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 (LEE)”, 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):
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.

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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<tr>
<td>Receipt of grants/research supports:</td>
<td>Aimmune</td>
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<td>Receipt of honoraria or consultation fees:</td>
<td>Aimmune, DBV, Schreiber Foods, Fundacion SEAIC.</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
<td>Aimmune, ALK, Diater, HAL Allergy, Thermofisher.</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
<td>None</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 12 July 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ............Alessandro Fiocchi...........................................

AFFILIATION: ..........Bambino Gesù Childrens’ Hospital IRCCS Rome 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

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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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</table>

Signature: Alessandro Fiocchi            Date: July 9th, 2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: David Fleischer

AFFILIATION: University of Colorado School of Medicine

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)” 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 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: 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
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 (LEE)”, 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

X I have no potential conflict of interest to report

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

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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>

Signature: Thomas A. Fleisher  
Date: July 12, 2019
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

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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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):

Signature: ____________________________ Date: 31 July 2019

UEMS SBL – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
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

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

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<tr>
<td>Other support (please specify):</td>
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Signature: __________________________ Date: 22.08.2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: JON GENUIS
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: 19 OCT 2019
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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<td>Receipt of grants/research supports:</td>
<td>Pfizer Canada, kaleo, Aimmune Therapeutics</td>
</tr>
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<td>Receipt of honoraria or consultation fees:</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
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</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>
Signature:

Date: October 9, 2019
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

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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<td>Receipt of grants/research supports:</td>
<td>Agency for Healthcare Research and Quality</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>DBV, Aimmune, Thermo Fisher, Kaleo, Before Brands, Nutricia, Intrommune, 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</td>
</tr>
</tbody>
</table>

Participation in a company sponsored speaker’s bureau: None

Stock shareholder: None

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: July 9, 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: SEBASTIANO GUARINACCIA

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

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Type of affiliation / financial interest

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

Name of commercial company

Signature: [Signature]
Date: october 9, 2019
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

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

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:
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]  Date: 8/23/19
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Susanne Halken

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

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
- [x] I have the following potential conflict(s) of interest to report

<table>
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<tr>
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<td>Receipt of grants/research supports:</td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>ALK-Abelló: Member of Steering Committee for the Grazax Asthma Prevention study and member of Advisory Board on research in Allergen Immunotherapy October - December 2017. Paid by for participation in meetings only</td>
</tr>
<tr>
<td>Seldom receiving honoraria for giving lectures or chairing for different companies e.g. Stallergenes, ALK-Abelló, Nestle-Purino</td>
<td></td>
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</tbody>
</table>
Participation in a company sponsored speaker’s bureau: None
Stock shareholder: None
Spouse/partner: My spouse have no conflicts of interest
Other support (please specify): None

Signature: [Signature] Date: 21.06.2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Arne Høst, M.D., D.M.Sc
AFFILIATION: Consultant, Associate Professor, Odense 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

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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: Arne Høst
Date: June 20, 2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Jonathan Hourihane

AFFILIATION: University College, Cork

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

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

NAME: Britt Jensen

AFFILIATION: Allied Health and primary care union group

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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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 10/7/13

UEMS - Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Carla Jones

AFFILIATION: Allergy UK

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 (Since April 2018...)

Type of affiliation / financial interest

Receipt of grants/research supports:

Name of commercial company

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

UEMSabl – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
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:

[Signature]

Date: 02/08/19
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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<tr>
<td>Stock shareholder:</td>
<td></td>
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<tr>
<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]
Date: 04.07.2019
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.

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<tr>
<td>Receipt of grants/research supports:</td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
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<tr>
<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
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</tr>
<tr>
<td>Other support (please specify):</td>
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</tbody>
</table>

Signature: ____________________________ Date: 07.10.2019
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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>BioMarin Pharmaceutical</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Sanofi/Regeneron, ThermoFisher Scientific</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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</table>

Signature: ____________________________ Date: 7 October 2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Doris Kollmann

AFFILIATION: Managing Editor - PAF

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

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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</tbody>
</table>

Signature: Doris Kollmann
Date: July 7, 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: 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: Doris Kollmann
Date: July 7, 2019

UEMS® – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
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.

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<td>Receipt of grants/research supports:</td>
<td>National Institute of Allergy and Infectious Diseases/ National Institutes of Health, Action Medical Research, Food Allergy Research &amp; Education</td>
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<td>Receipt of honoraria or consultation fees:</td>
<td>Novartis, ALK Abello, Aravax</td>
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<td>Aimmune</td>
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<td>Stock shareholder:</td>
<td>DBV Technologies, Mission Mighty Me</td>
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<tr>
<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
<td>National Peanut Board (support for Paediatric Allergy Clinical Trials Unit)</td>
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<td></td>
<td>ICAP Charity, The David Foundation (capacity development to support Paediatric Allergy research)</td>
</tr>
</tbody>
</table>

Signature: ____________________________ Date: 9th July 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

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

AFFILIATION: Charité Universitätsmedizin Berlin, 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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Type of affiliation / financial interest

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

Stock shareholder: none

Other support (please specify): none

Signature:  

Date: 15th July, 2019
Conflicts 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

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

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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 7/12/19
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: FRANCO LOCATELLI

AFFILIATION: OSPEDALE BATTINO 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

☑ 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

Receive of grants/research supports:
Receive 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

Signature: [Signature]

Date: SEPTEMBER 2, 2019
Conflicts 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.

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<td>Receipt of grants/research supports:</td>
<td>Unrestricted grant Mylan, Australia</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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</table>

Signature: Richard Loh

Date: Sept 23, 2019
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 (LEE)s”, 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
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof. Vera Mahler

AFFILIATION: Paul-Ehrlich-Institut, Langen, 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

☑ I have no potential conflict of interest to report

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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: 10.10.2019
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

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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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</table>

Signature: ......................................................... Date: July 22, 2019
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

XX I have no potential conflict of interest to report

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<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
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</table>

Other support (please specify):

**NOTE**: Volunteer on Natural Peanut Advisory Board

Signature: Mary Jane Marchisotto

Date: 8 July 2019
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
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME:  DAVID HENDOZA

AFFILIATION:  EACCME

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:  08-10-2019
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
- [x] I have the following potential conflict(s) of interest to report

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<tr>
<th>Type of affiliation / financial interest</th>
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<tr>
<td>Receipt of grants/research supports:</td>
<td>Allergy Therapeutics, Novartis, Nutricia, Sanofi</td>
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<td>Receipt of honoraria or consultation fees:</td>
<td>Nutricia, Sanofi</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 7th October 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: .......Clare Mills..................................

AFFILIATION: ......The University of Manchester..........................

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

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
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: [Signature]

Date: 8th July 2019
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

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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
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Francesco Necchi

AFFILIATION: Anna Neyer Children's 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.

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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: Francesco Necchi

Date: 31 July 2019

UEMS – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Charlotte Roosevelt

AFFILIATION: Dept. of Dermatology and Allergy Centre, OUP

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

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Type of affiliation / financial interest
Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]
Date: 5/7/19
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

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

x I have no potential conflict of interest to report

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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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</table>

Signature: ____________________________  Date: July 8, 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...............Clare Murray...........................................

AFFILIATION: ........University of Manchester............................

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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<tr>
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<tr>
<td>Receipt of grants/research supports:</td>
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<tr>
<td>Receipt of honoraria or consultation fees: Novartis; GSK; Thermofisher; Boehringer Ingelheim</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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Signature: .......................................................... Date: 12/07/2019
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

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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<tr>
<th>Type of affiliation / financial interest</th>
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<td>Receipt of grants/research supports:</td>
<td>Grants: NIAID, Food Allergy Research &amp; Education, End Allergies Together, Allergenis, Ukko</td>
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<td>Research Support: Novartis, Sanofi, Astellas, Nestle, Genentech, Aimmune Therapeutics, DBV Technologies, AnaptysBio, Stallergenes-Greer, Regeneron, and Adare Pharmaceuticals</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
<td>NONE</td>
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</table>
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
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Darya Ivanova-Beranova

AFFILIATION: Institute of Pediatrics and Child Care CCZ Maastricht

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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<td>Other support (please specify):</td>
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Signature: ________________________________  Date: 17 Sep 2019
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

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
- [x] I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**
- Receipt of grants/research supports: Grants to institution and advisory board fees
- Receipt of honoraria or consultation fees: Paid lecturers
- Participation in a company sponsored speaker’s bureau:
- Stock shareholder:
- Spouse/partner:
- Other support (please specify):

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<td>Receipt of honoraria or consultation fees: Paid lecturers</td>
<td>MEDA, ALK, Thermo Fisher, GSK</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]
Date: 7 October 2019
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

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
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<td>Other support (please specify):</td>
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Signature:       Date:  July 8, 2019
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...........................................

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: 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.
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: .........Elio Nappino ..........November

AFFILIATION: .....

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:          03/08/19
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

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

X I have the following potential conflict(s) of interest to report-outside of the LEE

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<tr>
<th>Type of affiliation / financial interest</th>
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<td>Receipt of grants/research supports:</td>
<td>DBV Technologies,</td>
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<td>Nestle, Nutricia Danone</td>
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<td>Receipt of honoraria or consultation</td>
<td>Thermofisher Scientific,</td>
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<td>fees:</td>
<td>Nestle, Hycor, Labcorp</td>
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<tr>
<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
<td>none</td>
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<tr>
<td>Other support (please specify):</td>
<td>Data Monitoring Committee</td>
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<td>for Regeneron, Alk Abello</td>
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</tbody>
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Signature: Anna Nowak-Wegrzyn, MD, PhD   Date: 08 July, 2019