

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 GIBBES

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 : ...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



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Chairat Permpikul.....

AFFILIATION: Department of Medicine Siriraj Hospital Mahidol University Bangkok Thailand.....

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:

Chairat Permpikul

Date: December 23, 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 : ...Cheng-Chung Fang.....

AFFILIATION: National Taiwan 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: Jan. 19th, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Chien-Hua Huang

AFFILIATION: National Taiwan 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:

Chien-Hua Huang

Date:

2019.1.18



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Wai-Man Choi

AFFILIATION:

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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:

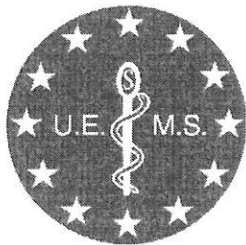
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 2019-1-16



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Chong-Jen Yu

AFFILIATION: National Taiwan University 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:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date:

18 Jan 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...De Backer.....Daniel.....

AFFILIATION: ...CHIREC hospital.....

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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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: Jan 13, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :David Ku.....

AFFILIATION:Monash Health, Melbourne, Victoria. ANZICS

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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: 20 / 12 / 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Diederik Gommers

AFFILIATION: Erasmus Medical Center, Rotterdam, The Netherlands

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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:

Travel expenses and honoraria from Draeger GmbH, GE Healthcare, Maquet

Participation in a company sponsored speaker's bureau:

-

Stock shareholder:

-

Spouse/partner:

-

Other support (please specify):

Medial advisory board of Xenios GmbH

Signature:

Date: 02-jan-2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ELIE AZOULAY

AFFILIATION: APHP

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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:

MSD AVENIR

Receipt of honoraria or consultation fees:

GILEAD MSD ABLYNX ALEXION BAXTER

Participation in a company sponsored speaker's bureau:

GILEAD BUT >3Y AGO

Stock shareholder:

NO

Spouse/partner:

Other support (please specify):

Signature:

Date: JANUARY 11 2019



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Gavin M Joynt

AFFILIATION:The Chinese University of Hong Kong.....

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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:

Basic Steering Committee Member

Unrestricted Educational Grants to BASIC Collaboration

Maquet, Draeger, Hamilton Medical

Receipt of honoraria or consultation fees:

N/A

Participation in a company sponsored speaker's bureau:

N/A

Stock shareholder:

N/A

Spouse/partner:

N/A

Other support (please specify):

Signature:

Date:

8/January 2019



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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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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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:	Draeger Medical
Receipt of honoraria or consultation fees:	Dimar SRL
Participation in a company sponsored speaker's bureau:	Draeger Medical, Intersurgical, Ge Healthcare, Getinge
Stock shareholder:	ReviewerCredits SRL
Spouse/partner:	
Other support (please specify):	

Signature:

Date:

15/1/19

UEMS_{eu} – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Ho Geol Ryu

AFFILIATION: Seoul National University Hospital

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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:

Zoll, Pfizer

Receipt of honoraria or consultation fees:

Pfizer

Participation in a company sponsored speaker's bureau:

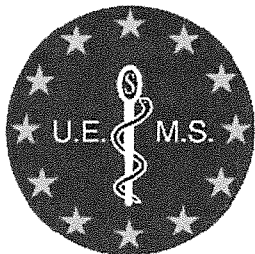
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: Dec 19, 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 : JACQUES DURANTEAU

AFFILIATION: KREMLIN-BICETRE, PARIS

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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: 30/11/2018



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : JAN DE WAELE

AFFILIATION: 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):

BAYER HEALTH CARE, MSD,
PFIZER, ACCELERATE DIAGNOS-
TICS, GRIFOLS.
(HONORARIUM PAID TO
INSTITUTION)

Signature:

Date:

12 DEC 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 : MASSIMO ANTONELLI

AFFILIATION: Univ. Cattolica del Sacro Cuore

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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:

Dec. 18, 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 : ...JEAN-LOUIS TEBOUL

AFFILIATION: ...CHU BICETRE

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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: NO

Receipt of honoraria or consultation fees: YES

Participation in a company sponsored speaker's bureau: YES

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify): /

PULSION MEDICAL SYSTEM
GETINGE

Signature:

Date:

12/12/2018



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Jeffrey Lipman

AFFILIATION: The University of Queensland

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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:

MSD

Receipt of honoraria or consultation fees:

Pfizer

Participation in a company sponsored speaker's bureau:

MSD, Pfizer

Signature:

Date: 19th December 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : JOZEF KESECI OGLU

AFFILIATION: University Medical Centre, Utrecht

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:

Xenios

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

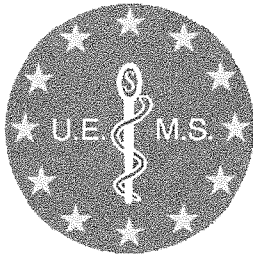
Spouse/partner:

Other support (please specify):

Honorarium for presentation performed

Signature:

Date: 03/12/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : KJETIL SUNDE
AFFILIATION : CHAIR TEM

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:

STRYKER (MECHANICAL CPR) 2017

Receipt of honoraria or consultation fees:

BARD MEDICAL (TAM Equipment) 2016, 2019

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

12/11-18



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Kuo-Chin Kao

AFFILIATION: Department of Thoracic Medicine, Chang Gung Memorial Hospital, Linkou, Taiwan

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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:

Kuo-chin Kao

Date:

19-Dec-2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Ling Liu.....

AFFILIATION: ...Department of Critical Care Medicine, Zhongda Hospital, School of Medicine, Southeast University....

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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: ling liu

Date: 2018-12-20



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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



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Masamitsu Sanui

AFFILIATION: Jichi Medical University Saitama Medical Center

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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:

MDS CO.,LTD.

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 12/21/18



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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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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:

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:



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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

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:

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 : ...Michelle Chew

AFFILIATION:Linköping University 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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 8 Jan 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Ming-Hsien Lin

AFFILIATION: National Taiwan University Hospital, HsinChu Br.....

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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: Ming-Hsien Lin

Date: 2018/12/24



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Mohd Basri MAT-NOR

AFFILIATION: International Islamic University Malaysia

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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:

Nestle Health Science, GE Healthcare

Receipt of honoraria or consultation fees:

Nestle Health Science Malaysia, Medtronic

Participation in a company sponsored speaker's bureau:

Grifols

Stock shareholder:

-

Spouse/partner:

-

Other support (please specify):

-

Signature:

Date: 24-12-2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Moritoki Egi

AFFILIATION: Department of anesthesiology, Kobe University Hospital

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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:

n.a.

Receipt of honoraria or consultation fees:

n.a.

Participation in a company sponsored speaker's bureau:

n.a.

Stock shareholder:

n.a.

Spouse/partner:

n.a.

Other support (please specify):

n.a.

Signature:

Date:

18/Dec/2018.

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Nicole Juffermans.....

AFFILIATION:University Medical Center Amsterdam.....

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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:

FP7 European grant for research of trauma related coagulopathy

National blood bank research support for measurement of mitochondrial PO2 as a transfusion trigger and an apheresis device to reduce bacterial load during sepsis

National military blood bank support for research with frozen platelet products

Receipt of honoraria or consultation fees:

for the Dutch advisory board for the use of Andexanet

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Association internationale sans but lucratif – International non-profit organisation

for advice on visco elastic measurements from Werfen B.V.

Participation in a company sponsored speaker's bureau: no

Stock shareholder: no

Spouse/partner: no

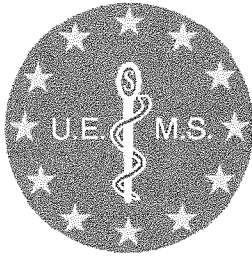
Other support (please specify):

Signature:



Date:

18-12-18



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

(to be completed by scientific/organising committee members)

NAME : RICARD FERRELL

AFFILIATION : CHAIR SIS / HEAD ICU VALL D'ALBON

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:

HSD / Pfizer / Farma / Bifols

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

12/NOV/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Asst. Prof. SAHADOL POONYATHAWON MD

AFFILIATION: Department of Anesthesiology, Faculty of Medicine Chulalongkorn University,
Bangkok, Thailand

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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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 9 January 2019



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 : Sharon Einav

AFFILIATION: Shaare Zedek Medical Centre and Hebrew University Faculty of Medicine

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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:	Artisanpharma, Eisai, Astra-Zeneca
Receipt of honoraria or consultation fees:	None
Participation in a company sponsored speaker's bureau:	Medtronics, Zoll, Fisher&Paykel, Diasorin
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	Patents with Medtronics

Signature:

Date: 18-12-2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Professor Sheila Nainan Myatra

**AFFILIATION: Department of Anaesthesiology, Critical Care and Pain,
Tata Memorial Hospital, Mumbai, INDIA**

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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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 18th December 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Huang, Shu-chien.....

AFFILIATION:National Taiwan 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: Huang, Shu-chien

Date: 2019/1/9



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...So Sheung On.....

AFFILIATION: ...Hong Kong Society of Critical Care Medicine.....

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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):

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Association internationale sans but lucratif – International non-profit organisation

Signature:

A handwritten signature in black ink, consisting of a series of loops and a final horizontal stroke.

Date: 27/12/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : DR SUBHAL DIXIT

AFFILIATION: DIRECTOR, CRITICAL CARE , SANJEEVAN & MJM HOSPITAL , PUNE , INDIA

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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:

26/12/18



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Sungwon Na.....

AFFILIATION: ...Yonsei University College of Medicine, Seoul, Korea.....

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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):

**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, appearing to be 'J. A. G.', written over a light blue horizontal line.

Date: Jan 9th, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Wei-Chun Huang

AFFILIATION : Kaohsiung Veterans General 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:

Wei-Chun Huang

Date:

19th Dec 2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dr YAN Wing Wa

AFFILIATION: Pamela Youde Nethersole Eastern Hospital, Hong Kong SAR, China

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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:

19.12.2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : DR. YATIN MEHTA

AFFILIATION: MEDANTA THE MEDICITY

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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: 20/12/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Yi Yang.....

AFFILIATION:Zhongda Hospital, School of Medicine, Southeast University.....

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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: Yi Yang

Date: 8th Jan. 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Yu-Chang Yeh.....

AFFILIATION:National Taiwan University Hospital.....

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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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 2018.12.19



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Adrian Wong.....

AFFILIATION:King's College Hospital, London.....

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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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

GE, Philips

Stock shareholder:

Spouse/partner:

Other support (please specify):

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Signature:



Date: 18/12/2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Can Ince

AFFILIATION: Dept of Intensive Care, Erasmus Medical Center Rotterdam The Netherlands

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:

Fresenius Kabi, Cytosorb, Prolong, LaJolla Pharmaceuticals

Receipt of honoraria or consultation fees:

Fresenius Kabi, Cytosorb, LaJolla Pharmaceuticals

Participation in a company sponsored speaker's bureau:

Fresenius Kabi, Cytosorb,

Stock shareholder:

None except my own consultancy bureau
Active Medical BV

Spouse/partner:

none

Other support (please specify):

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

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I run an internet site called <https://microcirculationacademy.org>
which offers service and educational course related to clinical
microcirculation

A handwritten signature in black ink on a white background. The signature is stylized, starting with a large 'S' and ending with a flourish. The name 'Samir' is clearly legible.

Signature

Date: 22 feb 2019