



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS
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<https://eaccme.uems.eu> - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME : Demoule.....

AFFILIATION: Alexandre.....

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:

Philips, Maquet, Medtronic

Receipt of honoraria or consultation fees:

Maquet, Medtronic, Baxter, Hamilton, Philips

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 25/11/2017



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Conflict of Interest Disclosure Form

NAME :Takeshi Yoshida.....

AFFILIATION:St. Michael 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: 2017/12/04



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Conflict of Interest Disclosure Form

NAME : Ramón Nogué Bou

AFFILIATION: Universitat de Lleida, UDL · Department of Surgery

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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: Ramón Nogué Bou

Date: 06/12/2017



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Conflict of Interest Disclosure Form

NAME :Oriol Roca.....

AFFILIATION: ...Vall d'Hebron 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:

Hamilton Medical

Participation in a company sponsored speaker's bureau:

Fisher & Paykel

Air Liquide

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 30.11.17



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Conflict of Interest Disclosure Form

NAME : MARIA PAZ FUSET CABANES

AFFILIATION: HOSPITAL UNIVERSITARIO Y POLITÉCNICO LA FE. VALENCIA

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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: MARIA PAZ FUSET CABANES

Date: 24/11/17



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Conflict of Interest Disclosure Form

NAME : Maria Cruz martin Delgado MD Ph

AFFILIATION: Hospital Universitario Torrejon Madrid, Spain

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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:



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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Spouse/partner:

Other support (please specify):

Signature: Maria Cruz Martin

Date:30/11/2017



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Conflict of Interest Disclosure Form

NAME : ...**Marcelo Amato**

AFFILIATION: **INCOR –Heart Institute, University of São Paulo**

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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:

Timpel Medical S.A.

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 17th-January-2018



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Conflict of Interest Disclosure Form

NAME : Luciano Gattinoni

AFFILIATION: Universitätmedizin Göttingen

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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: Masimo ; Grifols ; Linet

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 26 November 2017



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Conflict of Interest Disclosure Form

NAME : Lu Chen

AFFILIATION: St. Michael's Hospital, University of Toronto

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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: November 30, 2017



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Conflict of Interest Disclosure Form

NAME : LLUÍS BLANCH TORRA

AFFILIATION: CORPORACIÓ SANITÀRIA PARC TAULÍ

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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: 10%

Better Care, S.L. (Spin Off of Corporació Sanitària Parc Taulí)

Spouse/partner:

Other support (please specify):

Signature:

Date: 11/30/2017



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Conflict of Interest Disclosure Form

NAME : LEO HEUNKS

AFFILIATION: Vrije Universiteit Amsterdam

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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

Research support Orion Pharma to department	
Research support Liberate Medical to department	
Speaker fee request	
Type of affiliation / financial interest	Name of commercial company

Receipt of grants/research supports:

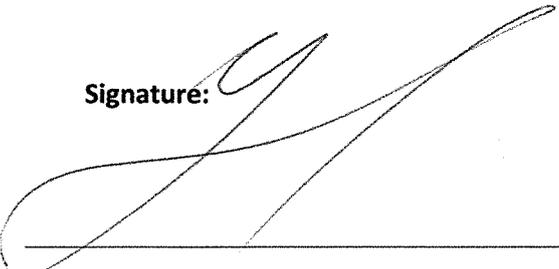
Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 28/11/2017



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Conflict of Interest Disclosure Form

NAME : ...Guillermo M Albaiceta.....

AFFILIATION: Hospital Universitario Central de Asturias. Oviedo, Spain.....

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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: 24-Nov-2017

Conflict of Interest Disclosure Form

NAME : GONZALO HERNANDEZ MARTINEZ

AFFILIATION: CRITICAL CARE UNIT, UNIVERSITY HOSPITAL VIRGEN DE LA SALUD, TOLEDO, SPAIN

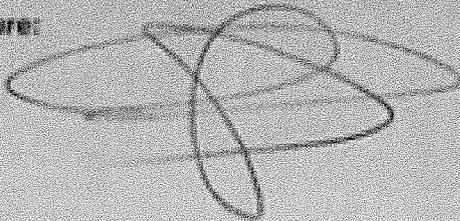
In accordance with criterion 14 of document UEMS 2016/20 "EACCME" criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME" upon submission of the 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 re-imbursment 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:	
Receipt of honoraria or consultation fees:	FISHER & PAYKEL
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify): TRAVEL EXPENSES	FISHER & PAYKEL

Signature:



Date: 24/11/2017



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

NAME: GEMMA RIALP

AFFILIATION: HOSPITAL SON LLATZER, PALMA DE MALLORCA. ILLES BALEARS

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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: Gemma Rialp

Date: 12/02/2017



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Conflict of Interest Disclosure Form

NAME : Fernando Suarez Sipmann

AFFILIATION: Dept. Surgical Sciences, Hedenstierna Laboratory, Uppsala University. Uppsala, Sweden.
Department of Critical Care, Hospital Universitario de La Princesa, Madrid, Spain.

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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:

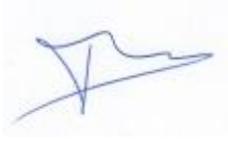
Stock shareholder:

Spouse/partner:

Other support (please specify): I perform consultan services
for Maquet Critical Care

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

Association internationale sans but lucratif – International non-profit organisation



Signature: Fernando Suarez Sipmann

Date: 26-11-2017



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Conflict of Interest Disclosure Form

NAME : Federico Gordo

AFFILIATION: Henares 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: 30/11/2017



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Conflict of Interest Disclosure Form

NAME : Georgopoulos Dimitrios.....

AFFILIATION: ...University of Crete, Medical School.....

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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):

Signature: **Georgopoulos Dimitris**

Date: **30/11/2017**



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Conflict of Interest Disclosure Form

NAME :Daniel Talmor.....

AFFILIATION: ...Beth Israel Medical Center.....

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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. Hamilton Medical 2. Faron

Participation in a company sponsored speaker's bureau:

Stock shareholder: Intensix

Spouse/partner:

Other support (please specify):

Signature:

Date: November 27 2017



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Conflict of Interest Disclosure Form

NAME : Antonio Pesenti

AFFILIATION: Department of Pathophysiology and Transplantation, University of Milan

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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:

Baxter, Maquet, Xenios

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 24/11/2017