Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: RAFFAELA CAMPANA

AFFILIATION: MEDICAL UNIVERSITY OF VIENNA

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

DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

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

Signature: 
Date: 07.02.2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Bernadette Eberlein...........................................

AFFILIATION: Department of Dermatology and Allergy Biederstein, TU München, Germany

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

Signature: [Signature] Date: 19-Mar-2018
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: STEPHANIE ISTHALIER

AFFILIATION:
Klinik für Pädiatrische Hämatologie
Charité Universitätsmedizin

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DISCLOSURE

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

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 19/03/2018
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Helena Pite

AFFILIATION: Allergy Center, CUF Descobertas Hospital & CUF Infante Santo Hospital, Lisbon, Portugal

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**DISCLOSURE**

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<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>AstraZeneca, Menarini</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>Other support (please specify):</td>
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Signature: [Signature]

Date: 20th March 2018
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Wolfgang Pfeiffer

AFFILIATION: Dept of Dermatology & Allergology, UKGM Marburg

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):

Name of commercial company

ALK-Abello, Biomay

ALK-Abello, Thermo Fisher

Novartis

Signature: [Signature]

Date: 22/03/2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Paule Maria Materi Cardi

AFFILIATION: Charité Medical University, Berlin

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

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Type of affiliation / financial interest

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

Name of commercial company

Signature: [Signature]
Date: 31.07.2017
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Chrysanthi Skevaki

AFFILIATION:
Institute of Laboratory Medicine and Pathobiochemistry,
Molecular Diagnostics
Philipps University Marburg
University Hospital Giessen and Marburg GmbH
Campus Marburg
Baldingerstrasse
35043 Marburg, Germany

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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UEMS® - Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Receipt of grants/research supports: Mead Johnson
Receipt of honoraria or consultation fees: Hycor
Participation in a company sponsored speaker’s bureau:
None
Stock shareholder: None
Spouse/partner: None
Other support (please specify): None

Signature: Chrysanthi Skevaki       Date: 04 Oct 2017
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Hans Jürgen Hoffmann.................................

AFFILIATION: Aahus University.................................

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.

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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
<td></td>
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<tr>
<td>Other support (please specify):</td>
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Signature: [Signature]
Date: 4 October 2017
Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME: Prof. Dr. Harald Renz

AFFILIATION: ...Institute of Laboratory Medicine, University Hospital Giessen and Marburg, Philippe University Marburg

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

Scientific collaboration with H-YCER

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: 10/5/12
Conflict of Interest Disclosure Form
(to be completed by faculty members)

NAME: Christian Lupinek

AFFILIATION: Div. of Immunopathology, Dept. of Pathophysiology and Allergy Research, Medical University of Vienna

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

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<tr>
<td>Receipt of grants/research supports:</td>
<td>-</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Thermo Fisher Scientific, Honoraria for lectures at symposia for continuing medical education</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>-</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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Signature: [Signature]
Date: 17.1.2018

UEMS - Union Européenne des Médecins Spécialistes
Conflict of Interest Disclosure Form

(to be completed by faculty members)

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

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

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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:

1. Have received lecture fees.

2. Serves as consultant.

Thermo Fisher Scientific

Biomay AG, Vienna, Austria and Hycor Biomedical LLC, CA, US.

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Marianne van Hage Date: 2018-07-18