



**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  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Alberto Alvarez Perea

AFFILIATION: Hospital General Universitario Gregorio Marañón, Madrid, Spain.

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

### DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	None
Receipt of honoraria or consultation fees:	ALK Abello
Participation in a company sponsored speaker's bureau:	None
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	None

Signature:

Date: 24/January/2020



**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  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## **Conflict of Interest Disclosure Form**

(to be completed by faculty members)

NAME : **Marina Atanaskovic-Markovic**

AFFILIATION: **Medical Faculty University of Belgrade, University Children's hospital , Belgrade, Serbia**

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

### **DISCLOSURE**

I have no potential conflict of interest to report

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: **11.01.2020.**



**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  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Hanneke Oude Elberink .....

AFFILIATION: ..... Department of Allergology, University Medical Center Groningen, University of Groningen, and Groningen Research Institute for Asthma and COPD, 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 the following potential conflict(s) of interest to report

H. N. G. Oude Elberink's institution has received consultancy fees from ALK-Abelló.

H. N. G. Oude Elberink has received

- fees for delivering lectures from ALK-Abelló, and Meda;
- has received consultancy fees from ALK-Abello;
- has received research support from Novartis, MEDA Pharma, ALK-Abello, and
- has received payment for developing educational presentations from ALK-Abello.

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

*Association internationale sans but lucratif – International non-profit organisation*

---

**Signature:**

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke at the bottom.

**Date: November 12<sup>th</sup> 2019**



**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  
[eaccme.uems.eu](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Sevim Bavbek.....

AFFILIATION: Ankara University, School of Medicine, Department of Chest Disease, Division of  
26 Immunology and Allergy, Ankara, Turkey.

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:

GSK, Turkey

Novartis, Turkey

Astra Zeneca, Turkey

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Country coordinator of SOURCE and

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

*Association internationale sans but lucratif – International non-profit organisation*

---

DESTINATION Study supported by Astra  
Zeneca, Turkey

Signature



**Date: 08.02.2020**