



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

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

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

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

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

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

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:

Yakult Honsha Co., Ltd.

Receipt of honoraria or consultation fees:

Maruho

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

2nd Aug. 2017



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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

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Medtronic

Receipt of honoraria or consultation fees:

Ocean Farma

Participation in a company sponsored speaker's bureau:

Capsovision, Medtronic

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 16/07/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Liam O'Mahony.....

AFFILIATION: University College Cork.....

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

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



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

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

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

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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 Jul 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Giovanni Pajno.....

AFFILIATION: University of Messina- Italy.....

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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:

Professor Giovanni B. Pajno

Date: 04- July -2019



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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

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DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Gerolymatos International SA, Capricare

Receipt of honoraria or consultation fees:

Novartis, Nutricia, HAL, MENARINI/FAES
FARMA, MYLAN/MEDA, Astra Zeneca, GSK,

Participation in a company sponsored speaker's
bureau:

Novartis, Nutricia, HAL, MENARINI/FAES
FARMA, SANOFI, MYLAN/MEDA, BIOMAY,
MSD, ASIT BIOTECH, BOEHRINGER INGELHEIM

Signature:

Date: 08/07/2019

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

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

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

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DISCLOSURE

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:	Research funding for the conduct of a sponsored clinical trial from DBV, GlaxoSmithKline, MedImmune, Novartis, Pfizer
Receipt of honoraria or consultation fees:	N/A
Participation in a company sponsored speaker's bureau:	N/A
Stock shareholder:	N/A
Spouse/partner:	N/A
Other support (please specify):	

Signature:



Date: 11th July 2019



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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

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 30.9.19



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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

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DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

AstraZeneca, Thermofisher Scientific

Receipt of honoraria or consultation fees:

A. Menarini Portugal, AstraZeneca,
Ewopharma, Laboratórios Vitória Portugal

Participation in a company sponsored speaker's bureau:

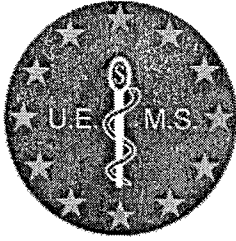
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 5th October 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Thomas Platts - Mills

AFFILIATION: University of Virginia

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Phadia/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:

Date:

10th July 2019



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : MARCIA PODESTA'

AFFILIATION: FOOD ALLERGY ITALIA

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DISCLOSURE

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

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports: Food Allergy Italia has received a grant for a book project	Aimmune Therapeutics
Receipt of honoraria or consultation fees: Food Allergy Italia has received an honorarium for the APPEAL advisor	Aimmune Therapeutics
Participation in a company sponsored speaker's bureau: Food Allergy Italia has received an honorarium for a presentation	Romer Labs Diagnostic GmbH
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: 03-08-2019

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Laura Polloni

AFFILIATION: Food Allergy Referral Centre – Padua University Hospital

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

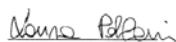
Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):



Signature:

Date: 15/07/2019



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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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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: *Lars K. Poulsen*

Date: July 8, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ANA PRIETO - DEL PRADO

AFFILIATION: PhD, PEDIATRIC ALLERGIST

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

8/7/19



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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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 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: *Cristina Quecchia*

Date: 07/10/19



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Isabella Quinti.

AFFILIATION: ...Sapienza University of Rome, Italy

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Kedrion

Receipt of honoraria or consultation fees:

CSL Behring

Participation in a company sponsored speaker's bureau:

CSL Behring, Octapharma

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Isabella Quinti

Date:

26.09.2109



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(to be completed by scientific/organising committee members)

NAME : Lynne Regent.....

AFFILIATION: Anaphylaxis Campaign....

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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: 8th July 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof. Dr. Harald Renz

AFFILIATION:

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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:

H. Renz

Date:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Graham Roberts

AFFILIATION: University of Southampton, UK

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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:

Date: 04 07 2019



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Pablo Rodríguez del Río.....

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

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:

Aimmune

Receipt of honoraria or consultation fees:

Thermofisher and FAES

Participation in a company sponsored speaker's bureau:

GSK, FAES, Novartis, ALK-Abelló, Merck, LETI and Aimmune Therapeutics

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

Signature:

Date: 8th of July, 2019



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

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : 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 reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

08 OCT 2015



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Conflict 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.

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:

National Institutes of Health

Receipt of honoraria or consultation fees:

N-Fold Therapeutics, LLC

Participation in a company sponsored speaker's bureau:

None

Stock shareholder:

Stock options in DBV Technologies

Spouse/partner:

N/A

Other support (please specify):

Employed part time as Chief Scientific Officer of DBV Technologies

Signature:

Date: 30/Aug/2019



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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

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Spouse/partner: Nil

Other support (please specify): Nil

Signature:

Alexandrafyneiafautos

Date: 08.07.2019



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

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...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.

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:

GSK

Receipt of honoraria or consultation fees: ALK- Abello,

GSK, Mylan

Participation in a company sponsored speaker's bureau:

Mylan

Stock shareholder: None

Spouse/partner: None

Other support (please specify):

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Association internationale sans but lucratif – International non-profit organisation

Signature:



Date:4.8.2019



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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.

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:

7/7/19



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

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :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

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, The Wellcome Trust, Asthma UK, NIHR, British Lung Foundation, Chief Scientist Office Scotland, Action Medical Research

Receipt of honoraria or consultation fees:

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

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

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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



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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.....

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *William Steehan*

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 (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:

William Steehan

Date:

10 July 2019



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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.

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:

Kunling Shen

Date: 2019.9.5



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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.

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: NIAID, Vedanta, DBV, Aimmune, Sanofi

Receipt of honoraria or consultation fees: Aimmune, GLG

Participation in a company sponsored speaker's bureau: NA

Stock shareholder: NA

Spouse/partner: NA

Other support (please specify): NA

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

Association internationale sans but lucratif – International non-profit organisation

Signature:

A handwritten signature in black ink, appearing to be 'M. Sull', written over a horizontal line.

Date: 04-SEP-2019

**EUROPEAN UNION OF MEDICAL
SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL ON CME
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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.

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: DBV Technologies,
Regeneron, Almmune Therapeutics

Receipt of honoraria or consultation fees: Abbott

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: July 6, 2019



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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.

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: 9/7/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Hania SZAJEWSKA

AFFILIATION: The Medical University of Warsaw

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 4 July 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Dr. Alice Toniolo

AFFILIATION:Food Allergy referral Centre Padova....

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 08/07/2019



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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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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

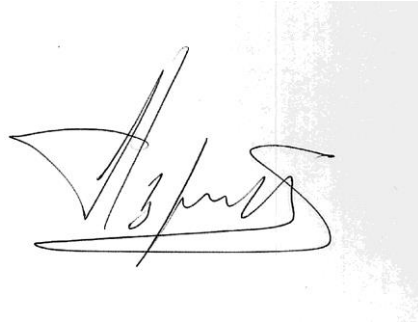
Stock shareholder:

Spouse/partner:

Other support (please specify):

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

Association internationale sans but lucratif – International non-profit organisation

A handwritten signature in black ink, appearing to be 'A. J. P. S.', is written over a light gray rectangular background.

Signature:

Date: 5/7/2019



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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.

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 (last 5 years):

AstraZeneca, Boehringer Ingelheim, GSK

Receipt of honoraria or consultation fees (last 5 years):

AstraZeneca, Menarini, Boehringer Ingelheim, Trudell Medical

Participation in a company sponsored speaker's bureau:

-

Stock shareholder:

-

Spouse/partner:

-

Other support (please specify):

-

Signature:

Date: July 4, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : 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.

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:

Thermo Fisher Scientific

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Marianne van Hage

Date:

2019-07-04



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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

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

European Commission / Dutch Science Foundation

Receipt of honoraria or consultation fees:

HAL Allergy BV, Citeq BV, Angany Inc.

Participation in a company sponsored speaker's bureau:

HAL Allergy BV, ThermoFischer Scientific

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: July 8, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :EMILIA VASSILOPOULOU.....

AFFILIATION:INTERNATIONAL HELLENIC 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

I have no potential conflict of interest to report

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

Signature:

Date: 2/10/2019



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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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DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

- SEICAP research grant
- SEAIC research grant
- FPIES foundation donation for research
- JM Foundation donation for research
- EC H2020 Marie S Curie Individual Fellowship 2014

Receipt of honoraria or consultation fees: HAL

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Association internationale sans but lucratif – International non-profit organisation

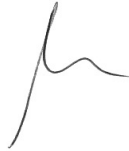
Participation in a company sponsored speaker's bureau: NONE

Stock shareholder: NONE

Spouse/partner: NONE

Other support (please specify): NONE

Signature:



Date: 8.7.19

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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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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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:

Danone, Nestle, Mead Johnson Nutrition,
Abbott

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

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

Association internationale sans but lucratif – International non-profit organisation

A handwritten signature in black ink, appearing to read 'C. Heller', is centered on the page. The signature is written in a cursive style.

**Signature:
2019**

Date: July 8,



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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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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):

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Association internationale sans but lucratif – International non-profit organisation

Signature:

A handwritten signature in blue ink, consisting of several vertical strokes and a horizontal line at the bottom, positioned above a solid blue horizontal line.

Date: July 4, 2019



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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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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: Stallergenes, Allergopharma, ALK, LETI, NOVARTIS, SANOFI/AVENTIS,

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

Stock shareholder: --

Spouse/partner:---

Other support (please specify):

Signature:

Prof. Dr. med. Ulrich Wahn
Pädiatr. Pneumologie und Allergologie
Tel. 030 / 84 31 85 50 • Fax 030 / 84 31 70 63
E-Mail: praxis@prof-wahn.de
Drakestr. 49 • 12205 Berlin
Privat-Ambulanz nach Terminvereinbarung



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : H. JAMES WEDNER
AFFILIATION: WASHINGTON UNIVERSITY School of MEDICINE

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DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

8/28/19



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : GARY WONG

AFFILIATION: Chinese University of Hong Kong

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

4 July 2019