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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : SILVIA ASANDI

AFFILIATION: ROMANIAN ANGEL APPEAL FOUNDATION

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

☑ 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: 01 October 2018

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Josip Begovac

AFFILIATION: School of Medicine University of Zagreb, Zagreb

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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:	ViiV
Receipt of honoraria or consultation fees:	ViiV, MSD, Gilead, Abbvie
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 20/10/2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof. Dr. med. Georg Behrens

AFFILIATION: Department of Clinical Immunology and Rheumatology Hannover Medical School, Carl-Neuberg-Str. 1, 30625 Hannover, Germany

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

☐ 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:	Gilead
Receipt of honoraria or consultation fees:	Gilead, ViiV, Janssen, Roche, MSD
Participation in a company sponsored speaker's bureau:	Gilead
Stock shareholder:	No
Spouse/partner:	No
Other support (please specify):	No

Signature: Behrens **Date:** 12.09.2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: DR SANJAY BHAGANI

AFFILIATION: ROYAL FREE HOSPITAL, LONDON

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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:	ABBVIE, GILEAD
Receipt of honoraria or consultation fees:	ABBVIE, GILEAD, ViiV
Participation in a company sponsored speaker's bureau:	ABBVIE, GILEAD
Stock shareholder:	NIL
Spouse/partner:	SPOUSE IS AN EMPLOYEE OF ABBVIE
Other support (please specify):	

Signature:  **Date:** 27 SEPT 2018

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Nikoloz Chkhartishvili

AFFILIATION: Infectious Diseases, AIDS and Clinical Immunology Research Center

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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 September 2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : CLUYECK Nathan

AFFILIATION: Saint-Pierre University Hospital, Brussels

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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:** 10/10/018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: MICHAEL JOHN GILL

AFFILIATION: UNIVERSITY OF CALGARY

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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:	AMGEN : THROUGH UNIVERSITY GRANT
Receipt of honoraria or consultation fees:	AD HOC MEMBER HIV AD BOARDS CANADA: GILEAD, MERCK, VIIV.
Participation in a company sponsored speaker's bureau:	NO
Stock shareholder:	NO
Spouse/partner:	NO
Other support (please specify):	NIL

Signature: MJGM **Date:** Sept 11 2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Deniz Göktepe

AFFILIATION: Ege University

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DISCLOSURE

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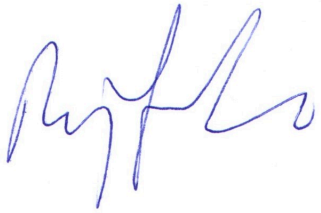
☑ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	Gilead, GSK, Abvie
Receipt of honoraria or consultation fees:	Gilead, MSD
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: September 27, 2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prof dr ANDRZEJ HORBAN

AFFILIATION: WARSAW MEDICAL UNIVERSITY & HOSPITAL OF INFECTIOUS DISEASES, WARSAW, POLAND

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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: 03.10.2018 r.

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : CHRISTINE KATLAMA

AFFILIATION: HOPITAL PITIÉ-SALPÉTRIÈRE

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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:	MSD, JANSSEN, JIJU HEALTHARE
Receipt of honoraria or consultation fees:	MSD, JANSSEN, JIJU HEALTHARE
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 10.10.2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Tetiana Koval

AFFILIATION: Ukrainian medical stomatological academy

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DISCLOSURE

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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: [signature]

Date: 25/09/2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Jens LUNDGREN

AFFILIATION: Rigshospitalet, University of Copenhagen

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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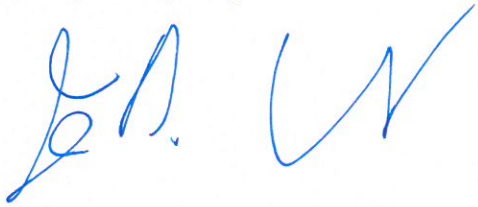
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 12 Sep 2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : MĂRĂȘESCU MARIANA

AFFILIATION: NATIONAL INSTITUTE FOR INFECTIOUS DISEASES "PROF. DR. M. BĂLȘ"

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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☑ 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:	ABBVIE, MEDA PHARMA S.R.L.
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 21.09.2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof Fiona Mulcahy

AFFILIATION: St James Hospital Dublin 8 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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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: Fiona Mulcahy **Date:** 17/9/18

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : CRISTINA MUSSINI

AFFILIATION: UNIVERSITY of MODENA AND REGGIO EMILIA

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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:	GILEAD, ViiV, Janssen, MSD
Receipt of honoraria or consultation fees:	GILEAD, ViiV, Abbvie, Angelini, BMS
Participation in a company sponsored speaker's bureau:	GILEAD
Stock shareholder:	/
Spouse/partner:	/
Other support (please specify):	/

Signature: [signature]

Date: 21/10/18

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : OPREA ANCA CRISTIANA

AFFILIATION: CAROL DAVILA UNIVERSITY OF MEDICINE AND PHARMACY, BUCHAREST, ROMANIA
ViCTOR BABES CLINICAL HOSPITAL FOR INFECTIOUS AND TROPICAL DISEASES, BUCHAREST

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Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	No
Receipt of honoraria or consultation fees:	ViiV, MSD, Abbvie
Participation in a company sponsored speaker's bureau:	Gilead
Stock shareholder:	No
Spouse/partner:	My spouse is Medical manager for liver diseases in a Romanian pharma company - Neola pharma
Other support (please specify):	

Signature: 

Date: 27.09.2018

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof. Alexander Panteleev

AFFILIATION: City TB Hospital St. Petersburg, Russia.
alpanteleev@gmail.com

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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: 20/09/2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Anastasia Pharris

AFFILIATION: ECDC

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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: 1/Oct/2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof Jürgen Rockstroh

AFFILIATION: University Hospital Bonn

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

☐ 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:	Abbott, Astra Merck, Gilead, Janssen, ViiV
Participation in a company sponsored speaker's bureau:	✓
Stock shareholder:	✓
Spouse/partner:	✓
Other support (please specify):	✓

Signature: J. Rockstroh **Date:** 17. Sep 2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr. Alex Schneider

AFFILIATION: Life4me.plus to fight AIDS, Hepatitis C and Tuberculosis

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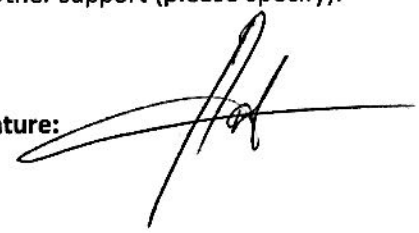
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 11.10.2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ADRIAN STRETIU - CERCEL

AFFILIATION: CAROL DAVILA UNIVERSITY of MEDICINE & PHARMACY
NATIONAL INSTITUTE FOR INFECTIOUS DISEASES Prof. Dr. MATEI BALS

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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:	ABBVIE, BMS, VIIV, MSD, GILEAD, PFIZER
Receipt of honoraria or consultation fees:	ABBVIE, BMS, VIIV, MSD, GILEAD, PFIZER
Participation in a company sponsored speaker's bureau:	NO
Stock shareholder:	NO
Spouse/partner:	NO
Other support (please specify):	NO

Signature: **Date:** 1st OCT 2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Mike Youle

AFFILIATION: Royal Free London Hospital

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DISCLOSURE

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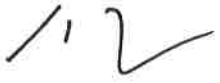
☑ I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	Gilead, ViiV
Receipt of honoraria or consultation fees:	Gilead ViiV Janssen
Participation in a company sponsored speaker's bureau:	No
Stock shareholder:	No
Spouse/partner:	No
Other support (please specify):	

Signature: 

Date: 15/9/18