* * * * * U.E. M.S. * * * *

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: Maurizio Cecconi

AFFILIATION: St George's University Hospitals NHS Foundation Trust

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: 05/12/2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Tommaso Mauri

AFFILIATION: University of Milan

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	Stock shareholder:		
	Spouse/partner:		
	Other support (please specify):		
Sig	nature:	Date:	22/11/2017

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ricard Ferrer Roca

AFFILIATION: Pr

Signature:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Oscar Peñuelas Rodriguez

AFFILIATION: Hospital Universitario de Getafe

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 23-11-2017

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Date: Sec - 8ft /2017

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Massimo Antonelli

Signature:

AFFILIATION: Univ. Cattolica del Sacro Cuore

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Laurent Brochard

AFFILIATION: St Michael's Hospital

☐ I have no potential conflict of interest to report

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	Type of affiliation / financial interest Name of commercial company
K	Receipt of grants/research supports: MEDTRONIC/COVIDIE N Receipt of honoraria or consultation fees: MAQUETS
	Receipt of honoraria or consultation fees: MAQUETE
	Participation in a company sponsored speaker's bureau. AIR LIQUIDE
	Stock shareholder:
	Spouse/partner:
	Other support (please specify): Equipment (MAQUET, PHILIPS, AIR Liquid E
Sig	nature: Nov 28, 7017

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Jordi Mancebo Cortes

AFFILIATION: Hospital de la Santa Creu i Sant Pau

Summer

Signature:

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Date: 24/11/2017

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Giacomo Bellani

AFFILIATION: University of Milan-Bicocca

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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:

Name of commercial company

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DRAECER, DIMAR

REVIEWER CREDIT S.R.L.

Spouse/partner:

Other support (please specify):

Signature:

Date: 23/11/2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Claude Guérin

AFFILIATION: Réanimation Médicale Hopital Croix Rousse

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Spouse/partner:

Other support (please specify):

Signature:

Date: November 23, 2017

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