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

NAME: ...Yukihiro Ohya..........................

AFFILIATION: ...National Center for Child Health and Development........................................

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

<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>Yakult Honsha Co., Ltd.</td>
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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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<td>Spouse/partner:</td>
<td></td>
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<td>Other support (please specify):</td>
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</table>

Signature: ..................................................  Date: 2nd Aug. 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: SALVATORE OLIVA

AFFILIATION: Maternal and Child Department, Sapienza – University of Rome

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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Signature: [Signature] Date: 16/07/2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Liam O’Mahony..............................................

AFFILIATION: University College Cork................................

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

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:                       GSK
Receipt of honoraria or consultation fees:                 Alimentary Health
Participation in a company sponsored speaker’s bureau:    Nestle, Nutricia
Stock shareholder:
Spouse/partner:
Other support (please specify):

Signature:  
Date: 8/7/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Asst. Prof. Punchama Pacharn………………………………………….

AFFILIATION: Siriraj Hospital, Mahidol University, Thailand……………………………………….

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

NAME : Giovanni Pajno

AFFILIATION: University of Messina- 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.

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

Date: 04- July -2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : Nikolaos G. Papadopoulos

AFFILIATION: Professor of Allergy and Pediatric Allergy Professor of Allergy and Pediatric Allergy
Division of Infection, Immunity & Respiratory Medicine
University of Manchester
and Professor in Allergology - Pediatric Allergology, Head, Allergy Dpt, 2nd Pediatric Clinic, University of Athens

In accordance with criterion 14 of document UEMS 2016/2 “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>Gerolymatos International SA, Capricare</td>
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<td>Receipt of honoraria or consultation fees:</td>
<td>Novartis, Nutricia, HAL, MENARINI/FAES FARMA, MYLAN/MEDA, Astra Zeneca, GSK,</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
<td>Novartis, Nutricia, HAL, MENARINI/FAES FARMA, SANOFI, MYLAN/MEDA, BIOMAY, MSD, ASIT BIOTECH, BOEHRINGER INGELHEIM</td>
</tr>
</tbody>
</table>

Signature:  
Date: 08/07/2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Kirsten Perrett..............................................

AFFILIATION: ......Murdoch Children’s Research Institute..............................................

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>Research funding for the conduct of a sponsored clinical trial from DBV, GlaxoSmithKline, MedImmune, Novartis, Pfizer</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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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: ___________________________ Date: 11th July 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Claudio Pignata......

AFFILIATION: Dept of Translational Medical Sciences, Federico II UNIveristy of Naples

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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: ____________________________ Date: 30.9.19

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IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEBI | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Helena Pite

AFFILIATION: CUF Infante Santo Hospital and CUF Descobertas Hospital, Lisbon, Portugal

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>
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<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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<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: 5th October 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Thomas Platts-Mills
AFFILIATION: University of Virginia

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

Signature: Thomas Platts-Mills  Date: 10th July 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: MARCIA PODESTA’

AFFILIATION: FOOD ALLERGY ITALIA

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: Food Allergy Italia has received a grant for a book project

Receipt of honoraria or consultation fees: Food Allergy Italia has received an honorarium for the APPEAL advisor

Participation in a company sponsored speaker’s bureau: Food Allergy Italia has received an honorarium for a presentation

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

Aimmune Therapeutics

Aimmune Therapeutics

Romer Labs Diagnostic GmbH

Signature: ____________________________  Date: 03-08-2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Laura Polloni

AFFILIATION: Food Allergy Referral Centre – Padua 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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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: 15/07/2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ......Lars K. Poulsen.................................

AFFILIATION: ...Copenhagen University Hospital at Gentofte, Denmark.................................

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

NAME: ANA PRIETO - DEL PRADO

AFFILIATION: P.D., PEDIATRIC ALLERGIST

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: 8/7/19
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ……..CRISTINA QUECCHIA

AFFILIATION: Clinical Pedagogical Laboratory and Biomedical Research - "Io e l'Asma" Center, Children's Hospital, ASST Spedali Civili, Brescia, Italy

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Signature:  

Date: 07/10/19
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Isabella Quinti.

AFFILIATION: ...Sapienza University of 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.

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<td>Spouse/partner:</td>
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</table>

Signature:       Date: 26.09.2109

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

NAME: Lynne Regent

AFFILIATION: Anaphylaxis Campaign...

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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</table>

Signature: [Lynne Regent]

Date: 8th July 2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prof. Dr. Harald Renz

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.

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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:  

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 : Graham Roberts

AFFILIATION: University of Southampton, 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.

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

Name of commercial company

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: [Signature]
Date: 04 07 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ..........Pablo Rodríguez del Río ..........

AFFILIATION: ...Hospital Niño Jesús ..........

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**DISCLOSURE**

- [ ] I have no potential conflict of interest to report
- [x] 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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</thead>
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<tr>
<td>Receipt of grants/research supports:</td>
<td>Aimmune</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Thermofisher and FAES</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>GSK, FAES, Novartis, ALK-Abelló, Merck, LETI and Aimmune Therapeutics</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>None</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td>None</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td>None</td>
</tr>
</tbody>
</table>

Signature: [Signature]

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

NAME: Odilija Rudzeviciene

AFFILIATION: Vilnius University, Faculty of Medicine, Institute of Clinical Medicine, Clinic of Children’s
diseases

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 re-
imbursement 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:
Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Name of commercial company

Signature: [Signature]

Date: 08 OCT 2015
Conflicts of Interest Disclosure Form (to be completed by scientific/organising committee members)

NAME: Hugh A Sampson, MD

AFFILIATION: Icahn School of Medicine at Mount Sinai

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>
<td>Stock options in DBV Technologies</td>
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<td>Spouse/partner:</td>
<td>N/A</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td>Employed part time as Chief Scientific Officer of DBV Technologies</td>
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</table>

Signature: Hugh A Sampson

Date: 30/Aug/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : Dr Alexandra Figueira Santos

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 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: Medical Research Council UK, Asthma UK, NIHR UK, NIH (USA), Thermofisher, Buhlmann, Beckmann Coulter
Receipt of honoraria or consultation fees: Allergy Therapeutics, Nutricia, Infomed
Participation in a company sponsored speaker’s bureau: Buhlmann, Thermofisher,
Stock shareholder: Nil
Spouse/partner: Nil

Other support (please specify): Nil

Signature: [Signature]

Date: 08.07.2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...Glenis K.Scadding...........................................

AFFILIATION: ...RNTNE Hospital, London, 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.

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UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS
Association internationale sans but lucratif – International non-profit organisation

Signature: G. C. McIvor
Date: 4.8.2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Fallon Schultz Matney

AFFILIATION: International FPIES Association

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: ________________________________ Date: 7/7/19

UEMS® – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE81 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Jürgen Schwarze

AFFILIATION: The University of Edinburgh

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

DISCLOSURE

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**Type of affiliation / financial interest**

**Receipt of grants/research supports:**

Name of commercial company: Medical Research Council, The Wellcome Trust, Asthma UK, NIHR, British Lung Foundation, Chief Scientist Office Scotland, Action Medical Research

**Receipt of honoraria or consultation fees:**

Name of commercial company: Abbvie, MEDA, GSK, Bausch & Lomb, Thermo-Fisher, f2f-events, Janssen, Airsonett, Mead-Johnsen Nutrition.

**Participation in a company sponsored speaker’s bureau:**

none

**Stock shareholder:**

none
Spouse/partner: none

Other support (please specify):

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

Signature:  

Date: 24.06.2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Anna Sediva, MD, PhD

AFFILIATION: Department of Immunology, Motol University Hospital and 2nd Medical Faculty, Charles University, Prague, Czech Republic

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>Other support (please specify):</td>
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Signature: [Signature]  Date: August 7, 2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: William Sheehan

AFFILIATION: Children’s National Medical Center / George Washington School of Medicine

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.

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<td>Other support (please specify):</td>
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Signature: [Signature] Date: 10 July 2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Kunling SHEN.............................................

AFFILIATION: ......Beijing 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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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: Kunling Shen
Date: 2019.9.5
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Wayne Shreffler

AFFILIATION: Massachusetts General Hospital / Harvard Medical School

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: NIAID, Vedanta, DBV, Aimmune, Sanofi</td>
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Signature: [Signature]
Date: 04-SEP-2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Jonathan Spergel.................................

AFFILIATION: ...Children’s Hospital of Philadelphia/Univ. of Pennsylvania...........................................

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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<th>Name of commercial company</th>
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<td>Receipt of grants/research supports:</td>
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<td>Other support (please specify):</td>
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Signature: ..................................................

Date: July 6, 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...........LEUNG SZE YIN AGNES...........................................

AFFILIATION: ......THE CHINESE UNIVERSITY OF HONG KONG..............................

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: 9/7/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Hania SZAJEWSKA

AFFILIATION: The Medical University of Warsaw

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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Signature: ____________________________ Date: 4 July 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Dr. Alice Toniolo

AFFILIATION: Food Allergy referral Centre Padova....

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>Other support (please specify):</td>
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Signature: [Signature]
Date: 08/07/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Sophia Tsabouri

AFFILIATION: Assistant Professor of Pediatrics/Pediatric Allergy, Child Health Department, Medical School of University of Ioannina, Greece

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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):
UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS
Association internationale sans but lucratif – International non-profit organisation

Signature:  
Date: 5/7/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Job van Boven

AFFILIATION: University Medical Center Groningen, The Netherlands

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 (last 5 years):</td>
<td>AstraZeneca, Boehringer Ingelheim, GSK</td>
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<tr>
<td>Receipt of honoraria or consultation fees (last 5 years):</td>
<td>AstraZeneca, Menarini, Boehringer Ingelheim, Trudell Medical</td>
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<td>Other support (please specify):</td>
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</table>

Signature:  
Date: July 4, 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Marianne van Hage.................................

AFFILIATION: Karolinska Institutet..........................

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

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: ____________

Thermo Fisher Scientific
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ronald van Ree

AFFILIATION: Amsterdam University Medical Centers, Amsterdam, The Netherlands

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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<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>European Commission / Dutch Science Foundation</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>HAL Allergy BV, Citeq BV, Angany Inc.</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>HAL Allergy BV, ThermoFischer Scientific</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>

Signature: [Signature]

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

NAME: EMILIA VASSILOPOULOU

AFFILIATION: INTERNATIONAL HELLENIC UNIVERSITY

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DISCLOSURE

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Signature: ____________________________ Date: 2/10/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Marta Vazquez-Ortiz, MD MSc PhD

AFFILIATION: Consultant in Paediatric Allergy, Imperial College NHS Healthcare Trust
Course director PG Cert, PG Dip and MSc in Allergy, Imperial College London

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<td>• SEICAP research grant</td>
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<td>• SEAIC research grant</td>
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<tr>
<td>• FPIES foundation donation for research</td>
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<tr>
<td>• JM Foundation donation for research</td>
<td></td>
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<tr>
<td>• EC H2020 Marie S Curie Individual Fellowship 2014</td>
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</tr>
</tbody>
</table>

Receipt of honoraria or consultation fees: HAL
Participation in a company sponsored speaker’s bureau: NONE

Stock shareholder: NONE

Spouse/partner: NONE

Other support (please specify): NONE

Signature: ____________________________ Date: 8.7.19
**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: ……Carina Venter

AFFILIATION: Associate Professor Allergy and Immunology

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

NAME: Donata Vercelli, MD

AFFILIATION: The University of Arizona, Tucson, AZ, USA

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ULRICH WAHN

AFFILIATION: CHARITE, BERLIN-GERMANY

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Type of affiliation / financial interest

Receipt of grants/research supports: ----

Receipt of honoraria or consultation fees: Stallergenes, Allergopharma, ALK, LETI, NOVARTIS, SANOFI/AVENTIS,

Participation in a company sponsored speaker’s bureau: ----

Stock shareholder: ----

Spouse/partner: ----

Other support (please specify):

Signature: [Signature]

Date: [Date]

Prof. Dr. med. Ulrich Wahn
Pädiatr. Pneumologie und Allergologie
Tel. 030 / 84 31 85 50 - Fax 030 / 84 31 85 55
E-Mail: ulrich.wahn@charite.de
Dr. von den Driesch Str. 48 - 12205 Berlin
Privat-Ambulanz nach Terminvereinbarung

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: JAMES WEBNER

AFFILIATION: Washington University 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.

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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: 8/28/9
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: .................................................. GARY WONG ..................................................

AFFILIATION: Chinese University of Hong Kong

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 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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Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Signature: .................................................. Date: 4 July 2019

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