



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 : Antonio Artigas.....

AFFILIATION: ...Corporacion Sanitaria Universitaria Parc Tauli.....

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:Grifols , Fisher& Paykel

Receipt of honoraria or consultation fees:Grifols

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:

Date: 18 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 : ASEHNOUNE Karim

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: Pr K.ASEHNOUNE

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 21.10.2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Lieuwe Bos.....

AFFILIATION:Amsterdam UMC, location AMC.....

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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: 24 October 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Janette Brohan.....

AFFILIATION: Cork 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: Janette Brohan

Date:24/11/19



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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, Directed Systems,
Cheetah Medical

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 30/10/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Jean Chastre.....

AFFILIATION: ...AP-HP Sorbonne Université.....

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DISCLOSURE

☐ I have no potential conflict of interest to report

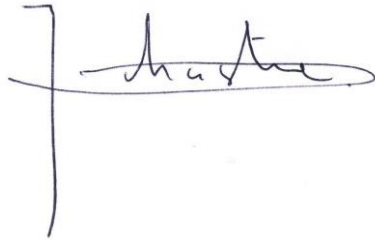
☒ I have the following potential conflict(s) of interest to report:

JC has received honoraria for lectures, or for participating in advisory boards or DSMB committee from Accelerate Diagnostics, AstraZeneca/Medimmune, Bayer, Cubist/Merck, Inotrem, Kenta/Aridis, Pfizer, Shionogi and Tigenix/Takeda

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	None
Receipt of honoraria or consultation fees:	See above
Participation in a company sponsored speaker's bureau:	None
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	None

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

A handwritten signature in black ink, consisting of a vertical line on the left and a series of loops and strokes on the right.

Signature:

Date: 18 October, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Frances Colreavy

AFFILIATION: Mater Misericordiae Hospital Dublin, Ireland

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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 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

Merck Sharpe & Dohme provide educational grants for Echocardiography Training at the Mater Hospital, Dublin

Signature: DR. FRANCES COLREAVY

Date: November 14th 2019



**EUROPEAN UNION OF MEDICAL
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Gerard Curley.....

AFFILIATION: ...Royal College of Surgeons in Ireland.....

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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: United States
Department of Defence Discovery Award; Cynata
Therapeutics – RCSI Seed Fund Award, Health Research
Board (Ireland) Definitive Intervention Feasibility Award
(Collaborator)

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:


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EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Spouse/partner:

Other support (please specify):

Signature:

A handwritten signature in black ink, appearing to read "Gerard Cuskey", is written over a horizontal line.

Date: October 24th 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 : Jan DE WAELE

AFFILIATION: Dept. of Critical Care Medicine, Ghent University Hospital, Ghent, Belgium

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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:

Grifols, MSD, Pfizer, Bayer Healthcare, and Accelerate (honorarium paid to institution).

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 18OCT2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Lennie Derde.....

AFFILIATION: UMC 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:

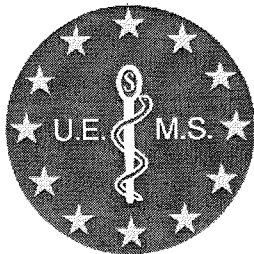
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 23 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 : Marcia Daniels

AFFILIATION : Tallaght 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:

Marcia Daniels

Date:

24/10/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Ari Ercole

AFFILIATION: University of Cambridge

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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 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 : ARABOLUA FATHY

AFFILIATION: TALLAGHT UNIVERSITY HOSPITAL, DUBLIN

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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:

5/11/2019



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

(to be completed by scientific/organising committee members)

NAME : Luís Filipe Ferreira Moita

AFFILIATION: Instituto Gulbenkian de Ciência, Oeiras, Portugal

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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: December 8th, 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 :Ricard Ferrer.....

AFFILIATION:Hospital Vall d'Hebron.....

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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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Thermofisher

Receipt of honoraria or consultation fees:

MSD, Shionogi, Pfizer, BD

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Grifols

Spouse/partner:

Other support (please specify):

Signature:

Date: 24/10/2019



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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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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):

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

Association internationale sans but lucratif – International non-profit organisation



Signature:

Date: October 23, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Prof. Steve Kerrigan.....

AFFILIATION: ...Royal College of Surgeons in Ireland.....

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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:

02nd Nov '19



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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 loops and strokes, positioned to the left of the date.

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 : JOHN LAFFEY.....

AFFILIATION: National University of Ireland Galway, Ireland.....

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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

Baxter Healthcare

Baxter Healthcare

Cala Medical

N/A

N/A

N/A

N/A

Signature:

Date: October 18, 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Brian Marsh.....

AFFILIATION:Consultant in Intensive Care Medicine, Mater Hospital, Dublin, Ireland

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DISCLOSURE

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Signature:

Date: 18th November 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : IGNACIO MARTIN-LOECHES

AFFILIATION: TRINITY COLLEGE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

MSD

Receipt of honoraria or consultation fees:

MSD, ACCELERATE, GILEAD, MENARINI

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 1 NOV 2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Catherine Motherway.....

AFFILIATION: Intensive Care Society of Ireland.....

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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: 24/10/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : RAMON NOGUÉ

AFFILIATION: SCHOOL OF MEDICINE. UNIVERSITY OF LLEIDA. SPAIN

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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:

Date: 18/10/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Olusegun Olusanya.....

AFFILIATION:Barts Heart Centre, London.....

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

GE, Sonosite

Receipt of honoraria or consultation fees: x

Participation in a company sponsored speaker's bureau: x

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 stylized 'J' followed by a series of loops and a large 'X' at the end.

Date: 14/11/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Pedro Pova.....

AFFILIATION: ... NOVA Medical School, New University of Lisbon, Portugal. Center for Clinical Epidemiology and Research Unit of Clinical Epidemiology, OUH Odense University Hospital, Denmark. Polyvalent Intensive Care Unit, Hospital de São Francisco Xavier, CHLO

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Orion, Pfizer

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Pedro Pova

Date:

18/10/2019



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof Antoine VIELLARD-BARON

AFFILIATION: University Hospital Ambroise Paré, APHP, France

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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 V

Signature:

Date:

October 24th, 2019