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

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 of commercial company

Signature:

Date: 05/12/2017

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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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>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)</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Grifols SA, consultation fees in 2016</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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</tbody>
</table>
Spouse/partner:

Other support (please specify):

Signature:           Date: 6.3.2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Thomas Sleem

AFFILIATION: UMC Utrecht, NL

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:                                        Meritmo
Receipt of honoraria or consultation fees:                                  Edwards Lifesciences Meritmo
Participation in a company sponsored speaker’s bureau:                     
Stock shareholder:                                                         
Spouse/partner:                                                             
Other support (please specify):                                             

Signature:  F. Sleem                                                      Date: 20-03-2019

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: R. K. J. Gerritsen

AFFILIATION: Medisch Centrum Leeuwarden, Netherlands

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)s”, 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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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>

Signature: [Signature]

Date: 20 March 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: PASCALE GRUBER
AFFILIATION: Royal Massa 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

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Type of affiliation / financial interest

Receipt of grants/research supports:
Receipt of honoraria or consultation fees:
Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Name of commercial company

Signature:  
Date: 2018/2018
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Lyly M. P. Pourazi

AFFILIATION: 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

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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; Asklep Medico

Receipt of honoraria or consultation fees: La Jolla Pharmacalics, Baxter, GE.

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 20/01/15.
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Kjetil Sunde

AFFILIATION: Chair TEM, Oslo University 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

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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: Travel costs
Receipt of honoraria or consultation fees: Speaker fee 2016: Bard Medical
Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Signature: [Signature]
Date: 20/3/18

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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: John Smith
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.

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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</tbody>
</table>

Signature: John Smith
Date: 20/03/18
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: JAN DE WAELLE

AFFILIATION: GHENT UNIVERSITY HOSPITAL, BELGIUM

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)”, 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

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 of commercial company

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

Signature: ___________________________  Date: 06/14/2017
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: I. Jæger
AFFILIATION: Helse - Bergen, 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.

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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):

Name of commercial company

Signature: 

Date: 20/3/2018

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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: GIACOMO BELLANI

AFFILIATION: UNIVERSITY OF MILAN- BICOCCA

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Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

DINAR

DRAEGER

REVIEWERCREDITS SRL

Signature: [Signature]

Date: 20/3/18

UEMS Albert - Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE31 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: .................................

AFFILIATION: .................................

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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: 20/03/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: TAUWIE FORD

AFFILIATION: ERMF

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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):

Name of commercial company

CITOLOGENTS
EULITEC
EQIUM CORDEN

Signature:  

Date: 20/03/2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ERIC HOSTE
AFFILIATION: UZ GHENT

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Type of affiliation / financial interest
Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: ALEXION - AN PHARMA

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 
Date: 20 JUIN 2018
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: JUHAN DE LANGE

AFFILIATION: UNIVERSITY MEDICAL CENTER UTRECHT, NL

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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</table>

Signature: ___________________________  Date: 20 JUN 2018

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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...................................................

AFFILIATION: ...................................................

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Name of commercial company

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Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: ..........................................................  Date: 21/03/2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Bona Weiss

AFFILIATION: Charité Universitätsmedizin Berlin

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<td>Stock shareholder:</td>
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<tr>
<td>Spouse/partner:</td>
<td>Orion, Bayer, Medtronic</td>
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<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: [Signature]

Date: 20-03-18