Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: PiQUiLLouD LiSE

AFFILIATION: ADULT INTENSIVE CARE AND BURN UNIT, UNIVERSITY HOSPITAL OF LAUSANNE, LAUSANNE, SWITZERLAND

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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: | HAMilton, GETinge Speaker fees
Receipt of honoraria or consultation fees: | for industry sponsored symposia
Participation in a company sponsored speaker's bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Signature: Date: 17.06.2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Jodi Francis
AFFILIATION: Hospital St. Paul

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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 (3 last years)

☐ 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:                          Medtronic, Farion
Receipt of honoraria or consultation fees:                    
Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Signature: [Signature]                                      Date: 17.06.2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: dr. Kluyskens
AFFILIATION: UMC

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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: | Venta, Orion Pharma
Receipt of honoraria or consultation fees: |
Participation in a company sponsored speaker’s bureau: |
Stock shareholder: |
Spouse/partner: |
Other support (please specify): |

Signature: |
Date: 17.06.2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ELENA SPINEU

AFFILIATION: OSPEDALE MAGGIORE POLICLINICO MILANO

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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: 17.06.2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Toro
to Mue

AFFILIATION: University of Leeds

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**DISCLOSURE**

- [ ] I have no potential conflict of interest to report
- [x] I have the following potential conflict(s) of interest to report

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<th>Type of affiliation / financial interest</th>
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<td>Other support (please specify):</td>
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Signature: [Signature] Date: 17.06.2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: DEMOUL
AFFILIATION:

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Signature: [Signature]   Date: 17.06.2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Annemijn Jonckman

AFFILIATION:

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Signature: [Signature]

Date: 17.06.2019

UEMSaisbl – Union Européenne des Médecins Spécialistes | Avenue de la Couronne 20, BE-1050 Brussels
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Claude

Affiliation:

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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
  - Receipt of grants/research support:
  - 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: B. Bröker

Signature: [Signature]

Date: 17.06.2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: D. Gommers

AFFILIATION: Prof.

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Type of affiliation / financial interest

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Signature: [Signature]

Date: 17.06.2019
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: JEAN-DANIEL CHICHE

AFFILIATION:

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DISCLOSURE

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Date: 17.06.2019