# ★ ★ ★ ★ ★ ★ U.E. M.S. ★ ★ ★ ★

# **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: Christian Loewe

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			
	☐ 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:	ia or consultation fees:		
	Participation in a company sponsored speaker's bureau:	Speaker houorosium		
	Stock shareholder:	Speaker honorogina From: Bracco: GE Hoofthan Sieuneur		
	Spouse/partner:			
	Other support (please specify):			
Sig	gnature:	Date: 27/2/2025		

Water las



# **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: Valérie Vilgrain

Signature:

AFFILIATION: Hospital Beaujon

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**

have no potential conflict of interest to report ☐ I have the following potential conflict(s) of interest to report Name of commercial company 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): Ll 27.2025



# **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: Nuria Bargallo

AFFILIATION: Hospital Clinic Barcelona - University of Barcelona

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**

$ ot\!\!\!\!/$ I have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interest to re	port
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: 27/02/2075



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

Date: 27 FEB 2025

# **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: Koenraad Verstraete

AFFILIATION: Ghent 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.

## **DISCLOSURE**

I have no potential conflict of interest to report			
☐ I have the following potential conflict(s) of interest to report			
Type of affiliation / financ	ial interest	Name of commercial company	
Receipt of grants/research	supports:		
Receipt of honoraria or co	nsultation fees:		
Participation in a company sponsored speaker's bureau:			
Stock shareholder:			
Spouse/partner:			
Other support (please spec	cify):		

VERSTRATE



## **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 Fuchsjäger

**AFFILIATION: University Hospital Graz** 

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 re	port
		E
	Type of affiliation / financial interest	
	Receipt of grants/research supports:	Name of commercial company
	Receipt of honoraria or consultation fees:	Bracco (advisory board)
	Participation in a company sponsored speaker's bureau:	• Bayer (educational speaker)
100	a e	• BD (educational speaker)
		• Siemens (educational speaker)
	Stock shareholder:	3
	Spouse/partner:	*
	Other support (please specify):	
iį	gnature:	Date: 19/3/2075

UEMS<sub>aisbl</sub> – Union Européenne des Médecins Spécialistes IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VATn° BE 0469.067.848



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: Annemiek Snoeckx

AFFILIATION: University of Antwerp

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 interes	st to report
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports: The Stite	ncience Grant ling occerning uischen tetion the, MSB, Asond Zenera
Receipt of honoraria or consultation fees: / Roc	he, MSB, AsnaZenera
Participation in a company sponsored speaker's bure	eau: & Astra Zeneca
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
nature:	Date: 27-02-2025