

Signature:

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: Helmuth Haslacher

AFFILIATION: Medical University of Vienna

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

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:	Glock Health Science, BlueSky Immunotherapies, Neutrolis, WestMedica
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau	ı:
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Date: 11 April 2023



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: Michael Kiehntopf

AFFILIATION: Universitätsklinikum Jena

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:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 17 April 2023



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: PHJ Riegman

AFFILIATION: Erasmus MC, Pathology, Tissue Bank

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

 $\ensuremath{\square}$ 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: 11 April 2023

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848