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

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<tr>
<th>Type of affiliation/financial interest</th>
<th>Name of commercial company</th>
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<td>Receipt of grants/research supports:</td>
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<td>speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>
Signature:
Date: 18 October 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ASEHNOUNE Karim

AFFILIATION: ........................................................

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.

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Signature: ..............................................................
Date: 21.10.2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Lieve Bos.......  
AFFILIATION: ......Amsterdam UMC, location AMC.......  

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**

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<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 24 October 2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Janette Brohan

AFFILIATION: Cork University Hospital

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.

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</table>

Signature: Janette Brohan       Date: 24/11/19
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Maurizio Cecconi

AFFILIATION: Humanitas Research Hospital

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.

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Signature: [Signature]

Date: 30/10/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Jean Chastre

AFFILIATION: AP-HP Sorbonne Université

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:

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

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</table>
Signature:               Date: 18 October, 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Frances Colreavy

AFFILIATION: Mater Misericordiae Hospital Dublin, Ireland

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:

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

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Dr. Frances Colreavy

Date: November 14th 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : …Gerard Curley……………………………………….

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

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-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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<td>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)</td>
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<td>Stock shareholder:</td>
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Spouse/partner:

Other support (please specify):

Signature:    Date: October 24th 2019
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

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

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 18OCT2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Lennie Derde
AFFILIATION: UMC 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.

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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):

Signature: ___________________________ Date: 23 October 2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Manuel Gonzalez

AFFILIATION: Tallaght University Hospital

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)s”, 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.

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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

Signature: Manuel Gonzalez

Date: 24/10/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Ari Ercole

AFFILIATION: University of Cambridge

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**

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Signature: ___________________________ Date: 18th October 2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ARAACUNI GAITY

AFFILIATION: TALLAGHT UNIVERSITY HOSPITAL, DUBLIN

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)s“, 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.

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Signature: [Signature]

Date: 5/11/2019
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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Signature: ____________________________  Date: December 8th, 2019
Conflic of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: .......Ricard Ferrer...........................................

AFFILIATION: ...........Hospital Vall d’Hebron..........................

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)s”, 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.

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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**

Thermofisher

MSD, Shionogi, Pfizer, BD

Grifols

Signature: ____________________________ Date: 24/10/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : GIRBES, Armand

AFFILIATION: Amsterdam UMC - 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.

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<td>Other support (please specify):</td>
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</table>
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

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

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

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.

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Signature: [Signature]
Date: 02nd Nov '19
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof.dr. Jozef Kesecioglu

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.

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Date: 22nd October 2019
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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<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>Baxter Healthcare</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
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<tr>
<td>Stock shareholder:</td>
<td>N/A</td>
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<tr>
<td>Spouse/partner:</td>
<td>N/A</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Signature: [Signature]

Date: October 18, 2019
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

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

Signature: __________________________ Date: 18th November 2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: IGNACIO MARTIN-LOECHES

AFFILIATION: TRINITY COLLEGE

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)s”, 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.

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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: 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
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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Signature: _____________________________ Date: 24/10/2019
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: RAMON NOGUÉ

AFFILIATION: SCHOOL OF MEDICINE. UNIVERSITY OF LLEIDA. SPAIN

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.

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Signature:                           Date: 18/10/2019
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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UEMS® – Union Européenne des Médecins Spécialistes
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Signature:  
Date: 14/11/2019
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...Pedro Povoa........................................

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:

Orion, Pfizer

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
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prof. Antoine LICHTARDER - BARAN
AFFILIATION: University Hospital of Liège, UH, Liege, Belgium

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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

Signature: [Signature]
Date: October 24, 2019

UEMS_asbl – Union Européenne des Médecins Spécialistes
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