

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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NAME :Philip K.N. Lam	
AFFILIATION: FHKCP(CCM),FCICM	
In accordance with criterion 14 of document UEMS 2016/20 "EACCI Educational Events (LEEs)", all declarations of potential or actual conflor other relationship, must be provided to the EACCME® upon submit must be made readily available, either in printed form, with the prothe organiser of the LEE. Declarations must include whether any imbursement of expenses in relation to the LEE has been provided.	icts of interest, whether due to a financial ssion of the application. Declarations also gramme of the LEE, or on the website of
DISCLOSURE	
✓ I have no potential conflict of interest to report	
$oldsymbol{\square}$ I have the following potential conflict(s) of interest to rep	port
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:



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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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☑ I have no potential conflict of interest to report	
$oldsymbol{\square}$ 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 burea	nu:
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: Jun Oto	Date: November 30 th , 2017



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NAME: JACQUES BURANTEAU	
In accordance with criterion 14 of document UEMS 2016/20 "EAC Educational Events (LEEs)", all declarations of potential or actual cor or other relationship, must be provided to the EACCME® upon subr must be made readily available, either in printed form, with the pithe organiser of the LEE. Declarations must include whether any imbursement of expenses in relation to the LEE has been provided.	CME® criteria for the Accreditation of Live offlicts of interest, whether due to a financial mission of the application. Declarations also rogramme of the LEE, or on the website of
DISCLOSURE	
☑ I have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interest to re	eport
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: 11/12/2017



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NAME :Yu-Chang Yeh
AFFILIATION:European Society of Intensive Care Medicine
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: Yu-Many 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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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: Yak Mul

Date: 27-1/-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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I have no potential conflict of interest to report	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):	
ilgnature: CAUAN X Tompclong	Date: 8,17/12/11/



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Conflict of Interest Disclosure Form

NAME: Sungwon Na

AFFILIATION: Yonsei University College of Medicine

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	I have no potential conflict of interest to report	
	☐ I have the following potential conflict(s) of interest to rep	ort
	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):	
	$=$ \mathcal{A}_{G}	
Sig	gnature:	Date: Nov27, 2017



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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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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$\lor \Box$ I have no potential conflict of interest to report	
\square I have the following potential conflict(s) of interest to i	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):	
Junia Hamain Mystia	
Signature:	Date: 4 th 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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X 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: 24/11/2017



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Conflict of Interest Disclosure Form

NAME: ...Mauro Oddo

AFFILIATION: ...University of Lausanne, Switzerland

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X I have no	potential conflict of interest to report	
☐ I have th	e following potential conflict(s) of interest to re	eport
Type of affi	iliation / financial interest	Name of commercial company
Receipt of g	grants/research supports:	
Receipt of h	nonoraria or consultation fees:	
Participatio	on in a company sponsored speaker's bureau:	
Stock share	eholder:	
Spouse/par	rtner:	
Other supp	ort (please specify):	
Signature:		Date: 30 Nov, 2017



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Date: 4th December 2017

Conflict of Interest Disclosure Form

NAME: Marlies Ostermann

AFFILIATION: Guy's & St Thomas Hospital London

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



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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

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

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: 30. X(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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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:

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Conflict of Interest Disclosure Form

NAME: Kent Doi	
NAME: Kent DOT AFFILIATION: The Univ of Tokyo, JAPAN	
In accordance with criterion 14 of document UEMS 2016/20 "EACCME Educational Events (LEEs)", all declarations of potential or actual conflict or other relationship, must be provided to the EACCME® upon submission must be made readily available, either in printed form, with the progratue organiser of the LEE. Declarations must include whether any fee imbursement of expenses in relation to the LEE has been provided.	s of interest, whether due to a financial on of the application. Declarations also amme of the LEE, or on the website of
DISCLOSURE	
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Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

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.

✓ I have no potential conflict of interest to report

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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: X 12:11	Date:	



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NAME: J LIPMAN
AFFILIATION: MNIVERSITY OF QUEENSLAND
n 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 rembursement of expenses in relation to the LEE has been provided.
DISCLOSURE
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:



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NAME :Jean Louis VINCENT	
AFFILIATION:Erasme University Hospital (Universi	té Libre de Bruxelles)
In accordance with criterion 14 of document UEMS 201 Educational Events (LEEs)", all declarations of potential or or other relationship, must be provided to the EACCME® must be made readily available, either in printed form, the organiser of the LEE. Declarations must include wimbursement of expenses in relation to the LEE has been	r actual conflicts of interest, whether due to a financial upon submission of the application. Declarations also with the programme of the LEE, or on the website of the details and fee, honorarium or arrangement for re-
DISCLO	SURE
X I have no potential conflict of interest to repo	ort
☐ I have the following potential conflict(s) of int	terest 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 24, 2017



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NAME :Jean-Louis Teboul	
AFFILIATION:University Paris South, France	
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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 repor	t
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	
(b)	30/11/2017
Signature:	ate:



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NAME :Dr. Hoi Ping SHUM			
AFFILIATION:Pamela Youde Nethersole Eastern Hospital, 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:			
Receipt of honoraria or consultation fees:			
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

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DISCLOSURE

	X I hav	e no potential conflict o	f interest to report	
	☐ I hav	ve the following potentia	al conflict(s) of interest to rep	ort
	Type o	f affiliation / financial ir	nterest	Name of commercial company
	Receip	t of grants/research sup	ports:	
	Receip	t of honoraria or consult	ation fees:	
	Particip	pation in a company spo	nsored speaker's bureau:	
	Stock s	hareholder:		
	Spouse	e/partner:		
	Others	support (please specify):		
Sig	gnature:	An Ant	Date: Nov 24-20	17



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NAME :Haibo Qiu	
AFFILIATION:Nanjing Zhongda hospital, Southeast Unive	ersity
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DISCLOSURI	<u>E</u>
$\sqrt{f \Box}$ 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 burea	nu:
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: Haibo Qiu	Date: Nov-29. 2017



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NAME: CHOZ, GORDON YUK SANG
AFFILIATION: BEPARIMENT OF ANAESTITES IA & ZNIENSINE CARE, PRINCE OF WALES HOSPITAL
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 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: $24/12/20.7$

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

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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

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:

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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	A I have no potential conflict of interest to report	
	☐ I have the following potential conflict(s) of interest to rep	ort
	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):	
Sig	nature: Gavin JOYNT	Date: 06/12/2017



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Conflict of Interest Disclosure Form

NAME: A / PROF CHARLIE GRIE		
AFFILIATION: UNIVERSITY HOSPITAL	GERONS	

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DISCLOSURE

I have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interest to repo	ort
	6.
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:	

UFMS_{rish} – Union Européenne des Médecins

Other support (please specify):

Signature:

Date:

27/11/17



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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 "EACCM Educational Events (LEEs)", all declarations of potential or actual conflict or other relationship, must be provided to the EACCME® upon submiss must be made readily available, either in printed form, with the prograthe organiser of the LEE. Declarations must include whether any fee imbursement of expenses in relation to the LEE has been provided.	ts of interest, whether due to a financial ion of the application. Declarations also amme of the LEE, or on the website of
DISCLOSURE	
☐ I have no potential conflict of interest to report	
$\sqrt{\rm I}$ have the following potential conflict(s) of interest to report	t
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: 8 th December 2017



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Conflict of Interest Disclosure Form

NAME: Chae-Man Lim

AFFILIATION: Asan Medical Center, Seoul, Korea

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.

x I have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interest	est 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 bur	reau:
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
olinge_	
gnature:	Date: Dec 1, 2017



Signature:

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Date: 26/11/2017

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 repo	rt
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):	
1 .	



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NAME: LEUNG KIT HUNG, ANNE			
NAME: LEUNG KIT HUNG, ANNE AFFILIATION: Queen Elizabeth Hospital, 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 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 Hung Date: 24/11/2017			



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Conflict of Interest Disclosure Form

NAME: CHAN, Alfred Yan Fat

AFFILIATION: ICU, Tuen Mun Hospital (Hong Kong)

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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:
	Spouse/partner:
	Other support (please specify):
a	Date: 29 th November 2017



Signature:

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Date: 26/11/17

Conflict of Interest Disclosure Form

NAME :Adrian View-Kim WONG.

AFFILIATION:ESICM, Oxford University Hospitals NHS Foundation Trust.

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



NAME: EUNISE HO

AFFILIATION: PRINCE OF WALES HOSPITAL

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Conflict of Interest Disclosure Form

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DISCLOSI	<u>JRE</u>
■ I have no potential conflict of interest to report ■ I have the following potential conflict(s) of interest to report	est 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 201f

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NAME: DANIEL DE BACKER

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AFFILIATION: CHIREC
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DISCLOSURE
I have no potential conflict of interest to report Note that 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: DWARDS Life Sclones.
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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☐ I have no potential conflict of interest to report		
X 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

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

Bjoern Weiss

04.12.2017



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Conflict of Interest Disclosure Form

NAME: K. H. M. CHIT ALTHUK AFFILIATION: Manuers Mangaret Hogy Tol Your Char Hospital. 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		
1 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: 31/5/2019		

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