EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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BRUSSELS
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https://eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Maximilian C. Aichberger

AFFILIATION: Department of Dermatology, University of Vienna, Austria

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

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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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Signature: [Signature] Date: 15/1/20

UEMS\textsubscript{abbi} – Union Européenne des Médecins Spécialistes
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https://eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Tristan B2EBC2

AFFILIATION: Royal Free NHS Foundation Trust

In accordance with criterion 14 of document UEMS 2016/20 “EACCME® criteria for the Accreditation of Live Educational Events (LEE)”, 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.

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<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>VIIV, Gilead</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>VIIV, Gilead, MSD, ROCHE, JANSSEN</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>VIIV, Gilead, MSD, ROCHE, JANSSEN</td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td>ZA</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td>ZA</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td>ZA</td>
</tr>
</tbody>
</table>

Signature: ___________________________  Date: 8-JAN-2020
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Jose I. Bernardino

AFFILIATION: Hospital Universitario La Paz. Madrid

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

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):

Name of commercial company

Gilead

ViiV Healthcare, MSD

Signature: __________________________

Date: 24 January 2020
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: MARCUS BICKEL
AFFILIATION: INFERTILOGIKUM, 60596 FRANKFURT 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 reimbursement 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
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):

Name of commercial company

Signature: [Signature]
Date: 28.1.20

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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: CLUTECK Nathan

AFFILIATION: Saint-Pierre University Hospital

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEE)”, 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.

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<tr>
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</table>

Signature: [Signature]

Date: [22/1/02]

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EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)  
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Conflict of Interest Disclosure Form  
(to be completed by scientific/organising committee members)

NAME:  Adrian Cunanan

AFFILIATION:  Infectious Diseases Department, Hospital Universitari Vall d’Hebron  
Universitat Autònoma de 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

☐ I have no potential conflict of interest to report

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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):

Name of commercial company

ViiV, Janssen, Gilead, MSD  
ViiV, Janssen, Gilead, MSD

Signature:  

Date:  22 JAN 2020

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conflict of interest disclosure form

(to be completed by scientific/organising committee members)

Name: Christine Giues
Affiliation: rhéumatoïde, chusaint pierre

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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☐ 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):

Name of commercial company

Signature: [Signature]
Date: 22/01/2020
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Libor Apis
AFFILIATION: CTV Saint-Pierre, Brussels, Belgium.

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

Receipt of grants/research supports: Gilead, ViiV (SK)
Receipt of honoraria or consultation fees: Janssen, Antalope Dx NV
Participation in a company sponsored speaker’s bureau: ViiV, Janssen, Gilead.
Stock shareholder: 
Spouse/partner: 
Other support (please specify): Travel grants: Gilead, ViiV, EuroCARE

Signature: 
Date: 23/01/2020

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Silvia Notera

AFFILIATION: OSPEDALE SAN RAFFAELE MILANO

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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: GILEAD

Receipt of honoraria or consultation fees: VIIV HSD GILEAD

Participation in a company sponsored speaker’s bureau: JANSSEN GILEAD VIIV

Stock shareholder: 

Spouse/partner: 

Other support (please specify): 

Signature: 

Date: 28Jan2020

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Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Casper Reulx

AFFILIATION: Erasmus MC Univ. Medical Centre

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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):

Name of commercial company

- Federation Medicine Specialist Netherlands
- Gilead, Uvim, Janssen, AIDSfonds
- Health Holland
- Gilead, Uvim
- Virology education

N/A

N/A

Signature:

Date: 24 Jan 2020
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:          

AFFILIATION:  

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.

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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: 16/11/2020

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:  Joachim Schneider

AFFILIATION:  Klinikum rechts der Isar, TUM, Technische Universität München

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.

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</table>

Signature:  Joachim Schneider  Date:  14.11.2020
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: OANA ŞANIOLEŞCU

AFFILIATION: CAROL DAVID UNIVERSITY OF MEDICINE AND PHARMACY BUCHAREST
NATIONAL INSTITUTE FOR INFECTIONIOUS DISEASES "PRAECO ANTE MORTEM" BUCHAREST

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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: 13.03.2020

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Philipp Schommer

AFFILIATION: University of Cologne

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Type of affiliation / financial interest

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

Signature: [Signature]

Date: 27-06-20

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CONFLICT OF INTEREST DISCLOSURE FORM
(to be completed by scientific/organising committee members)

NAME: AGATA SKRZAT-KLAPACZYŃSKA

AFFILIATION: HOSPITAL FOR INFECTIOUS DISEASES, DEPARTMENT FOR ADULT'S INFECTIOUS DISEASES, MEDICAL UNIVERSITY OF 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 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: AGATA SKRZAT-KLAPACZYŃSKA Date: 21.04.2020

UEMSale - Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBE81 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME:  [Signature]

AFFILIATION:  Technical University of Munich

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:  [Signature]

Receipt of honoraria or consultation fees:  [Signature]

Participation in a company sponsored speaker’s bureau:  [Signature]

Stock shareholder:  ☒

Spouse/partner:  ☒

Other support (please specify):  [Signature]

Signature:  [Signature]  Date:  23-Jun-2020

UEMS - Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: MARTA VASYLYEV
AFFILIATION: IV IV UNIT, LVIV REGIONAL PUBLIC HEALTH CENTER

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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:
Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Signature: [Signature] Date: 26.01.2020

UEMSæbel – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Dr Laura Waters

AFFILIATION: Dept GU/HIV Medicine, Mortimer Market Centre, CNWL

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☐ 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: MSD, Janssen, Gilead, ViIV, Cipla, Mylan

Participation in a company sponsored speaker’s bureau: ViIV, Gilead

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Laura Waters

Date: 31/01/2020

UEMSaide – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Annemarie Wensing

AFFILIATION: UMC Utrecht

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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 not related to the activity

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Gilead, Janssen, Viiv Healthcare, MSD

Receipt of honoraria or consultation fees: Gilead, Janssen, Viiv Healthcare, MSD

Participation in a company sponsored speaker’s bureau:

Stock shareholder: None

Spouse/partner: None

Other support (please specify): Virology Education (travel, lecture)

Signature: [Signature]

Date: Utrecht, 08-01-2020