# \* \* \* \* \* U.E. M.S. \* \* \* \*

#### **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**

(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



# EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

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#### **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: Prof. Dr. Yasser Sakr

AFFILIATION: Dept. of Anesthesiology and Intensive Care, Uniklinikum Jena, Germany

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.

#### **DISCLOSURE**

☐ I have no potential conflict of interest to report

X I have the following potential conflict(s) of interest to report

Participation in a company sponsored speaker's bureau:

Type of affiliation / financial interest

Receipt of grants/research supports:

Grifols SA, Grant für die ARISS-Study (Supply with albumin for the intervention arm) for an investigator initiated study funded by the German research foundation (DFG)

Receipt of honoraria or consultation fees:

Grifols SA, consultation fees in 2016

Stock shareholder:

# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Spouse/partner:

Other support (please specify):

Signature: Date: 6.3.2018



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## **Conflict of Interest Disclosure Form**

NAME: Thomas Scleren	
AFFILIATION: UMC Grounge, NC	
In accordance with criterion 14 of document UEMS 2016/20 "EAC Educational Events (LEEs)", all declarations of potential or actual co or other relationship, must be provided to the EACCME® upon sub must be made readily available, either in printed form, with the pathe organiser of the LEE. Declarations must include whether an imbursement of expenses in relation to the LEE has been provided.	nflicts of interest, whether due to a financial mission of the application. Declarations also programme 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 r	eport
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Mesiluo
Receipt of honoraria or consultation fees:	Mesimo Edwards liferunasj Mesima
Participation in a company sponsored speaker's bureau:	_
Stock shareholder:	_
Spouse/partner:	
Other support (please specify):	
Signature:	Date: 20-03-2017



# EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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### **Conflict of Interest Disclosure Form**

NAME: RIK. TH. GERRITS AFFILIATION: MEDISCH CENTRUM	EN LEEUWARDEN,	NETHERLANDS
In accordance with criterion 14 of document UEMS 2016/20 "EAG Educational Events (LEEs)", all declarations of potential or actual co or other relationship, must be provided to the EACCME® upon sub must be made readily available, either in printed form, with the pathe organiser of the LEE. Declarations must include whether an imbursement of expenses in relation to the LEE has been provided.	nflicts of interest, whether due t mission of the application. Decla programme of the LEE, or on the	o a financial grations also e website of
DISCLOSURE		
Al have no potential conflict of interest to report		
☐ I have the following potential conflict(s) of interest to r	eport	
Type of affiliation / financial interest	Name of commercial co	mpany
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: 20MAR	2018



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## **Conflict of Interest Disclosure Form**

NAME: PASCALE GRUBER		
AFFILIATION: PEYCU MOUSDI HOSPITCH		
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		
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: 2013/20(8		



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## **Conflict of Interest Disclosure Form**

NAME: Lui Foreni		
AFFILIATION: UNIVERSEY DE 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 no potential conflict of interest to report  have the following potential conflict(s) of interest to report		
Type of affiliation / financial interest Name of commercial company		
Receipt of grants/research supports: Otho Winical Diagnostics; Ashle Medical		
Receipt of grants/research supports: Ortho Unical Diagnostics; Ashle Medical Receipt of honoraria or consultation fees: La Jolla Phonocoulicals, Baxter., GE		
Participation in a company sponsored speaker's bureau:		
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		
Signature: Date: 2073/18.		



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## **Conflict of Interest Disclosure Form**

NAME: KIETIL SUNDE		
AFFILIATION: Chair TEM, OSlo	University Ho	spital
In accordance with criterion 14 of document UEMS Educational Events (LEEs)", all declarations of potent or other relationship, must be provided to the EACC must be made readily available, either in printed for the organiser of the LEE. Declarations must include imbursement of expenses in relation to the LEE has be	5 2016/20 "EACCME® critical or actual conflicts of in IME® upon submission of orm, with the programmed whether any fee, how	teria for the Accreditation of Live nterest, whether due to a financial the application. Declarations also of the LEE, or on the website of
DISC	CLOSURE	
I have no potential conflict of interest to		
Type of affiliation / financial interest	Nam	e of commercial company
Receipt of grants/research supports:  Receipt of honoraria or consultation fees:  Participation in a company sponsored speak	Travel costs Speakers fee er's bureau:	2016: Bard Medical 2017: Jolife / Stryker
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		
Signature:	Date:	293-18 Melt Suid



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#### **Conflict of Interest Disclosure Form**

NAME: Johannes Mellinghoff
NAME: Lehaunes Mellinghoff AFFILIATION: Kingston & St George's
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
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: 1 1 1 1 Date: 20 / 03 / 18



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# **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: JAN DE WAELE

AFFILIATION: GHENT UNIVERSITY HOSPITAL, BELGIUM

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 potentia	l conflict	of interest	to report
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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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's

bureau:

MSD, Pfizer, Bayer Healthcare, AtoxBio, Accelerate (honorarium paid to University for all)

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 06171 2017



Signature:

# 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: 16 / Cemmer	
NAME: 15 Cemmer  Helse - Bergen, Bergen, A	lorway
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 submiss must be made readily available, either in printed form, with the programmer of the LEE. Declarations must include whether any feimbursement 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	
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:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

UEMS<sub>aisbl</sub> – Union Européenne des Médecins Spécialistes IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848

Date:



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## **Conflict of Interest Disclosure Form**

NAME: GACOMO BELLANI		
AFFILIATION: WHIVERSITY OF MILAN-BICOCCA		
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  Thave the following potential conflict(s) of interest to r	eport	
Type of affiliation / financial interest  Receipt of grants/research supports:  Receipt of honoraria or consultation fees:	Name of commercial company $Di7AR$	
Participation in a company sponsored speaker's bureau:	DRAEGER	
Stock shareholder:	REVIEWERCREDITS SRI	
Spouse/partner:		
Other support (please specify):		
Signature:	Date: 20/3/18	



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## **Conflict of Interest Disclosure Form**

NAME: GEWNARD DE PASCATE	
NAME: TENNARO DE RASCATO AFFILIATION: ROL'CLINICO SENTELLI	(ROME)
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 p the organiser of the LEE. Declarations must include whether any imbursement of expenses in relation to the LEE has been provided.	CCME® criteria for the Accreditation of Live inflicts of interest, whether due to a financial mission of the application. Declarations also programme of the LEE, or on the website of
DISCLOSURE	
☐ 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: 20/0 3/2 (V



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## **Conflict of Interest Disclosure Form**

NAME: TACW NE FOR		
AFFILIATION: HOURS FLAINF		
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 re	eport	
Type of affiliation / financial interest	Name of commercial company	
Receipt of grants/research supports:		
Receipt of honoraria or consultation fees:	CATOLOGENTS ACCEPTANCE FUNDETS BARD	
Participation in a company sponsored speaker's bureau:	FUNDETS BARD NIHON ICOHDEN	
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		
Signature:	Date: 20 03 20 18	



Signature:

# 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: ERIC HOSTE	
AFFILIATION: UZ GHENT	
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 progethe organiser of the LEE. Declarations must include whether any fee imbursement of expenses in relation to the LEE has been provided.	cts of interest, whether due to a financial sion of the application. Declarations also ramme 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 report	ort
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	AlaxioN-An PhARMA
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

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Date:

20 MAR 7018



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## **Conflict of Interest Disclosure Form**

	AME: DYLAN DE CANGE					
A	FFILIATION: UNIVERITY MEDICAL	CENTE	R (	UTREU	J, NL	
Ec or m th	accordance with criterion 14 of document UEMS 2016/20 "EAducational Events (LEEs)", all declarations of potential or actual contoner relationship, must be provided to the EACCME® upon subjust be made readily available, either in printed form, with the period of the LEE. Declarations must include whether are abursement of expenses in relation to the LEE has been provided.	onflicts of intomission of the programme only fee, hono	erest, whet he applicati of the LEE,	ther due to a fin ion. Declaration or on the webs	ancial is also site of	
	DISCLOSURE					
	A 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 comme	ercial company	Y	
	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):					
Si	gnature:	Date:	20 T	4 MAR	2018	



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# **Conflict of Interest Disclosure Form**

NAME:						
AFFILIATION: CHU de Nice - I'cu	Partun 2					
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						
have no potential conflict of interest to report						
☐ I have the following potential conflict(s) of interest to report						
Tune of efficiency / financial interest	Name of commercial company					
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: D	Pate: 21 (03/2018					



Duranthuman 24 BE 4040 BBUGGE

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### **Conflict of Interest Disclosure Form**

NAME: Born Weiß	
NAME: Björne Lueiß AFFILIATION: Clearik Universitätsmeditiu	Festin
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 submust be made readily available, either in printed form, with the pathe organiser of the LEE. Declarations must include whether any imbursement of expenses in relation to the LEE has been provided.	nflicts 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 ☐ 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:	ORION PHARMA
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	CRIBN, BAYER, MEDTRONIC
Signature:	Date: 20-07-18