Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Helmut Haslacher

AFFILIATION: Medical University of Vienna

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 report

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
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<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></td>
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<tr>
<td>Spouse/partner:</td>
<td></td>
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<tr>
<td>Other support (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Signature: ____________________________ Date: 02.06.2021
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prfr.-Doz. Dr. Dr. Michael Klahntopf
UNIVERSITÄTSKLINIKUM JENA
AM KLINIKUM 1, 07747 JENA

AFFILIATION: Medizinische Universität Jena
Institut für Klinische Chemie und Laboratoriumsdiagnostik

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Spouse/partner:
Other support (please specify):

Signature: [Signature]
Date: 09.06.2021
Conflict of Interest Disclosure Form

NAME: Lukasz Kozera
AFFILIATION: BBMRI-ERIC

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Signature: ___________________ Date: 09.06.2021