

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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Conflict of Interest Disclosure Form

(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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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: 2018 12 03



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

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

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

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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:

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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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: P² Catherine PAUGAN-BURTZ

AFFILIATION: Hôpital Beaugrenon

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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):

Signature:

Date: 30/11/18

UEMS_{asbl} – Union Européenne des Médecins Spécialistes

IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Claire FRANCOZ.....

AFFILIATION:Hepatology, Hoptial Beaujon.....

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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):

Signature:

Date: 18/12/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Claudio Ronco

AFFILIATION: University of Padova.....

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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:

Astute Medical, OCD, Biomerieux

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 20.11.2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Eric Hoste.....

AFFILIATION:Ghent University Hospital, Ghent University, Ghent, Belgium.....

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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: Bellco

Receipt of honoraria or consultation fees: Bioporto,
AMPharma, Alexion

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 20 Nov 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Frédérique Schortgen.....

AFFILIATION: ...ICU of centre hospitalier intercommunal de créteil 94 000 Créteil
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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 21/11/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : JACQUES DURANTEAU

AFFILIATION: KREMLIN-BICETRE, PARIS

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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:

Date: 30/11/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :John Kellum, MD.....

AFFILIATION:University of Pittsburgh.....

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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:

Baxter, Astute Medical, RenalSense

Receipt of honoraria or consultation fees:

Baxter, NxStage, Astute Medical

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *John A. Kellum, MD*

Date: November 25, 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dr John Prowle.....

AFFILIATION: ...Queen Mary University of London & Barts Health NHS Trust.....

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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:

Nikkiso Europe GmbH

Receipt of honoraria or consultation fees:

Nikkiso Europe GmbH

Medibeacon Inc

Quark Pharm Inc

Participation in a company sponsored speaker's bureau:

Nikkiso Europe GmbH

Baxter Inc

Fresenius Medical Care AG & Co.

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: 21-1-1-18



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : JOZEF KESECIUGLU

AFFILIATION: University Medical Centre, Utrecht

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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:

Xenios

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Honorarium for presentation performed

Signature:

Date: 03/12/2018



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :J Wendon

AFFILIATION:Kings college 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

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:

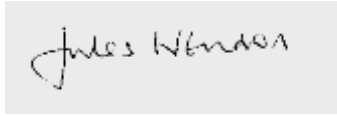
Spouse/partner:

Other support (please specify): advive provided to Excalenz
and previously Pulsion

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Signature:

A rectangular box containing a handwritten signature in black ink that reads "Jules Wéber".

Date: 2/12/18



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 : VELLY Lionel

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

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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:

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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Conflict of Interest Disclosure Form

(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 : Marlies Ostermann

AFFILIATION: Guy's & St Thomas' Hospital London

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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:	Fresenius Medical
Receipt of honoraria or consultation fees:	Fresenius Medical Nikkiso
Participation in a company sponsored speaker's bureau:	Fresenius Medical Baxter
Stock shareholder:	Not applicable
Spouse/partner:	Not applicable
Other support (please specify):	

Signature:

Date: 1st December 2018



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :BERGER Mette.....

AFFILIATION:Lausanne University Hospital - CHUV

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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:

Unrestricted grant Fresenius Kabi international

Receipt of honoraria or consultation fees:

FK Intern, Baxter, Nestlé

Participation in a company sponsored speaker's bureau:

none

Stock shareholder:

none

Spouse/partner:

none

Other support (please specify):

none

Signature:

Date: Lausanne 20 nov 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Michael Joannidis, MD.....

AFFILIATION: Medical University Innsbruck, Division of Intensive Care and Emergency Medicine,
Dept. Medicine

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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:

Fresenius

Receipt of honoraria or consultation fees:

Baxter, Fresenius, CLS Behring, Pfizer, Orion
Pharma, AM Pharma, Astute, Braun

Participation in a company sponsored speaker's bureau:

no

Stock shareholder:

no

Spouse/partner:

no

Other support (please specify):

no

Signature:

Date: 03.12.2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : JOANNES-BOYAU Olivier....

AFFILIATION: ...University Hospital of Bordeaux....

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

BAXTER and BBRAUN

Receipt of honoraria or consultation fees:

BAXTER and BBRAUN

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 21/11/2018



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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T + 32 2 649 51 64 - F + 32 2 640 37 30

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Richard MOREAU...

AFFILIATION: Centre de Recherche sur l'Inflammation (CRI), Inserm, Université Paris Diderot, et Cnrs

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: December 13, 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : LESCOT

AFFILIATION: APHP (Paris) & Sorbonne University

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

BAXTER

Receipt of honoraria or consultation fees:

BAXTER / FRESENIUS / NESTLE

Participation in a company sponsored speaker's bureau:

BAXTER / FRESENIUS

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: November 30th 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : R. NNECE

AFFILIATION: Anesthesiology and Intensive Care Medicine - LYON EDOUARD HOSPITAL FRANCE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: _____

BAXTER - FRESenius.

Receipt of honoraria or consultation fees: _____

BAXTER / Fresenius / Médicaments Biométrieux

Participation in a company sponsored speaker's bureau: Ø

Stock shareholder: Ø

Spouse/partner: Ø

Other support (please specify): Ø

Signature:

Date:

22/11/2018.



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Tony WHITEHOUSE.....

AFFILIATION: ...Consultant Critical Care and Anaesthesia, Queen Elizabeth Hospital, Birmingham
UK.....

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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:

NIHR Efficacy and Mechanism Evaluation for STRESS-L (ISRCTN12600919 EudraCT: 2017-001785-14)

Receipt of honoraria or consultation fees:

Consultant to Smiths-Medical on Tracheostomies

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Signature:

A handwritten signature in black ink that reads "Tony White". The signature is written in a cursive style with a large initial 'T'.

Date: 3rd December 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Valentin Fehrenmann

AFFILIATION: Hamburg / Frankfurt, Germany

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Gambro, Keros Wash, CSL Behring Fresenius

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Ful

Date:

20/11/2018