



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

NAME : Prof. dr. A.R.J. Girbes

AFFILIATION: University Hospital VU medical centre

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: 5th December 2017



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Conflict of Interest Disclosure Form

NAME : ...Philip K.N. Lam.....

AFFILIATION: FHKCP(CCM),FCICM.....

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Conflict of Interest Disclosure Form

NAME: Jun Oto, MD, PhD

AFFILIATION: Emergency and Disaster Medicine, Tokushima University Hospital , Tokushima, Japan

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Participation in a company sponsored speaker's bureau:

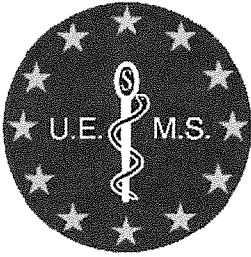
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Jun Oto

Date: November 30th, 2017



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Conflict of Interest Disclosure Form

NAME : JACQUES DURANTEAU

AFFILIATION: BICATRE HOSPITAL / UNIVERSITY PARIS XI

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 11/12/2017



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Conflict of Interest Disclosure Form

NAME :Yu-Chang Yeh.....

AFFILIATION:European Society of Intensive Care Medicine.....

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Spouse/partner:

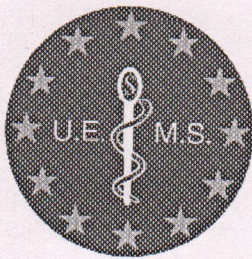
Other support (please specify):

Signature:

Yu-Chang Yeh

Date:

2017. 11. 28



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Conflict of Interest Disclosure Form

NAME : Dr. Yatin Mehta

AFFILIATION: Medanta The Medicity, Gurgaon, India

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Spouse/partner:

Other support (please specify):

Signature:

Date: 27-01-2017



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Conflict of Interest Disclosure Form

NAME : XiangDong, Guan

AFFILIATION: The First Affiliated Hospital, Sun Yat-sen University

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

GUAN Xiangdong

Date:

2017/12/14



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Conflict of Interest Disclosure Form

NAME : Sungwon Na

AFFILIATION: Yonsei University College of Medicine

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Spouse/partner:

Other support (please specify):

Signature:

Date: Nov27, 2017



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Conflict of Interest Disclosure Form

NAME: Prof. Sheila Nainan Myatra

**AFFILIATION: Professor, Department of Anaesthesiology, Critical Care and Pain.
Tata Memorial Hospital, Mumbai, INDIA.**

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 4th December 2017



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Conflict of Interest Disclosure Form

NAME : Dr Pascale Gruber

AFFILIATION: Consultant In Intensive Care Medicine, Royal Marsden Hospital.

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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: 24/11/2017



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Conflict of Interest Disclosure Form

NAME : ...Mauro Oddo

AFFILIATION: ...University of Lausanne, Switzerland

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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 Nov, 2017



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Conflict of Interest Disclosure Form

NAME : Marlies Ostermann

AFFILIATION: Guy's & St Thomas Hospital London

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Fresenius Medical Care

Receipt of honoraria or consultation fees:

Fresenius Medical Care

Baxter

Participation in a company sponsored speaker's bureau:

Not applicable

Stock shareholder:

Not applicable

Spouse/partner:

Not applicable

Other support (please specify):

Not applicable

Signature:

Date: 4th December 2017



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

NAME : Prof Lui G Forni

AFFILIATION: Royal Surrey County Hospital NHS Foundation Trust & Faculty of Health Sciences
University of Surrey

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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:

Ortho Clinical Diagnostics

Receipt of honoraria or consultation fees:

La Jolla Pharmaceuticals, Ortho Clinical Diagnostics, Baxter

Participation in a company sponsored speaker's bureau:

Fresenius

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

Signature:

Date:

30. XI. 2017



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Conflict of Interest Disclosure Form

NAME : Chan Khee Siang

AFFILIATION: Department of Intensive Care Medicine, Chi Mei Medical Center, Taiwan

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Spouse/partner:

Other support (please specify):

Signature:

Chan Khee Siang

Date:

Nov 27, 2017.



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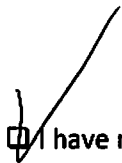
Conflict of Interest Disclosure Form

NAME: Kent Doi

AFFILIATION: The Univ of Tokyo, JAPAN

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Spouse/partner:

Other support (please specify):

Signature:

Date:

Nov. 24, 2017



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Conflict of Interest Disclosure Form

NAME : KAPIL G ZIRPE
AFFILIATION : HOD & DIRECTOR NEURO TRAUMA UNIT, RUBY HALL CLINIC
GRANT MEDICAL FOUNDATION, PUNE, INDIA.

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Stock shareholder:	-
Spouse/partner:	-
Other support (please specify):	-

Signature:

Date:



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Conflict of Interest Disclosure Form

NAME : J. LIPMAN

AFFILIATION: UNIVERSITY OF QUEENSLAND

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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:

25th Nov 2017



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Conflict of Interest Disclosure Form

NAME : ...Jean Louis VINCENT.....

AFFILIATION: ...Erasmus University Hospital (Université Libre de Bruxelles).....

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Spouse/partner:

Other support (please specify):

Signature:

Date: November 24, 2017



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Conflict of Interest Disclosure Form

NAME :Jean-Louis Teboul.....

AFFILIATION:University Paris South, France.....

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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: no

Receipt of honoraria or consultation fees: yes

Pulsion Medical system (Germany), Masimo (USA)

Participation in a company sponsored speaker's bureau: no

Stock shareholder: no

Spouse/partner: no

30/11/2017

Signature:

Date:



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Conflict of Interest Disclosure Form

NAME : ...Dr. Hoi Ping SHUM.....

AFFILIATION: ...Pamela Youde Nethersole Eastern Hospital, Hong Kong.....

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 15 Dec 2017



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Conflict of Interest Disclosure Form

NAME : Hans Flaatten

AFFILIATION: Professor Intensive Care Medicine, University of Bergen, Faculty of medicine K1, Bergen Norway

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: Nov 24-2017



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Conflict of Interest Disclosure Form

NAME : ...Haibo Qiu.....

AFFILIATION: ...Nanjing Zhongda hospital, Southeast University.....

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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: Haibo Qiu

Date: Nov-29, 2017



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Conflict of Interest Disclosure Form

NAME : CHOL, GORDON YUK SANG

AFFILIATION: DEPARTMENT OF ANAESTHESIA & INTENSIVE CARE, PRINCE OF WALES 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:

04/12/2017



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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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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:

DRAEGER, DIMAR

Participation in a company sponsored speaker's bureau:

DRAEGER, GE

Stock shareholder:

REVIEWER CREDITS S.R.L.

Spouse/partner:

Other support (please specify):

Signature:

Date:

23/11/2017



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Conflict of Interest Disclosure Form

NAME : Gavin JOYNT

AFFILIATION: Department of Anaesthesia and Intensive Care, Faculty of Medicine, The Chinese University of Hong Kong

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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: Gavin JOYNT

Date: 06/12/2017



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

NAME : A/Prof CHARLIE CORIÉ

AFFILIATION: UNIVERSITY HOSPITAL GAZONS

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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:

27/11/17



Conflict of Interest Disclosure Form

NAME : Charles David Gomersall.....

AFFILIATION: Dept of Anaesthesia & Intensive Care, 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:

Maquet, Drager, Hamilton Medical

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 December 2017



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Conflict of Interest Disclosure Form

NAME : Chae-Man Lim

AFFILIATION: Asan Medical Center, Seoul, Korea

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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: Dec 1, 2017



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Conflict of Interest Disclosure Form

NAME :ICHAI Carole....

AFFILIATION:Université de Nice Sophia-Antipolis.....

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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:

Fresenius Kabi, Baxter

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 26/11/2017



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Conflict of Interest Disclosure Form

NAME : LEUNG KIT HUNG, ANNE

AFFILIATION: Queen Elizabeth Hospital, Hong Kong

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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:

Anne Leung

Date:

24/11/2017



Conflict of Interest Disclosure Form

NAME : CHAN, Alfred Yan Fat

AFFILIATION: ICU, Tuen Mun Hospital (Hong Kong)

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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: 29th November 2017



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Conflict of Interest Disclosure Form

NAME :Adrian View-Kim WONG.

AFFILIATION:ESICM, Oxford University Hospitals NHS Foundation Trust.

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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:

Date: 26/11/17



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Conflict of Interest Disclosure Form

NAME : EUNISE HO

AFFILIATION: PRINCE OF WALES 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:

10 JAN 2018

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes

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Conflict of Interest Disclosure Form

NAME : DANIEL DE BACKER

AFFILIATION: CHIREC

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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:

Uygen

Receipt of honoraria or consultation fees:

EDWARDS Life Sciences

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 11/12/2017



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Conflict of Interest Disclosure Form

NAME : Björn Weiss

AFFILIATION: Charité Universitätsmedizin Berlin, Department for Anesthesiology and Intensive Care Medicine, CCM and CVK, Augustenburger Platz 1, 13353 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:

- No research grant from commercial company, only public research grants (DAAD, German Ministry of Health, German Ministry of Economic Affairs and Innovation, ESICM)

Receipt of honoraria or consultation fees:

Lecture

Orion Pharma Ltd.

Lecture

Dr. F. Koehler Chemie

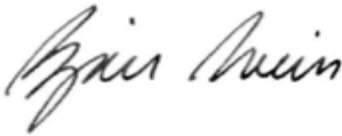
**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Lecture	PAION UK Ltd.
Lecture	Fresenius Kabi
Participation in a company sponsored speaker's bureau:	
	None
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	None

Signature:

Date:



Bjoern Weiss

04.12.2017



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

NAME: DR KWAN MUNG CHIT ARTHUR

AFFILIATION: Bonness Margaret Hospital / You Chai 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:

31/3/2018