies,

Stock shareholder: NO Aurumne, TEVA

Spouse/partner: NO Chiesi, Zambon

Other support (please specify): AstraZeneca (invitation to ATS)
DBV Technologies (invitation AAAAi)

Signature:

ALK (invitation EACCME) Date: 08 JUL 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Zuzana Diamant

AFFILIATION: Lund University, Lund, Sweden and QPS-NL/UMCG, Groningen, 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 (in the past 3 years):

Type of affiliation / financial interest

Name of commercial company:

Receipt of grants/research supports: I work as a research director at a CRO (QPS-NL) who conducts clinical studies for several biotech/Pharma companies

QPS-Netherlands, Groningen, NL

Receipt of honoraria or consultation fees:

ALK, Aquilon, Acucort, Boehringer Ingelheim, CSL, HAL Allergy.

Participation in a company sponsored speaker's bureau:

MSD, Sanofi-Genzyme

Stock shareholder: NA

Spouse/partner: NA

Other support (please specify):

Signature:

Date: 07/07/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dr. med. Stephanie Dramburg

AFFILIATION: Department of Pediatric Pulmonology, Immunology and Intensive Care Medicine
Charité - University Medicine Berlin

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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:

S. Dramburg

Date:

31.07.2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :George du Toit.....

AFFILIATION:GSTT and KCL London.....

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DISCLOSURE

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

Type of affiliation / financial interest

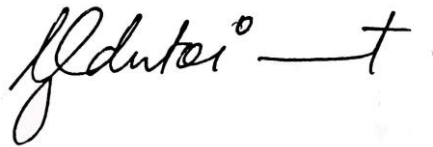
Name of commercial company

Grants from National Institute of Allergy and infectious Diseases (NIAID, NIH), Food Allergy & Research Education (FARE), MRC & Asthma UK Centre, UK Dept of Health through NIHR, Action Medical Research and National Peanut Board. Scientific Advisory Board member Aimmune. Local PI on Aimmune and DBV peanut Immunotherapy trials. UK advisory Board DBV Technologies. Hold Equity in FoodMaestro and DBV technologies. Lecturer at Allergy Symposia supported by Pharma companies including Mylan and Aimmune

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Signature:

A handwritten signature in black ink, appearing to read 'G. Duteil' followed by a horizontal line and a small 't'.

10 July 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Motohiro Ebisawa

AFFILIATION: Sagamihara National Hospital

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

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:

Mylan EPD, DBV Technologies

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

Motohiro Ebisawa

1st Aug 2019



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Egg, Markus

AFFILIATION: LMU Munich

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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
<input checked="" type="checkbox"/> Receipt of grants/research supports:	<u>Dutch longfonds, FrieslandCampus</u>
Receipt of honoraria or consultation fees:	<u>✓</u>
Participation in a company sponsored speaker's bureau:	<u>✓</u>
Stock shareholder:	<u>✓</u>
Spouse/partner:	<u>✓</u>
Other support (please specify):	<u>✓</u>

Signature:

Date:

2019-07-15



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Philippe EIGENMANN

AFFILIATION: University Hospitals of Geneva

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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:

Nestlé; Abbott, DBV technologies, Danone

Participation in a company sponsored speaker's bureau:

ALK; ThermoFisher Scientific

Stock shareholder:

DBV technologies

Spouse/partner:

Other support (please specify):

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

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Signature:

Date: 22 July 2019