★ ★ ★ ★ ★ U.E. M.S. ★ ★ ★

Signature:

NAME: SIWIA ASANDA

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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 $\underline{https://eaccme.uems.eu} - \underline{accreditation@uems.eu}$

Date: 01. 0 Arber 218

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

AFFILIATION: ROMANIAN ANGEL APP	PEAL 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 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):			



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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 repo	ort
$X\square$ I have the following potential conflict(s) of i	nterest 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):	
nature: Span	Date : 20/10/2018

* * * * * U.E. M.S. * * * *

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

(to be completed by scientific) organising committee membersy
NAME: No. Dr. med. Beorg Behrens AFFILIATION: Department of Clinical Immunology and Aharmotology Hannover Hedical School, Corl-Neuberg-Str. 1, 30625 Hannover 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: S. Cood Receipt of honoraria or consultation fees: G. Cood, Vil, Joinssen, Roche, 950 Participation in a company sponsored speaker's bureau: G. Cood
Participation in a company sponsored speaker's bureau: Theod
Stock shareholder: No
Spouse/partner: loo
Other support (please specify): No
Signature: 12.09.2018

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: DR VAN JAY BHAGANI

AFFILIATION: ROYAL FREE HOSPITAL, LONDON

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DISCLOSURE

☐ I have no potential conflict of interest to report

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, GILEND

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 Seft 2018



NAME:

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

AFFILIATION:	
In accordance with criterion 14 of document UEMS 2016/20 "EACCN Educational Events (LEEs)", all declarations of potential or actual conflict or other relationship, must be provided to the EACCME® upon submissions to be made readily available, either in printed form, with the protection of the LEE. Declarations must include whether any imbursement of expenses in relation to the LEE has been provided.	icts of interest, whether due to a financial ssion of the application. Declarations also gramme of the LEE, or on the website of
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):	
Signature:	Date:

★ ★ ★ ★ ★ ★ U.E. M.S. ★ ★ ★ ★

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: CLUTECK Nathan		
NAME: CLUPECK Nathan AFFILIATION: Saint Pierre Universita	j Hopital, Brussels	
In accordance with criterion 14 of document UEMS 2016/20 "EACCM Educational Events (LEEs)", all declarations of potential or actual conflict or other relationship, must be provided to the EACCME® upon submissemust be made readily available, either in printed form, with the progenthe organiser of the LEE. Declarations must include whether any feeling imbursement of expenses in relation to the LEE has been provided.	cts of interest, whether due to a financial sion of the application. Declarations also ramme of the LEE, or on the website of	
DISCLOSURE		
I have no potential conflict of interest to report		
☐ I have the following potential conflict(s) of interest to repo	rt	
Type of affiliation / financial interest	Name of commercial company	
Receipt of grants/research supports:		
Receipt of honoraria or consultation fees:	Ą	
Participation in a company sponsored speaker's bureau:		
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		

Signature:

Date

★ ★ ★ ★ ★ ★ U.E. M.S. ★ ★ ★

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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

	lacksquare I have no potential conflict of interest to re	port	
	☐ 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 G	: RAN
	Receipt of honoraria or consultation fees:	AD LICE MEMBER HIM IS OF IM	NADO
	Participation in a company sponsored speaker	r's bureau: No SILEAD, MERCH,	$V \cap V$
	Stock shareholder:	NO	
	Spouse/partner:	No	
	Other support (please specify):	\mathcal{N}_{I}	
Sig	nature:	Date: 50Nt 11 2018	

* * * * * U.E. M.S. * * * *

Signature:

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Date: September 27,2018

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:	Deniz	Golega
AFFILIATI	ON: Ege	University

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 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, Abrie	
Receipt of honoraria or consultation fees:	Gilead, MSD	
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

(to be completed by scientific/organising committee members)

NAME: Prof dr ANDRZEY HORBAN
NAME: Prof dr ANDRZEY HORBAN AFFILIATION: WARSALD HEDICAL UNIVERSITY & MOSPITAL OF INFECT
DISEASES WARSAW POLAND 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
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the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-
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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:

Signature:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Date: 03.10.2018v.

* * * * * U.E. M.S. * * * *

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(to be completed by scientific/organising committee members)

NAME: CRHISTINE KATLAMA

AFFILIATION: HOPITAL PITIE-SALPÉTRIERE

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DISCLOSURE

☐ I have no potential conflict of interest to report
☐ have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

TISD JANGEN, VIIV HEALTHARE

Receipt of honoraria or consultation fees:

MSD, JANSSEN, VIIV 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			
NAME: Tetiana Koval AFFILIATION: Ukrainian medical Stomatological 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			
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: $25/09/20/8$			



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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

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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
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



NAME: MANDERSCU MARCATTA

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)

AFFILIATION: HATCOMA C ASTOTURE FOR ITS In accordance with criterion 14 of document UEMS 2016/20 "EACC Educational Events (LEEs)", all declarations of potential or actual contor or other relationship, must be provided to the EACCME® upon submitted by made readily available, either in printed form, with the provided or or other relationship available, either in printed form, with the provided or or other readily available, either in printed form, with the provided of the LEE. Declarations must include whether any	CME® criteria for the Accreditation of Live flicts of interest, whether due to a financial hission of the application. Declarations also ogramme of the LEE, or on the website of
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 re	eport
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	15 15 15 ONDADWA SP NA
Receipt of honoraria or consultation fees:	ABBUIT, HEOLA PHARMA S.R. N.
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signatura	Date: 21.09,20/8

★ ★ ★ ★ ★ U.E. M.S. ★ ★ ★ ★

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

AFFILIATION:

Pro FLONA Mulaty Si James Hospital

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DISCLOSURE

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:

17/9/18

* * * * * U.E. M.S. * * * *

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NIA NAT	CRISTNA	40281m			
NAME:	C1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	of the DSNA	AND	Reach	tri.cisa
AFFILIATI	ON: ONIVERSITY				

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 I have the following potential conflict(s) of interest t	eport
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	GILE AD, VIIV, Janson, MSD GREAD, WIV, Abbre, Angelin, B75
Receipt of honoraria or consultation fees:	Gread, WIV, Abbre, August
Participation in a company sponsored speaker's bureau:	GORAD
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Date: @1/10/18



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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

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:

No

Receipt of honoraria or consultation fees:

ViiV, MSD, Abbvie

Participation in a company sponsored speaker's bureau:

Gilead

Stock shareholder:

No

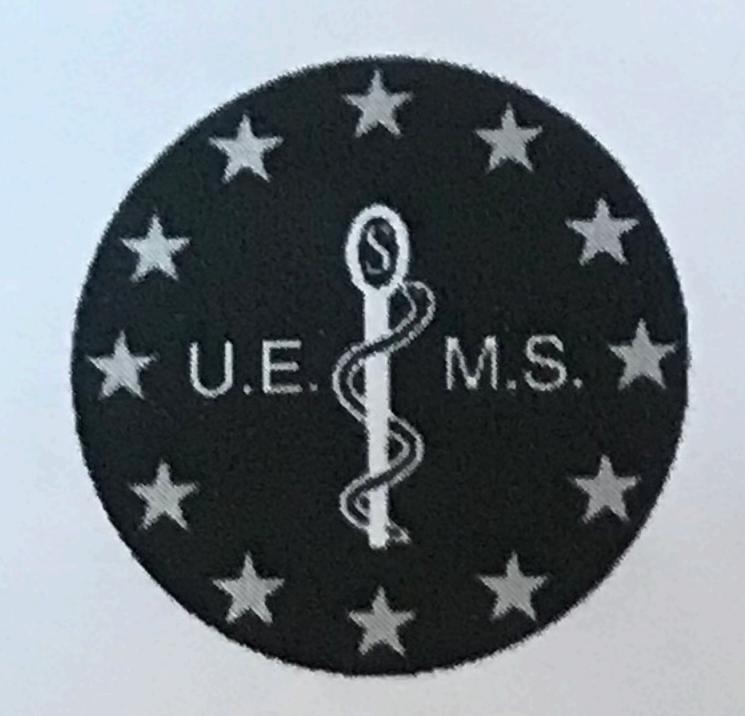
Spouse/partner:

My spouse is Medical manager for liver diseases in a Romanian pharma company - Neola pharma

Other support (please specify):

Signature:

Date: 27.09.2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prof Alexander Panteleer

AFFILIATION: City TB Hospital St. Petersburg, Russia, alpanteleer gmail. com
In accordance with criterion 14 of document UEMS 2016/20 "EACCME" criteria for the Accredit

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: 20/09/2018

Signature:

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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

Mastasia Pharics NAME:

3CDC AFFILIATION:

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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: Receipt of honoraria or consultation fees: Participation in a company sponsored speaker's bureau: Stock shareholder: Spouse/partner: Other support (please specify): Date: 1/0cf 12018

A S A MIS X

NAME:

AFFILIATION:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

In accordance with criterion 14 of document UEMS 2016/20 "EACCME" criteria for the Accreditation of Live

Prof Dinger Rockettoh University Helpital Behr

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
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: ASSAH, ASIVAY C. L.A. DON'T
Receipt of honoraria or consultation fees: ASSAH, Paris VIIV
Participation in a company sponsored speaker's bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):
Signature: 17. Jep 2018

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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)

NAMF ·

Dr. Alex Schneider

AFFILIATION: Life 4 me, plus to fight AIDS, Hepattris C and Tuberculosis

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

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: 11.10.2018



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ADDIAN STREINUI- LERIFL

AFFILIATION: CARGE DAVICE CHIVERSTY OF MEDICINE & PHARMACY NATIONAL INSTITUTE FOR INFECTIOUS BISEASES TO LANGE BACS In accordance with criterion 14 of document UEMS 2016/20 "EACCME" criteria for the Accreditation of Live

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

1 have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: ABBUTE, BMS, VIIV, MSD, CALEAD, PRIZER

Receipt of honoraria or consultation fees: ABBVE, BMS, VIIV, MSD, CHUFAG, PFIZER

Participation in a company sponsored speaker's bureau: MO

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify): NO

Signature:

Date: 1st Och 2018

* U.E. M.S. *

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :	Mike	You	.le					-
AFFILIATION:	Ro.	121	Fcer	La	سەدر	4	יקים	·fm
In accordance	with criterio	n 14 of	documer	t UEMS	2016/20	"EACC	ME® cı	riteria fo
Educational Eve	ents (LEEs)",	all decla	arations of	potenti	al or actu	ial conf	licts of	interest
or other relation	onship, must	be prov	vided to th	e EACCN	∕IE® upoi	n subm	ission c	of the ap

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

	•	conflict of interest to rep		ort			
	Type of affiliation / fir	nancial interest		Name	of commercial company		
	Receipt of grants/rese	arch supports:	Sileas, viiv				
	Receipt of honoraria o	r consultation fees:	Gilcos	V.1~	Janese		
	Participation in a comp	pany sponsored speaker	's bureau:	20			
	Stock shareholder:	N.					
	Spouse/partner:	No					
	Other support (please	specify):					
Sig	nature:	/ V	·	Date:	15/9/18		