

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: RAFI Ahmed

AFFILIATION: EMDRY University

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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:

NO

Stock shareholder: None

Spouse/partner: None

Other support (please specify): None

Signature:

UEMSasbi – Union Européenne des Médecins Spécialistes ₩AT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Prof NARENDRA KOMAR ARORA	
NAIVIE. XX.91 100CT	INTERNATIONAL
NAME: TOP NAMEWORT ROOM - THE INCLEM TRUST AFFILIATION: EXECUTIVE DIRECTOR - THE INCLEM TRUST	,

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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):

26.03.2020 Date:

Signature:



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

<u>eaccme.uems.eu</u> - <u>accreditation@uems.eu</u>

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Edwin Asturias, M.D.		
AFFILIATION: University of Colorado School of Medicine		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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		
$egin{array}{cccccccccccccccccccccccccccccccccccc$	eport	
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):		

20 Feb 2025

Date:



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Madhava Ray Balakrishnan
AFFILIATION: WHO
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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
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: Lawrence Date: 2 April 2025

UEMS_{alsbl} - Union Européenne des Médecins Spécialistes



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: ANANDA BANDYORASHYAY

AFFILIATION: GATES FOUNDATION

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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):

Date: Jan 17,2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+ 32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Norman W. Baylor

Signature:

AFFILIATION: Biologics Consulting

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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	
XI have the following potential conflict(s) of interest regulated industry, NGOs, government and academic v	
Type of affiliation / financial interest	Name of commercial company
NA	
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):	

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92

Date: 28 MARCH 2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Universitätsspital Basel
Universitäres Zentrum für Immunologie
Ambulante Innere Medizin
Prof. Dr. med. Christoph Berger

AFFILIATION: Leitender Arzt

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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:

28-4-25

UEMS_{aisbl} – Unioh Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: ArThur Berger

In accordance with criterion 13 of document UEMS 2023/07 "EACCME» Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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

Stock shareholder: GSK, HLVX

Spouse/partner:

Other support (please specify):

Signature:

Date: 10-MAR-2025

UEMSaibl - Union Européepne des Médecins Spécialistes VAT n° BE 0469,067.848 RPM Bruxelles-Brussels EU Transparer cy Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME DONNA BOUCE	
NAME: DONNA BOYCE AFFILIATION: PFIZER	
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of integrals, whether due to a financial or other relationship, must be provided to the submission of the application. COI declarations signed more than 6 months before the will not be accepted. Declarations must be made available online on the event we Declarations must include whether any fee, honorarium or arrangement for re-imburse in relation to the LEE has been provided.	erest for the last 3 e EACCME® upon e date of the event ebsite of the LEE.
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 comme Receipt of grants/research supports:	ercial company Pfize

Stock shareholder:

Spouse/partner:

bureau:

Signature:

Other support (please specify):

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's

UEMS_{alsbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



Signature:

MARC Brisson

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Marc Brisson	
AFFILIATION: Université Laval, Québec, Canada	
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Crite Live Educational Events (LEEs)", all declarations of perceived or actual confliquency, whether due to a financial or other relationship, must be provide submission of the application. COI declarations signed more than 6 months be will not be accepted. Declarations must be made available online on the Declarations must include whether any fee, honorarium or arrangement for relation to the LEE has been provided.	cts of interest for the last 3 ed to the EACCME® upon before the date of the event event website of the LEE.
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	f 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: 26 March 2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

Connie	e Cai		
	Gates Foundation		
Live Educational I years, whether d submission of the will not be accep Declarations must	h criterion 13 of document UEMS 2023/0 Events (LEEs)", all declarations of perceivue to a financial or other relationship application. COI declarations signed morted. Declarations must be made availabinclude whether any fee, honorarium or EE has been provided.	ed or actual o , must be pi e than 6 mon ble online on	onflicts of interest for the last 3 rovided to the EACCME® upon this before the date of the event the event website of the LEE.
	DISCLOSUR	<u>E</u>	
·	potential conflict of interest to report following potential conflict(s) of inter	est to report	
Type of affil	iation / financial interest	Nan	ne of commercial company
Receipt of gr	ants/research supports:		
Receipt of ho	noraria or consultation fees:		
Participation bureau:	in a company sponsored speaker's		
Stock shareh	older:		
Spouse/partr	ier:		
Other suppor	rt (please specify):		
Signature: Co	nnie Cai	Date:	March 11, 2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: CRISTINA CASSETTI

AFFILIATION: INDEPENDENT EXPERT

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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:

April 27, 2025

UEMSaisbl - Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Marco Cavaleri	
AFFILIATION: European Medicines	Agency

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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

ite: 07/3/2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Tania CERNUSCHI		
AFFILIATION: WHO		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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 t	o 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:	6 March 2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME:	Christopher Chiu
AFFILIA	ATION: Imperial College Londo

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: 23-Apri-2025

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



TOHAL OLEMENS

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: VIII COO COO	
AFFILIATION:	
In accordance with criterion 13 of document UEMS 2023/07 "E Live Educational Events (LEEs)", all declarations of perceived o years, whether due to a financial or other relationship, musubmission of the application. COI declarations signed more the will not be accepted. Declarations must be made available of Declarations must include whether any fee, honorarium or arrain relation to the LEE has been provided.	r actual conflicts of interest for the last 3 ust be provided to the EACCME® upon an 6 months before the date of the event online on the event website of the LEE.
DISCLOSURE	
☐ I have no potential conflict of interest to report☐ I have the following potential conflict(s) of interest to	to report
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Talusan
Receipt of honoraria or consultation fees:	Eubiologics; Johnson & Johnson
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: John Clines	Date: April 22, 2025
✓ UEMS _{aisbl} – Union Européenne des Méd VAT n° BE 0469.067.848 RPM Bruxe	ecins Spécialistes elles-Brussels

EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Jakob Cramer AFFILIATION: CEPI

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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:

20/A-1/2025

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Alejandro Cravioto

AFFILIATION: Facultad de Medicina, Universidad Nacional Autónoma de México

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: a Cravio fo

Date: March 26, 2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME:	NIGEL CURIS
AFFILIATION: .	UNIVERSITY OF MAUBURNE

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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:

17 Apr 2025

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: MANO JANO JANO	
AFFILIATION: WHO	*
In accordance with criterion 13 of document UEMS 2023/07 "EACCM Live Educational Events (LEEs)", all declarations of perceived or actu years, whether due to a financial or other relationship, must be submission of the application. COI declarations signed more than 6 mill not be accepted. Declarations must be made available online Declarations must include whether any fee, honorarium or arrangem in relation to the LEE has been provided.	al conflicts of interest for the last 3 e provided to the EACCME® upon nonths before the date of the event on the event website of the LEE.
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	Jame 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: Mago Dat	e: 24.04.2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: RICARDO DE GODOI MATTOS FERREIRA.

AFFILIATION: Bio-Manguinhos/Oswaldo Cruz Foundation (Fiocruz)

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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

Bio-Manguinhos/ Oswaldo Cruz Foundation

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: Employee at a public Vaccine Manufacturing facility

Participation in a company sponsored speaker's

bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify): Non-Executive Director

Gylden Pharma

My role at Bio-Manguinhos involves working in a public institution responsible for the production of vaccines and immunobiologicals. Additionally, I serve as a Non-Executive Director at Gylden Pharma, a private pharmaceutical company.

Signature:

Date: 04/30/202

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: DIANA Alessandro	
AFFILIATION: Université de Genève	
Live Educational Events (LEEs)", all declarations of years, whether due to a financial or other relat submission of the application. COI declarations sign will not be accepted. Declarations must be made	S 2023/07 "EACCME® Criteria for the Accreditation of perceived or actual conflicts of interest for the last 3 ionship, must be provided to the EACCME® upon ned more than 6 months before the date of the event available online on the event website of the LEE rium or arrangement for re-imbursement of expenses
DISCL	<u>OSURE</u>
☐ I have no potential conflict of interest to	report
☑ I have the following potential conflict(s) of	of interest to report
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	GSK, MSD, Vifor for medical educational events
Participation in a company sponsored spead bureau:	ker's
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature:	Date: 08/01/2025



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Date: 18/02/2025

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: DIDIERLAUDEUT A mauch

AFFILIATION: UN16 E

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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.		
	DISCLOSUR	<u>LE</u>
	☐ I have no potential conflict of interest to report	
	I have the following potential conflict(s) of interest	rest to report
	Type of affiliation / financial interest	Name of commercial company
	Receipt of grants/research supports:	Moderna, Somofi, 68K
	Receipt of honoraria or consultation fees:	Bolanical solutions, School, Boost
	Participation in a company sponsored speaker's bureau:	Moderna, Somofi, GSK Botanical solutions, Somofi, Boost Segitta
	Stock shareholder:	
	Spouse/partner:	working in RaD @ 65K
	Other support (please specify):	
	Λ	



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Eve Dubé	
AFFILIATION: Université Laval	
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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 re	eport
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: D	ate: April 7, 2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: DUMOLARD Lame.	
AFFILIATION: WHO	
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the even will not be accepted. Declarations must be made available online on the event website of the LE Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expense in relation to the LEE has been provided.	: 3 on nt E.
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	7
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: US Dec. 2	2



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

,		
NAME: Anna P Durbin		
AFFILIATION: Johns Hopkins University		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: I received \$2500.00 to teach in a Merck sponsored vaccine course in 2023 and 2024 Participation in a company sponsored speaker's		
bureau:		
Stock shareholder: I hold Apple Stock Spouse/partner:		
My spouse does not have any conflicts Other support (please specify):		
Signature: Date: 7 March 2025		



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Christique	EBERHARDT
AFFILIATION: UNIGE	

☐ I have no potential conflict of interest to report

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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 the following potential conflict(s) of interest to report
	Type of affiliation / financial interest Name of commercial company
	Receipt of grants/research supports: Pfizer 155 jes until end 2023
	Receipt of honoraria or consultation fees:
	Participation in a company sponsored speaker's bureau:
	Stock shareholder:
	Spouse/partner:
	Other support (please specify):
Si	gnature: 13.12.2024

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME:Janet Englund
AFFILIATION:Seattle Children's Hospital/Univ. Washington
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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
x I have the following potential conflict(s) of interest to report
Type of affiliation / financial interest Receipt of grants/ Name of commercial company research supports: To my
university: AstraZeneca, GlaxoSmithKline, Pfizer, Moderna,
Receipt of honoraria or consultation fees: AstraZeneca,
GlaxoSmithKline, Meissa Vaccines, Merck, Moderna, Pfizer,
Shionogi,
Participation in a company sponsored speaker's bureau: AstraZeneca, Pfizer
Stock shareholder: NO Signature: Date: 25 Worth 2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: EMILY ERBELDING

AFFILIATION: INDEPENDENT CONSULTANT

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: Eulle Hellelduns

Date: 29 April 2025



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

Daniel FEikin NAME:	
AFFILIATION: World Health Organization	
In accordance with criterion 13 of document UEMS 2023 Live Educational Events (LEEs)", all declarations of perceyears, whether due to a financial or other relationships submission of the application. COI declarations signed mill not be accepted. Declarations must be made available Declarations must include whether any fee, honorarium of in relation to the LEE has been provided.	ived or actual conflicts of interest for the last 3 ip, must be provided to the EACCME® upon ore than 6 months before the date of the event able online on the event website of the LEE.
DISCLOSU	<u>RE</u>
☑ I have no potential conflict of interest to repor ☐ I have the following potential conflict(s) of inte	
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: Dam Ferzi	Date: 15 April 2025



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

17 JAN 25

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: ADAM FINN	
AFFILIATION: VMVEKSITT DE BRISS	ior, nic

☐ I have no potential conflict of interest to report

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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 the following potential conflict(s) of inter	est to report			
Type of affiliation / financial interest	Name of commercial company			
Receipt of grants/research supports:	Prizer, GSK, Sanoti			
Receipt of honoraria or consultation fees:	see over			
Participation in a company sponsored speaker's bureau:	de over			
Stock shareholder: N/A				
Spouse/partner:	sel over			
Other support (please specify):				

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92

Date:

Anshlany: Affinian, Bionet
OPON Maccines, BSK
Hillerax Imaphoran, RQ Bio
Jamssen Sanofi, Segions
Speaker honoraria: Aston Lineca
Colk
Sanofi

Pontant

Parhar/Spanse Speaker Honssain GSK Sanoto



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: VERONICA GAMBILLARA FONCK

AFFILIATION: PUREOS PARTNERS

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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:

26.03.2025

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE-1040 BRUSSELS T+32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME BRADFORD D. GESSNER AFFILIATION: Ep. Vac Consulting

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)*, all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCMEs upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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

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

Stock shareholder, Yes

Other support (please specify): Employer through March 2025

With work Stepped after March 2025

Signature:

Date: 28 April 2025

UEMS_{enti} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: David Goldblatt	
AFFILIATION: Institute of Child Health, University Coll	lege London
In accordance with criterion 13 of document UEMS 2023/07 "EALIVE Educational Events (LEEs)", all declarations of perceived or years, whether due to a financial or other relationship, musubmission of the application. COI declarations signed more that will not be accepted. Declarations must be made available of Declarations must include whether any fee, honorarium or arrangin relation to the LEE has been provided.	r actual conflicts of interest for the last 3 ast be provided to the EACCME® upon an 6 months before the date of the event nline on the event website of the LEE.
DISCLOSURE	
☑ I have no potential conflict of interest to report	
\Box I have the following potential conflict(s) of interest to	o 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):	
The count	

Date: 13/12/2024



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME:	Ju	GRO	YEN	DON	K
AFFILL	ATION:	WH	0/11	1.B	

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: 0//04/2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME DESORAH (LACC
AFFILIATION: SEEEZPANCE

In accordance with criterion 13 of document UEMS 2023/07 "EACCME» Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME» upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: Delivace Date: 20 April 2025.

UEMS_{WAIN} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

Mary Hamel NAME:
AFFILIATION: WHO
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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
$egin{array}{c} \Box$ 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: 22 April 2025



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Louise Henaff	
AFFILIATION: OMS	
In accordance with criterion 13 of document UEMS 2023/07 "EACO Live Educational Events (LEEs)", all declarations of perceived or ac years, whether due to a financial or other relationship, must submission of the application. COI declarations signed more than will not be accepted. Declarations must be made available onlind Declarations must include whether any fee, honorarium or arrange in relation to the LEE has been provided.	ctual conflicts of interest for the last 3 be provided to the EACCME® upon 6 months before the date of the event ne on the event website of the LEE.
DISCLOSURE	
☑ I have no potential conflict of interest to report	
\square I have the following potential conflict(s) of interest to r	eport
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):	
12	

Date: 02/04/2025



NAME: Robert S Heyderman

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

AFFILIATION: UCL, UK	
In accordance with criterion 13 of document UEMS Live Educational Events (LEEs)", all declarations of pyears, whether due to a financial or other relationsubmission of the application. COI declarations signed will not be accepted. Declarations must be made a Declarations must include whether any fee, honoraring in relation to the LEE has been provided.	perceived or actual conflicts of interest for the last 3 conship, must be provided to the EACCME® upon ed more than 6 months before the date of the event available online on the event website of the LEE.
DISCLO	<u>ISURE</u>
☑ I have no potential conflict of interest to re	eport
\square I have the following potential conflict(s) of	f 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 speak buréau:	er's
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: Hydw Maw	Date: 1/4/25
UEMS _{aisbl} – Union Européenne	e des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: HOM	BACH,	JOA	CHI.	M
AFFILIATION:	WHO	HQ	/6	ENEVA

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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	
$\hfill \square$ 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:

16/12/24

UEMS_{aisbl} — Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

RUE DE L'INDUSTRIE 24, RE - 1040 BRUSSELS T + 32 2 649 S1 64

easure using the according to the many

Conflict of Interest Disclosure Form

NAME LUIS Jedo	r
Control of the Contro	20000000
51.5	
CONTRACTOR OF THE PARTY OF THE	2-6
AFFILIATION	No. of Concession, Name of Street, or other Designation, or other
APPELLACED ST	COLUMN TO SERVICE DE LA COLUMN

In accordance with criterion 13 of document UEMS 2023/07 "EACOMEs Criteria for the Accreditation of Live Educational Events (LEEst", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACOMEs upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available ordine on the event website of the LEE Declarations must include whether any fee, honocarram 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

(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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Pfizer

Spouse/partner:

Other support (please specify):

Signature: June Jodes.

Date: 12/12/2024

UEM5, — Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: KARI JOHANSEN			0.1.50.51
NAME: KHRI JOHANSEN AFFILIATION: PUSRIZ HUATH	ASTERICY	OF C	SUEDED

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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:

April 16,2025

UEMS_{aisbl} / Union Européenne des Médecins Spécialistes VAX n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

AFFILIATION: Sano 6'	
AFFILIATION: School	
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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 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): SHNOF Conplete	2
Signature: 16 04 225	
UEMSaish - Union Européenne des Médecins Spécialistes	

UEMS_{aisbl}—Union Européenne des Médecins Spécialiste VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Keith Klugman

AFFILIATION: Gates Foundation

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: 03/26/2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Souleymana KONE
NAME: Souleymana KONE AFFILIATION: WHO-World Health Organization
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: 1 Ko 5 A Date: 28.04.2025

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME:Shamez LADHANI
AFFILIATION:The UK Health Security Agency (UKHSA)
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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 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: 2 May 2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: LAMBERT Paul. Hari
AFFILIATION: Retired
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: 65K biological
Participation in a company sponsored speaker's bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):
Signature: Paul H Lambut Date: 17/01/2025



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

Stephan Lewandowsky NAME:	
University of Bristol AFFILIATION:	
In accordance with criterion 13 of document UEMS 2023/07 "ELive Educational Events (LEEs)", all declarations of perceived of years, whether due to a financial or other relationship, must submission of the application. COI declarations signed more the will not be accepted. Declarations must be made available of Declarations must include whether any fee, honorarium or arrain relation to the LEE has been provided.	or actual conflicts of interest for the last 3 tust be provided to the EACCME® upon nan 6 months before the date of the event online on the event website of the LEE.
DISCLOSURE	
☑ I have no potential conflict of interest to report	
\square 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):	
0///	

26 March 2025

Date:



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Non: MacDonald	
AFFILIATION: Delhousie Univers	ity, Canada
In accordance with criterion 13 of document UEMS 2023/07 "Live Educational Events (LEEs)", all declarations of perceived years, whether due to a financial or other relationship, no submission of the application. COI declarations signed more to will not be accepted. Declarations must be made available Declarations must include whether any fee, honorarium or arrain relation to the LEE has been provided.	or actual conflicts of interest for the last 3 nust be provided to the EACCME® upon han 6 months before the date of the even online on the event website of the LEE
DISCLOSURE	
☑ I have no potential conflict of interest to report ☐ I have the following potential conflict(s) of interest	t 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: 72 & Ma Demall	Date: Upv 16 2025

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Rick Malley, MD

AFFILIATION: Boston Children's Hospital and Harvard Medical School

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

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports: None	
Receipt of honoraria or consultation fees:	GSK, Merck (consultant for both)
Participation in a company sponsored speaker's bureau:	None
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	Not support, but membership of the Scientific Advisory Board of Amplitude Therapeutics and Limmatech; also member of the Board of Directors, Corner Therapeu



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: ARNAUD DASCHANT
AFFILIATION: ULB
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: 22 54 2525

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: PROF. HELEN MCSHANE

AFFILIATION: JENNER INSTITUTE, UNIVERSITY OF OXFORD.

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: PEEO (2000 Date: 07/04/2025.



Signature: Albert

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS
T + 32 2 649 51 64
eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Noisa Jeune Jer	
AFFILIATION: Phite	
In accordance with criterion 13 of document UEMS 2023/07 Live Educational Events (LEEs)", all declarations of perceive years, whether due to a financial or other relationship, submission of the application. COI declarations signed more will not be accepted. Declarations must be made available Declarations must include whether any fee, honorarium or a in relation to the LEE has been provided.	ed or actual conflicts of interest for the last 3 must be provided to the EACCME® upon e than 6 months before the date of the event le online on the event website of the LEE.
DISCLOSURE	
☐ I have no potential conflict of interest to report ☐ Lhave the following potential conflict(s) of interests	st 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: Pfizer	
Spouse/partner:	
Other support (please specify):	

Date: 2(5(2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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

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: 16th April 2025

Name of commercial company
Wellowe Trust, Gausti

MSD, Samofi

Saisbl – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Martha Nason
AFFILIATION: PATH

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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

Thave 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 April 2025

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME:Kathleen Neuzil	
AFFILIATION:Independent Consultant	
In accordance with criterion 13 of document UEMS 2023/07 "EACO Live Educational Events (LEEs)", all declarations of perceived or ac years, whether due to a financial or other relationship, must submission of the application. COI declarations signed more than will not be accepted. Declarations must be made available onlind Declarations must include whether any fee, honorarium or arrange in relation to the LEE has been provided.	ctual conflicts of interest for the last 3 be provided to the EACCME® upon 6 months before the date of the event ne on the event website of the LEE.
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:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify): Signature: Kathleen Neuzil	ate: April 28, 2025

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels
EU Transparency Register ID 219038730914-92



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Date: 17. January 2025

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: HYWAX NOHYNEK
NAME: HAWA NOHYNEK AFFILIATION: FINNISH INSTITUTE FOR HEALTH AND WELFARE
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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
\square 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):

UBMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: KATHERINE OBRIEN	
AFFILIATION: WHO	
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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.	
<u>DISCLOSURE</u>	
☐ 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	

ignature: Kaflicece Mm

Other support (please specify):

bureau:

Stock shareholder:

Spouse/partner:

Date: 23 APRIL 2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: UMESH PARASHAR AFFILIATION: CDC, USA

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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:

4/16/2025

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



NAME: Andrew Pollard

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

AFFILIATION: University of Oxford	
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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 interes	et to report
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Serum Institute of India (research grant), Moderna (RNA material)
Receipt of honoraria or consultation fees:	Shionogi
Participation in a company sponsored speaker's bureau:	-
Stock shareholder:	-
Spouse/partner:	-
Other support (please specify):	AJP is a contributor to intellectual property licensed by Oxford University Innovation to AstraZeneca
Signature:	Date: 28/3/25



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: ANURADHA ROSE

AFFILIATION: CHRISTIAN MEDICAL WILEGE, VELLORE

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: 17th April 2025



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Date: 3 MARCH 2025

Conflict of Interest Disclosure Form

NAME: OLGA ROVIRA	
AFFILIATION: KONTIVAX	
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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 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):	



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: WANKE SENDICE AFFILIATION: IN WESTEDE GOVENE

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: 17 JANUAY 2025

Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Catherine May Slack
AFFILIATION: SA MRC (Honarary Specialist Scientist)

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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

USAID Receipt of grants/research supports:

Receipt of honoraria or consultation fees: DSMB.

Participation in a company sponsored speaker's bureau:

Constat

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 15 dec 2024



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: MARGARET STANLEY

AFFILIATION: UNIVERSITY OF CAMBRIDGE

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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

\square 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:

HSD MERCK

Participation in a company sponsored speaker's

bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

N. B. Starley

Date:

April 16th 2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Christoph STEFFEN

AFFILIATION: WHO

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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

X 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: 27 March 2025



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: JULIA STOWE
AFFILIATION: UK Health Security Agency
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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 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: 27/3/25

UEMS_{alsbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64 eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: Kanta Subbarao

AFFILIATION: Universite Laval and University of Melbourne....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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

x 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: Dic 12, 2024



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T+32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME. Rajinder Kumar Suri

AFFILIATION: CEO-DCVMN International

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME# upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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

(a) have no potential conflict of interest to report

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):

2 e Sur

Date: 10-03-2025

Name of commercial company

Not participated

to see page 2

UEMS_{aisti} - Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



I do not receive grants/research supports personally.

DCVNM is sponsored by: Tofflon, Merck, Rommelag, USP, BioZeenm GE Gulbrandsen Technologies, Cellbio, Sunflower Therapeutics, Tirucking, Vax trials and Zebra.

CVMN International, a Switzerland based Not for Profit alliance of 48 vaccine manufacturers from Developing Countries, who pay membership fee to DCVMN out of which salaries to the DCVMN secretariat including CEO are disbursed and some of them co-host the Annual General meeting, however, I don't receive any honoraria/commission &/or grant from any

Members: https://dcvmn.org/members/

individual company.

AIM, Arabio, Aspen Holdings, Bharat Biotech, Biofarma, Biological E. Linited, Bio-Manguinhos/Fiocruz, BioNet, Biovac, Instituto Butantan, CPL Biologicals Pvt Ltd, Cansino BIO, CDBIO, CNBG, EuBiologics, GC Biopharma, Green Signal Bio Pharma Pvt. Ltd, Institute of Medical Viology -Chinese Academy of Medical Sciences, Incepta, Indian Immunologicals limited, LG Chem, Mechnikov (Latin American Institute of Biotechnology), MVC, Minhai, Pasteur Institute of India Coonoor, Panacea Biotec, Polyvac, The Thai Red Cross Society, Serum Institute of India, Sinergium Biotech, SinoVac, SK bioscience, SPbSRIVS, GPO,TORLAK, Vabiotech, VINS Bioproducts Limited, Walvax Biotechnology Co. Ltd.

Resources members: https://dcvmn.org/resource-members/#

APACI (Asia Pacific Alliance for the Comtrol of Influenza, Gates Foundation, Clinton Health Initiative, European Vaccine Initiative, GS1, IABS, Intravacc, International Vaccine Access Center, IVI, USPNIDVD, PATH, Sandia National Laboratories, Tuberculosis Vaccine Initiative, WHO.



NAME:Kawsar Talaat.....

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

AFFILIATION:Johns Hopkins Bloomberg School of Public Health.			
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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:	Pfizer, Sanofi, Scandinavian Biopharma, LimmaTech, Eveliqure		
Receipt of honoraria or consultation fees:	For serving on DSMBs: Merck, (present) Moderna, (present) Takeda (past) Consulting: TD Cowen (past),		
Participation in a company sponsored speaker's bureau:	No ne		
Stock shareholder:	None		
Spouse/partner:	None		
Other support (please specify):			
Signature: Jan Sur Jale January Européenne des Méde	Date: 9 April 2025		
	COLOR DESCRIPTION		



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: H. Keipp Talbot		
AFFILIATION: Vanderbilt University	Hedical	Center

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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):

Date: 24 Marcy 2025

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes. VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

17-01-2025

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Do Waveon	madeed
AFFILIATION: POONLOW,	20sternational Podiations

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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				
Lhave the following potential conflict(s) of interest to report				
Type of affiliation / financial interest	Name of commercial company			
Receipt of grants/research supports:	Doogue Grobal			
Receipt of honoraria or consultation fees:	Takedar Doogue Grobal Phaser Gonoville.			
Participation in a company sponsored speaker's bureau:	- mesoper of species brusen			
Stock shareholder:				
Spouse/partner:				
Other support (please specify):				

Date:

Signature: TrackS



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: PIERRE VAN DAMME				
AFFILIATION: WALLES TEST ANTWER	RPEN			
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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	80			
🗷 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: 24. 04. 2025			

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

NAME: HEATHER WHITAKER

AFFILIATION: UK HEALTH SECURITY AGENCY

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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: H.J. Wirale

Date: 27/3/2025