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Institution of the UEMS$_{aisbl}$

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Lennie Derde

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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: 07.05.2019

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

Signature: **Date: 07.05.2019**

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NAME: PETER PICKKERS

AFFILIATION: RADBOUD UMC NIJMEGEN, THE NETHERLANDS

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NAME: JAN DE WAELE

AFFILIATION: GHENT UNIVERSITY, BELGIUM.

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	RESEARCH FOUNDATION FLANDERS.
Receipt of honoraria or consultation fees:	ACCELERATE; BAYER; GRIFFOLS; MSD.
Participation in a company sponsored speaker's bureau:	(HONORARIUM PAID TO INSTITUTION).
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date: 07.05.2019**

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NAME: PIETER DEPUYDT

AFFILIATION: GHENT UNIVERSITY HOSPITAL

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NAME: Sakr, Yasser
AFFILIATION: Uniklinikum Jena, Germany

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NAME: Pedro Póvoa

AFFILIATION: UCIP/Hospital São Francisco Xavier/CHLO NOVA Medical School/New University of Lisbon

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Vinogots; thermo Fisher
Receipt of honoraria or consultation fees:	Pfizer, MSD
Participation in a company sponsored speaker's bureau:	Orion
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Pedro Póvoa

Date: 07.05.2019

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NAME: Nathan D. Nielsen, M.D.

AFFILIATION: Tulane School of Medicine, New Orleans, USA

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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):	

Signature: Nathan D. Nielsen, MD **Date: 07.05.2019**