



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS
T + 32 2 649 51 64 - F + 32 2 640 37 30

<https://eaccme.uems.eu> - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organizing committee members)

NAME : Jean-Luc FAUQUERT.....

AFFILIATION: CHU Clermont-Ferrand, France.....

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):

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

Association internationale sans but lucratif – International non-profit organisation

A handwritten signature in black ink, written in a cursive style, slanted upwards from left to right. The signature is written over a thin horizontal line.

Signature:

Date: 04/07/2019



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Montserrat Fernandez-Rivas

AFFILIATION: Allergy Dpt. Hospital Clinico San Carlos, Facultad Medicina, UCM, 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

Receipt of honoraria or consultation fees:

Aimmune, DBV, Schreiber Foods, Fundacion SEAIC.

Participation in a company sponsored speaker's bureau:

Aimmune, ALK, Diater, HAL Allergy, Thermofisher.

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

Signature:

Date: 12 July 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Alessandro Fiocchi.....

AFFILIATION:Bambino Gesù Childrens' Hospital IRCCS 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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Alessandro Fiocchi

Date: July 9th, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: David Fleischer

AFFILIATION: 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 please see attached slide

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 15, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Thomas A. Fleisher

AFFILIATION: American Academy of Allergy, Asthma and Immunology

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: Thomas A. Fleisher

Date: July 12, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Elena.....Galli.....

AFFILIATION:S.Pietro Hospital -FbF Via Cassia 600 Roma 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: 31 July 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ELEONORA GAMBINERI

AFFILIATION: UNIVERSITY OF FLORENCE, NEUROFARBA DEPARTMENT/ANNA MEYER CHILDREN'S HOSPITAL, HAEMATOLOGY/ONCOLOGY DEPARTMENT

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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: 22.08.2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : JON GENUINET

AFFILIATION: PEDIATRIC EPIDEMIOLOGY, UNIVERSITY MEDICINE, LEIPZIG, GERMANY

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

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

18 OCT 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Jennifer Gerdts

AFFILIATION: Food Allergy Canada – Not for Profit Patient Organization

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

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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:

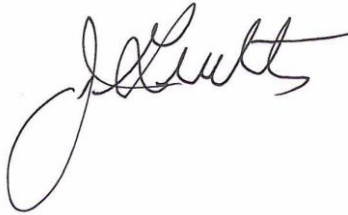
Other support (please specify): In 2019, Food Allergy Canada received unrestricted grants supporting educational programming from 3 pharmaceutical companies. Combined this support accounts for 11% of Food Allergy Canada's annual funding.

Pfizer Canada, kaleo, Aimmune Therapeutics

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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 'J. L. L. L.', is centered on a light gray rectangular background.

Date: October 9, 2019

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 scientific/organising committee members)

NAME : Matthew Greenhawt

AFFILIATION: Children's Hospital Colorado, 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

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

Agency for Healthcare Research and Quality

DBV, Aimmune, Thermo Fisher, Kaleo, Before Brands, Nutricia, Intromune, Aquestive, Allergy Therapeutics, Nestle, Monsanto, Canadian Transportation Agency, Genentech, Sanofi/Genzyme, Allergenix, Aravax, ALK, ACAAI, EAACI, Allergy and Asthma Network, multiple US state allergy societies

None

None

Signature:



Date: July 9, 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 : SEBASTIANO GUARNACCIA

AFFILIATION: DEP. OF CLINICAL AND EXP. SCIENCE
UNIVERSITY OF BRESCIA (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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

October, 9, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ruchi Gupta

AFFILIATION: Ann & Robert H Lurie Children's Hospital of Chicago; Northwestern University Feinberg 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: The National Institute of Health (NIH) (R21 ID # AI135705, R01 ID# AI130348, U01 ID # AI138907), Rho Inc., Stanford Sean N. Parker Center for Allergy Research, UnitedHealth Group, Thermo Fisher Scientific, Genentech, and the National Confectioners Association (NCA); is employed by Ann & Robert H. Lurie Children's Hospital of Chicago.

Receipt of honoraria or consultation fees: Before Brands, Kaléo Inc., Genentech, DOTS Technology, FARE, Aimmune Therapeutics, and DBV Technologies.

Participation in a company sponsored speaker's bureau:

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

Association internationale sans but lucratif – International non-profit organisation

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:



Date:

8/23/19



EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMS_{aisbl}

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www.eaccme.eu

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F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Susanne Halcken

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

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

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Name of commercial company

None

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

Seldom receiving honoraria for giving lectures or chairing for different companies e.g. Stallergenes, ALK-Abelló, Nestle-Purino .

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

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: 21.06.2019



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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BRUSSELS

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Arne Høst, MD, DMSc*

AFFILIATION: *Consultant, Associate Professor, Odense 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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Arne Høst

Date:

June 20, 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 : Jonathan Hourihane

AFFILIATION: University College, Cork

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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 Therapeutics and DBV technologies
Receipt of honoraria or consultation fees:	As above
Participation in a company sponsored speaker's bureau:	As above and Nutricia, Ireland
Stock shareholder:	Nil
Spouse/partner:	Nil
Other support (please specify):	Nil

Signature:

Date: July 4th 2019



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 scientific/organising committee members)

NAME : Britt Jensen

AFFILIATION: Allied Health and primary care interest group

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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:

Britt Jensen

Date:

10/7-19



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Carla Jones

AFFILIATION: Allergy UK

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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 (Since April 2018...)

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

I work as CEO of Allergy UK a patient organisation/charity which receives grants and support for various activities to support the allergic community in the UK:

Nutricia Early Life Nutrition, Nutricia Advance Medical Nutrition, Sanofi, Mylan, UK Food Standard Agency, DBV Technologies, Aimmune, Thermo Fisher, Pfizer, Santen UK, Allergy Therapeutics

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

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Receipt of honoraria or consultation fees: Sanofi

Participation in a company sponsored speaker's bureau: N/A

Stock shareholder: N/A

Spouse/partner: N/A

Other support (please specify): N/A

Signature:



Date: 02/08/19



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Omer KALAYCI

AFFILIATION:Hacettepe University, Ankara, TURKEY

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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:04.07.2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ekaterina Khaleva

AFFILIATION: University of Southampton, Southampton, United Kingdom

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: 07.10.2019



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

(to be completed by scientific/organising committee members)

NAME : Edward F. Knol.

AFFILIATION: University Medical Center Utrecht.

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:

BioMarin Pharmaceutical

Participation in a company sponsored speaker's bureau:

Sanofi/Regeneron, ThermoFisher Scientific

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 7 October 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : MS DORIS KOLLMANN

AFFILIATION: MANAGING EDITOR - PAI

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:

Doris Kollmann

July 7, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Ms DORIS KOLLMANN

AFFILIATION: MANAGING EDITOR - PAI

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:

Doris Kollmann

July 7, 2019

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Gideon Lack

AFFILIATION: King's College London

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 the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

National Institute of Allergy and Infectious Diseases/ National Institutes of Health, Action Medical Research, Food Allergy Research & Education

Receipt of honoraria or consultation fees:

Novartis, ALK Abello, Aravax

Participation in a company sponsored speaker's bureau:

Aimmune

Stock shareholder:

DBV Technologies, Mission Mighty Me

Spouse/partner:

Other support (please specify):

National Peanut Board (support for Paediatric Allergy Clinical Trials Unit)
ICAP Charity, The David Foundation (capacity development to support Paediatric Allergy research)

Signature: 

Date: 9th July 2019



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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, Germany

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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: Grants

DBV, Boehringer and ALK

Receipt of honoraria or consultation fees:

DBV, Sanofi-Aventis, Allergopharma,

Participation in a company sponsored speaker's bureau:

Allergopharma, DBV

Stock shareholder: none

Spouse/partner: none

Other support (please specify): none

Signature:

Date: 15th July, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Robert F. Lemanske, Jr., M.D.

AFFILIATION: University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin, USA

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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:

7/12/19



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: FRANCO LOCATELLI

AFFILIATION: OSPEDALE BAMBINO GESU'

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

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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: SEPTEMBER 2, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Perth Children's Hospital

AFFILIATION: Perth Children's 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 the following potential conflict(s) of interest to report

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

Signature: Richard Loh

Date: Sept 23, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : **Enrico Lombardi**

AFFILIATION: **"Anna Meyer" Paediatric University 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:

Restech, Sanofi

Receipt of honoraria or consultation fees:

Angelini, Boehringer, Chiesi, GSK, Lusofarmaco, Novartis, Omron, Vertex, Vifor

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (travel grants, writing support):

AbbVie, Chiesi, Lusofarmaco, Novartis, Vertex

Signature:

Date: 08 Jul 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof. Vera Mahler.....

AFFILIATION:Paul-Ehrlich-Institut, Langen, Germany.....

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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: 10.10.2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

Mika Mäkelä

NAME :

AFFILIATION:Professor, Chief Physician, Skin and Allergy Hospital, Helsinki University Hospital and University of Helsinki

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: July 22, 2019



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 scientific/organising committee members)

NAME : Mary Jane Marchisotto.....

AFFILIATION: Chair, Patient Organisations Committee

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):

NOTE: Volunteer on National Peanut Advisory Board

Signature: *Mary Jane Marchisotto*

Date: *8 July 2019*



EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
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Institution of the UEMS_{aisbl}

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Paolo Maria Matricardi

AFFILIATION: Charité – Universitätsmedizin Berlin

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:

Thermo Fisher Scientific, Hycor, Euroimmun

Receipt of honoraria or consultation fees:

TPS, Thermo Fisher Scientific, Hycor, Omron, Stallergens, Euroimmun

Participation in a company sponsored speaker's bureau:

Thermo Fisher Scientific

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

3. July 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : **DAVID MENDOZA**

AFFILIATION: **EACCI**

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: **08-10-2019**



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dr Louise Jane Michaelis

AFFILIATION: Paediatric Consultant in Immunology and Allergy

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:

Allergy Therapeutics, Novartis, Nutricia, Sanofi

Participation in a company sponsored speaker's bureau:

Nutricia, Sanofi

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

LJ Michaelis.

Date: 7th October 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Clare Mills.....

AFFILIATION:The University of Manchester.....

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DISCLOSURE

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

Type of affiliation / financial interest

Receipt of grants/research supports:

Name of commercial company

In the last five years:

BBSRC (CASE PhD Student Sponsored Genon and Waters Corp [completed 2017])

BBSRC (CASE PhD Student Sponsored by Waters Corp)

MRC (ICASE PhD Student Sponsored by Waters Corp [co-funding only])

Industry Funded Research Reacta Biotech Ltd

Industry Funded Research DBV Technologies Ltd

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Subcontractor to LGC for the FSA project
FS101206

Innovate Knowledge-transfer partnership with
Romer Labs UK Ltd (completed 2016)

Receipt of honoraria or consultation fees: Consultancy paid through the University of
Manchester:

- (1) To act as director for React Biotech LTD
- (2) Scientific advisory board for DBV
Technologies
- (3) Honorarium paid for lecture MSc
Allergy, Imperial College, 2018
- (4) Honorarium for acting as external
examiner for Queens University Belfast
(2018)
- (5) Honorarium paid for short lecture and
session chair for Aimmune (2017)

Participation in a company sponsored speaker's bureau: None

Stock shareholder: React Biotech LTD (Founder Shares)

Spouse/partner: None

Other support (please specify):

Signature:



Date: 8th July 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Luis Moral Gil

AFFILIATION: Pediatric Allergy and Respiratory Unit, Alicante University General Hospital, Alicante Institute for Health and Biomedical Research (ISABIAL Foundation), Alicante, Spain.

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:

Inmunotek S.L.

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Faes Farma, Novartis.

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Luis Moral

Date: July 13th, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :FRANCESCA MORI

AFFILIATION:ANNA REYER children's University 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:

31 July 2019

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes

IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Charlotte Mortz

AFFILIATION: Dept. of Dermatology and Allergy Center, OUH

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:

5/7-19



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Pr Despina MOSHOUS

AFFILIATION: Paediatric Immunology, Haematology and Rheumatology Unit, Necker-Enfants Malades Hospital, Paris, 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: July 8, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Clare Murray.....

AFFILIATION:University of Manchester.....

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: Novartis; GSK;
ThermoFisher; Boehringer Ingelheim

Participation in a company sponsored speaker's bureau:
Novartis; GSK

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 : Dr. Kari C. Nadeau

AFFILIATION: Sean N. Parker Center for Allergy and Asthma Research at Stanford 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:

Grants : NIAID, Food Allergy Research & Education, End Allergies Together, Allergenis, Ukko

Research Support : Novartis, Sanofi, Astellas, Nestle, Genentech, Aimmune Therapeutics, DBV Technologies, AnaptysBio, Stallergenes-Greer, Regeneron, and Adare Pharmaceuticals

Receipt of honoraria or consultation fees:

NONE

Participation in a company sponsored speaker's bureau:

NONE

Stock shareholder:

NONE

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Spouse/partner:

N/A

Other support (please specify):

Personal fees: Regeneron, AstraZeneca,
ImmuneWorks, Cour

Board Member : Data and Safety Monitoring
Board member at Novartis and NHLBI

Co-founder : Before Brands, Alladapt
Immunotherapeutics, and ForTra

Grant Awardee : NIAID, NHLBI, NIEHS, and EPA

Director : Food Allergy Research & Education
and WAO Center of Excellence

Signature:

Kari C Nadeau

Date: 07/05/2019



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

(to be completed by scientific/organising committee members)

NAME: *deyfa Naumalova-Baranova*

AFFILIATION: *Institut of Pediatrics and Child Care COE RA Moscow, Head*

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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:

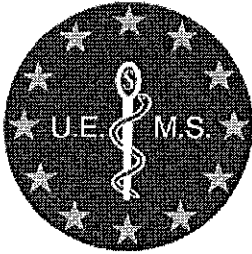
Spouse/partner:

Other support (please specify):

Signature:

Date:

17. Sep 2019



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 scientific/organising committee members)

NAME : Caroline Nilsson.....

AFFILIATION: Karolinska Institutet, Dept. Clinical Research and Education and Sachs' Children and Youth 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: Grants to institution and advisory board fees

Aimmune Therapeutics

Receipt of honoraria or consultation fees: Paid lecturers

MEDA, ALK, Thermo Fisher, GSK

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

7 October 2019

**EUROPEAN UNION OF MEDICAL
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Luigi D. Notarangelo

AFFILIATION: National Institute of Allergy and Infectious Diseases, NIH, USA

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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: July 8, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Zoltan Novak MD, PhD.....

AFFILIATION: Professor, Pediatric Department, University of Szeged.....

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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: I am advisory board member of pharmaceutical companies (AbbVie, AstraZeneca, Berlin-Chemie/A. Menarini, FAES Farma, GlaxoSmithKline, MEDA Pharma, Novartis, Nuvisan, Orion Pharma)

Participation in a company sponsored speaker's bureau: I have received compensation for delivering lectures for the above companies and, Boehringer, Chiesi, Ewopharma, Sandoz.

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

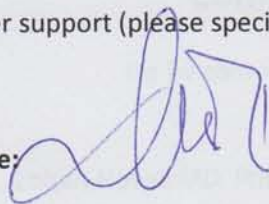
Association internationale sans but lucratif – International non-profit organisation

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:



Date: 2019 10L 05

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

Account of grant/research supports

Faculty of research or other activities (e.g. advisory

board member or other unpaid positions, speaker,

lecturer, consultant, etc.) (Name, Full name)

GlaxoSmithKline, AstraZeneca, Novartis, Bristol-Myers

Squibb)

Publication in a company sponsored journal's bulletin. I

have received compensation for delivering lectures for the

above-mentioned and, lastly, I have received

services



Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *ELIO NARRINO ADVERBRE*

AFFILIATION: *ADU NEYER FLORENCE*

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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:

03/08/19



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Anna Nowak-Wegrzyn, MD, PhD

AFFILIATION: New York University School of Medicine, NYU Langone Health, New York, NY, USA

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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 LEE

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: DBV Technologies,
Astellas Pharma, NIH NIAD, Nestle, Nutricia Danone

Receipt of honoraria or consultation fees: Thermofisher
Scientific, Nestle, Hycor, Labcorp

Participation in a company sponsored speaker's bureau:
none

Stock shareholder: none

Spouse/partner: none

Other support (please specify): Data Monitoring Committee
for Regeneron, Alk Abello

Signature: *Anna Nowak-Wegrzyn, MD, PhD*

Date: 08 July, 2019