



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 : ...ARMAND GIRBES...

AFFILIATION: ...AMSTERDAM UMC, UNIVERSITY MEDICAL CENTERS...

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: 12/11/2018



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(to be completed by scientific/organising committee members)

NAME : ...Souweine Bertrand...

AFFILIATION: Service de Réanimation Médicale, CHU de Clermont-Ferrand, Clermont-Ferrand, France.

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 2018 12 03



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NAME : ...ICHAI Carole.....

AFFILIATION: ...Professor of Anesthesiology & ICU, University Hospital of Nice (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:

Receipt of honoraria or consultation fees:

Baxter, Fresenius, BBraun

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 27/11/2018



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(to be completed by scientific/organising committee members)

NAME : VELLY Lionel

AFFILIATION: *Aix Marseille University, CHU Timone, Department of Anesthesiology and Critical Care Medicine, Marseille, 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:

Baxter, Medtronic

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 20/11/2018



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(to be completed by scientific/organising committee members)

NAME: Prof Lui G Forni

AFFILIATION: Royal Surrey County Hospital NHS Foundation Trust

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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:

Baxter Renal, La Jolla Pharmaceuticals, Ortho Clinical Diagnostics

Receipt of honoraria or consultation fees:

Baxter Renal, La Jolla Pharmaceuticals, Ortho Clinical Diagnostics, Astute Medical, Fresenius, Medibeacon

Signature:

Date: 4.12.2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...MAURIZIO...CECCONI

AFFILIATION: ...HUMANITAS...RESEARCH HOSPITAL

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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:

Edwards Lifesciences
Cheetah Directed System

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: