



**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> - accrreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Tom Barnes

AFFILIATION: University of Greenwich / Science and Technology Solutions

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 re-imbusement 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:

Fisher and Paykel Healthcare

Ventinova Medical


Fisher and Paykel Healthcare

Science and Technology Solutions Ltd.

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

Association internationale sans but lucratif - International non-profit organisation

Other support (please specify):

Signature: 

Date: 25th October 2019.



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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 : Rinaldo Bellomo

AFFILIATION: Melbourne 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: Baxter; CSL Behring

Receipt of honoraria or consultation fees: Baxter; BBraun

Participation in a company sponsored speaker's bureau: No

Stock shareholder: No

Spouse/partner: No

Other support (please specify): No

Signature:

Date: Oct 18, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Didier Dreyfuss

AFFILIATION: Université Paris-Diderot

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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: Didier Dreyfuss

Date: 24/10/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Frantisek DUSKA

AFFILIATION: Associate Professor of Anaesthesia and Intensive Care Medicine at FNKV University Hospital in Prague; Czech Republic

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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: Oct 18, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Paul WG Elbers, MD, PhD, EDIC

AFFILIATION: Amsterdam UMC

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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):

Editor and publisher of Stewart's Textbook of Acid-Base

Signature:

Date: 24 October 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Luciano Gattinoni

AFFILIATION: Department of Anesthesiology and Critical Care Medicine, University of Göttingen

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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: Estor

Receipt of honoraria or consultation fees: Masimo, General
Electrics, Sidam

Participation in a company sponsored speaker's bureau:
Takeda

Stock shareholder:

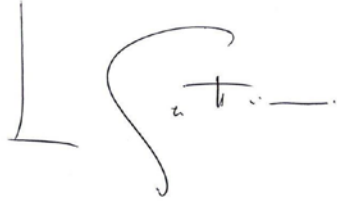
Spouse/partner:

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, consisting of a large, stylized 'L' shape on the left, followed by a curved line that loops back to the left, and then a horizontal line with a small vertical tick mark and a dot at the end.

Date: 17 October 2019



**EUROPEAN UNION OF MEDICAL
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : GIRBES, Armand

AFFILIATION: Amsterdam UMC - VUmc

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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):

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

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Signature:

Date: October 23, 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 : Leo Heunks.....

AFFILIATION: Amsterdam UMC, location VUmc

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 the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Liberate Medical, USA Orion Pharma, Finland
Receipt of honoraria or consultation fees:	Liberate Medical, USA Getinge, Sweden
Participation in a company sponsored speaker's bureau:	N/A
Stock shareholder:	N/A
Spouse/partner:	No COI
Other support (please specify):	N/A

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

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Signature:

A handwritten signature in black ink, appearing to be a stylized 'H' or similar character, is placed over a light gray rectangular background.

Date: October 27th 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 : KATEŘINA JIROUTKOVÁ, MD, Ph.D.

AFFILIATION: ESICM

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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:

K. Jirotková

Date:

25.10.2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof.dr. Jozef Kesecioglu

AFFILIATION: University Medical Centre Utrecht

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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:

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

Association internationale sans but lucratif – International non-profit organisation

Stock shareholder:

Spouse/partner:

Other support (please specify):

A handwritten signature in blue ink, consisting of several overlapping, fluid strokes that form a complex, abstract shape. The signature is positioned to the left of the date field.

Date: 22nd October 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 :Marco Maggiorini.....

AFFILIATION: ...University Hospital Zürich.....

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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: 18.10.2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Susanna Price

AFFILIATION: Consultant Cardiologist & Intensivist, Royal Brompton Hospital | Professor of Practice (cardiology and intensive care), Imperial College, 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):

Signature:

Date: 04/11/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Mervyn Singer

AFFILIATION: University College London, London, United Kingdom

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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: Mervyn Singer

Date: 07/11/2019



EUROPEAN UNION OF MEDICAL
SPECIALISTS
The European Accreditation
Council for
Continuing Medical Education –
EACCME®

Institution of the UEMS_{aisbl}

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www.eaccme.eu

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F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ELENA SPINELLI

AFFILIATION: OSPEDALE MAGGIORE POLICLINICO MILAN

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 re-imbursment 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: 21.10.2019



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

(to be completed by scientific/organising committee members)

NAME : Vladimir Sramek, MD, Ph.D.

AFFILIATION: ICU, St. Annas University Hospital of Masaryk University, Brno, CZ

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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:

Fresenius Kabi

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 18 OCT 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 : ...Jukka Takala.....

AFFILIATION: University of Bern.....

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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: 18/10/2019



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

(to be completed by scientific/organising committee members)

NAME : Niels Van Regenmortel

AFFILIATION: UZA

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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: Niels Van Regenmortel

Date: 04/11/2019



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

(to be completed by scientific/organising committee members)

NAME : Prof Antoine VIEILLARD - BARON

AFFILIATION: University Hospital Ambroise Paré, APHP, 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

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):

Name of commercial company

GS VI

Signature:

Date:

October 26th, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Heder de Vries

AFFILIATION: Amsterdam UMC, location VUmc

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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: Research grant	from Amsterdam Cardiovascular Sciences
Receipt of honoraria or consultation fees: Speaker fees and travel fees	Chinese Rehabilitation Society, European Society of Intensive Care Medicine
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

A handwritten signature in black ink, appearing to be 'S. Lee', with a long horizontal stroke extending to the right.

Signature:

Date: 25-1-2020, Amsterdam



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Nick Mlcek

AFFILIATION: Charles University, First Faculty of Medicine

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:

Linet

Receipt of honoraria or consultation fees:

Linet

Participation in a company sponsored speaker's bureau:

Linet

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 2.2.2020