

# The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

Date: 2021-06-09

RUE DE L'INDUSTRIE, 24 BE- 1040 BRUSSELS

www.eaccme.eu

T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.eu

### **Conflict of Interest Disclosure Form**

NAME: Andrea Wutte

Signature:

AFFILIATION: BBMRI-ERIC

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 rep | ort                        |
|   |                            |
| 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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### **Conflict of Interest Disclosure Form**

NAME: Jens K. Habermann

AFFILIATION: BBMRI-ERIC

Signature:

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| Stock shareholder:   |                            |  |
| Spouse/partner:  |                            |  |
| Other support (please specify):                                    |                            |  |
|  |                            |  |



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

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### **Conflict of Interest Disclosure Form**

NAME: Lukasz Kozera

AFFILIATION: BBMRI-ERIC

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|-------------|---|----------|-----------------------|
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| Participati | ion in a company sponsored speaker's bureau   | ı:       |                       |
| Stock shar  | reholder:   |          |                       |
| Spouse/pa   | artner:   |          |                       |
| Other sup   | port (please specify):  |          |                       |
| Signature:  | Juan Hour   | Date:    | 09.06.1021            |



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### **Conflict of Interest Disclosure Form**

NAME: Ulrike Rohrer

AFFILIATION: BBMRI-ERIC

Signature: *Ulríke Rohrer* 

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| Stock shareholder:   |                            |  |  |  |
| Spouse/partner:  |                            |  |  |  |
| Other support (please specify):                                    |                            |  |  |  |
|  |                            |  |  |  |

Date: 9-Jun-2021