



**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: Jan De Waele

AFFILIATION: Ghent 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**

☒ 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: March 5, 2018**



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ...Jean Chastre....

AFFILIATION: ...Université Paris 6 (Sorbonne Université)....

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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

Consulting or Lecture fees for Bayer, Medimmune/Astrazeneca, Pfizer, Arsanis, Cubist/Merck, Aridis, Inotrem

**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: 25 May 2018**



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Pieter Depuydt

AFFILIATION: Intensive Care Department, Ghent University Hospital

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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:

14<sup>th</sup> MAY 2018



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Lennie Derde

AFFILIATION: UMC Utrecht

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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: Working under a European Union FP7 grant (FP7-HEALTH-2013-INNOVATION-1, grant number 602525) for REMAP-CAP study

Receipt of honoraria or consultation fees: Non-commercial fee for participation in multi-disciplinary sepsis working group. Speakers fee ERS for Pandemic Preparedness course (2017)

Participation in a company sponsored speaker's bureau: none

Stock shareholder: none

Spouse/partner: no conflict of interest

Other support (please specify): none

**Signature:**

Lennie Derde

**Date: May 20<sup>th</sup>, 2018**



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : JOSE GARNACHO-MONTERO  
AFFILIATION: HOSPITAL VIRGEN MACARENA, SEVILLE, SPAIN

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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:

28-July-2018



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : .....Saad Nseir.....

AFFILIATION: .....CHU de Lille, Critical Care Center, Lille, France.....

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

☒ Receipt of honoraria or consultation fees:

MSD, Ael Medical

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

18/05/2018



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ...Pedro Póvoa.....

AFFILIATION: NOVA Medical School, CEDOC, New University of Lisbon; Polyvalent Intensive Care Unit, Hospital de São Francisco Xavier, CHLO, Lisbon, Portugal

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### **DISCLOSURE**

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Orionpharma, Pfizer, Fresenius-Kabi

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

*Pedro Póvoa*

Date:

*17/05/2018*



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : WATERS Joost, MD, PhD

AFFILIATION: MEDICAL ICU, UZ LEUVEN, BELGIUM

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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

Pfizer / MSD / Janssen

Signature: 

Date: 28/5/2018





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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Melania ISTRATE

AFFILIATION: European Society of Intensive Care Medicine

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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: March 5, 2018