



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: Rafi Ahmed

AFFILIATION: Emory 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:

Rafi Ahmed

Date:

3/31/25



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Conflict of Interest Disclosure Form

NAME: Prof NARENDRA KUMAR ARORA
AFFILIATION: EXECUTIVE DIRECTOR - THE INCLIN TRUST 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.

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: NK Arora

Date: 26.03.2020



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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

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

20 Feb 2025



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Conflict of Interest Disclosure Form

NAME: *Madhava Ram Balakrishnan*

AFFILIATION: *WHO*

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

2 April 2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: ANANDA BANDYOPADHYAY

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.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Ananda Bandyopadhyay

Date:

Jan 17, 2025



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Conflict of Interest Disclosure Form

NAME: Norman W. Baylor

AFFILIATION: Biologics Consulting

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DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report: **I provide regulatory advise to the regulated industry, NGOs, government and academic vaccine developers.**

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):

Signature:

Date: 28 MARCH 2025

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



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Conflict of Interest Disclosure Form

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

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

28-4-25

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Conflict of Interest Disclosure Form

NAME: Arthur Berger

AFFILIATION: Hillevax

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder: GSK, HLVX

Spouse/partner:

Other support (please specify):

Signature:

Date:

10-MAR-2025

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Conflict of Interest Disclosure Form

NAME: Donna Boyce

AFFILIATION: Pfizer

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DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Pfizer

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: Donna Boyce / km

Date: 3/7/25

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Conflict of Interest Disclosure Form

NAME: Marc Brisson

AFFILIATION: Université Laval, Québec, Canada

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *Marc Brisson*

Date: 26 March 2025



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Conflict of Interest Disclosure Form

NAME: Connie Cai

AFFILIATION: Gates Foundation

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *Connie Cai*

Date: March 11, 2025



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Conflict of Interest Disclosure Form

NAME: CRISTINA CASSETTI

AFFILIATION: INDEPENDENT EXPERT

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Cristina Cassetti

Date:

April 27, 2025



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

NAME: Marco Cavaleri

AFFILIATION: European Medicines Agency

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

27/3/2025



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Conflict of Interest Disclosure Form

NAME: Tania CERNUSCHI

AFFILIATION:WHO.....

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

6 March 2025



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

NAME: Christopher Chiu

AFFILIATION: Imperial College London

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 23-April-2025



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Conflict of Interest Disclosure Form

NAME: JOHN CLEMENS

AFFILIATION: IVI

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Eubiologics ; Johnson & Johnson ;
Nativax

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

John Clemens

Date: April 22, 2025

UEMS_{asbl} – Union Européenne des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



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Conflict of Interest Disclosure Form

NAME: Jakob Cramer
AFFILIATION: CEPI

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Jakob Cramer

Date:

20/ Apr / 2025

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



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Conflict of Interest Disclosure Form

NAME: Alejandro Cravioto

AFFILIATION: Facultad de Medicina, Universidad Nacional Autónoma de México

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: March 26, 2025



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Conflict of Interest Disclosure Form

NAME: *NIGEL CURTIS*

AFFILIATION: *UNIVERSITY OF MELBOURNE*

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

17 Apr 2025



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Conflict of Interest Disclosure Form

NAME: M. Caroline DANOVARO

AFFILIATION: WHO

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: M. DANOVARO

Date: 24.04.2025



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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

Receipt of grants/research supports:

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

Bio-Manguinhos/ Oswaldo Cruz Foundation

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: 04/30/2025

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EU Transparency Register ID 219038730914-92



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Conflict of Interest Disclosure Form

NAME:DIANA Alessandro.....

AFFILIATION: ...Université de Genève.....

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: GSK, MSD, Vifor for medical educational events

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

08/01/2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: DIDIER LAURENT Amand

AFFILIATION: UNIGE

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):

Name of commercial company

Moderna, Sanofi, GSK
Botanical solutions, Sanofi, Boost,
GSK Sagitta

working in R&D @ GSK

Signature: [Signature]

Date: 18/02/2025



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Conflict of Interest Disclosure Form

NAME: Eve Dubé

AFFILIATION: Université Laval

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DISCLOSURE

☒ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:


Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: April 7, 2025



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Conflict of Interest Disclosure Form

NAME: D. MOLARD Lame

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-imbursment 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 Dec - 2024



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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:

Anna P. Durbin

Date: 7 March 2025



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Conflict of Interest Disclosure Form

NAME: Christiane EBERHARDT

AFFILIATION: UNIGE

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 ISS just 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):

Signature:

Date:

13.12.2024



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

☒ 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: *Janet Englund*
Spouse/partner: NO

Date: *25 March 2025*



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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

☒ 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: Emily Erbelding

Date: 29 April 2025



Conflict of Interest Disclosure Form

NAME: Daniel FEikin
NAME:

AFFILIATION: World Health Organization
AFFILIATION:

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: 15 April 2025



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: ADAM FINN

AFFILIATION: UNIVERSITY OF BRISTOL, UK

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DISCLOSURE

☐ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Pfizer, GSK, Sanofi

Receipt of honoraria or consultation fees:

see over

Participation in a company sponsored speaker's bureau:

see over

Stock shareholder:

N/A

Spouse/partner:

N/A

see over

Other support (please specify):

Signature:

Date:

17 JAN 25

Consultancy: Affinivax, Bionet
Novo Vaccines, GSK
Hillvax, Imphorum, RQ Bio
Janssen, Sanofi, Regeneron

Speaker honoraria: AstraZeneca
GSK
Sanofi

Partner/Sponsor

Speaker Honoraria GSK
Sanofi



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Conflict of Interest Disclosure Form

NAME: VERONICA GAMBILARA FONCK

AFFILIATION: PUREOS PARTNERS

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DISCLOSURE

☒ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

26.03.2025



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Conflict of Interest Disclosure Form

NAME: BRADFORD D. GESSNER

AFFILIATION: Epi Vac Consulting

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DISCLOSURE

☐ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder: Yes

Spouse/partner:

Other support (please specify):

Pfizer
Employer through Pfizer May 2025
with work stepped after March 2025

Signature:

Date:

28 April 2025

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VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



Conflict of Interest Disclosure Form

NAME: David Goldblatt

AFFILIATION: Institute of Child Health, University College London

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: 13/12/2024



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Conflict of Interest Disclosure Form

NAME: J.M. GROVENDONK

AFFILIATION: WHO/IVB

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:

01/04/2025

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Conflict of Interest Disclosure Form

NAME:

DEBORAH HALL

AFFILIATION:

SPEDANCE

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:

Deborah Hall

Date:

2nd April 2025

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EU Transparency Register ID 219038730914-92



Conflict of Interest Disclosure Form

Mary Hamel
NAME:

WHO
AFFILIATION:

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 April 2025



Conflict of Interest Disclosure Form

NAME: **Louise Henaff**

AFFILIATION: **OMS**

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: 02/04/2025



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Conflict of Interest Disclosure Form

NAME: Robert S Heyderman

AFFILIATION: UCL, UK

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: 1/4/25

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Conflict of Interest Disclosure Form

NAME: HOMBACH, JOACHIM

AFFILIATION: WHO HQ / GENEVA

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:

J. Hombach

Date:

16/12/24

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VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



Conflict of Interest Disclosure Form

NAME: Luis Jodar

AFFILIATION: Pfizer

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-imbursment 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:

Pfizer

Spouse/partner:

Other support (please specify):

Signature:

Luis Jodar

Date:

12/12/2024



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: KARI JOHANSEN
AFFILIATION: PUBRIC HEALTH AGENCY OF SWEDEN

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: [Handwritten Signature]

Date: April 16, 2025



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

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Conflict of Interest Disclosure Form

NAME: Julien Phélype

AFFILIATION: Sanofi

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.

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's
bureau:

Stock shareholder: Sanofi

Spouse/partner:

Other support (please specify): Sanofi Employee

Signature: [Signature]

Date: 16/04/2025

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VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



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

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 03/26/2025



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

NAME: Souleymane 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.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

28.04.2025

UEMS_{asbl} – Union Européenne des Médecins Spécialistes

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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

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 2 May 2025

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: LAMBERT Paul-Henri

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: GSK biologicals

Participation in a company sponsored speaker's bureau: —

Stock shareholder: —

Spouse/partner: —

Other support (please specify): —

Signature: Paul H Lambert

Date: 17/01/2025



Conflict of Interest Disclosure Form

Stephan Lewandowsky
NAME:

University of Bristol
AFFILIATION:

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.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

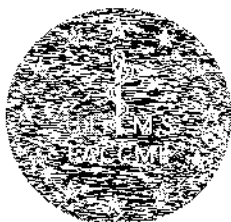
Spouse/partner:

Other support (please specify):

Signature:

Date:

26 March 2025



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

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Conflict of Interest Disclosure Form

NAME: Noni MacDonald

AFFILIATION: Dalhousie University, Canada

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

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Noni MacDonald

Date: Apr 16 2025



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Conflict of Interest Disclosure Form

NAME: Rick Malley, MD

AFFILIATION: Boston Children's Hospital and Harvard Medical 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 the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Receipt of grants/research supports: None

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

GSK, Merck (consultant for both)

None

None

None

Not support, but membership of the Scientific Advisory Board of Amplitude Therapeutics and Limmatech; also member of the Board of Directors, Corner Therapeu

Signature:

Date:

3/13/2025



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Conflict of Interest Disclosure Form

NAME: ARNAUD DARCEAN

AFFILIATION: ULB

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

22.04.2025.

UEMS asbl – Union Européenne des Médecins Spécialistes

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Conflict of Interest Disclosure Form

NAME: PROF. HELEN MCSHANE

AFFILIATION: JENNER INSTITUTE, UNIVERSITY OF OXFORD

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Helen McShane

Date: 07/04/2025



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

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Conflict of Interest Disclosure Form

NAME: Noël Jemur

AFFILIATION: Pfizer

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

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder: Pfizer

Spouse/partner:

Other support (please specify):

Signature:

[Signature]

Date: 2/5/2025



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

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Conflict of Interest Disclosure Form

NAME: Rudzani Mubwira

AFFILIATION: University of Cape Town

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Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

Wellcome Trust, Gavi, Sanofi

MSD, Sanofi

Signature: Rudzani Mubwira

Date: 16th April 2025



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

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Conflict of Interest Disclosure Form

NAME: Martha Nason

AFFILIATION: PATH

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 17 April 2025



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

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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 "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.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Kathleen Neuzil

Date:

April 28, 2025



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS
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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: HANNA 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.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Handwritten Signature]

Date: 17. January 2025



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EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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Conflict of Interest Disclosure Form

NAME: KATHERINE O'BRIEN

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.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Katherine O'Brien

Date:

23 APRIL 2025



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

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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.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

4/16/2025

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Conflict of Interest Disclosure Form

NAME:Andrew Pollard.....

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 interest 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



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Conflict of Interest Disclosure Form

NAME: ANURADHA ROSE

AFFILIATION: CHRISTIAN MEDICAL COLLEGE, VELLORE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Anura

Date:

17th April 2025



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RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

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Conflict of Interest Disclosure Form

NAME:OLGA ROVIRA.....

AFFILIATION:KONTIVAX.....

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DISCLOSURE

☒ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 3 MARCH 2025

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: KAME SENJOCI

AFFILIATION: UNIVERSITE DE GENEVE

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

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

17 JANUARY 2025



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Conflict of Interest Disclosure Form

NAME: Catherine Mary Slack

AFFILIATION: SA MRC (Honorary Specialist Scientist)

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DISCLOSURE

☐ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: USAID

Receipt of honoraria or consultation fees: DSMBs

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

CMSlack

Date:

15 dec 2024



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Conflict of Interest Disclosure Form

NAME: **MARGARET STANLEY**

AFFILIATION: **UNIVERSITY OF CAMBRIDGE**

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DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

MSD MERCK

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

M. Stanley

Date:

April 16th 2025

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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

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 27 March 2025



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Conflict of Interest Disclosure Form

NAME: JULIA STOWE
AFFILIATION: UK Health Security Agency

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

J Stowe

Date:

27/3/25

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Conflict of Interest Disclosure Form

NAME: Kanta Subbarao

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

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

Dec 12, 2024



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Conflict of Interest Disclosure Form

NAME: Rajinder Kumar Suri

AFFILIATION: CEO-DCVMN International

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: ☒

Receipt of honoraria or consultation fees: ☒ ☒

Participation in a company sponsored speaker's bureau:

Not participated

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Rajinder Suri

Date: 10-03-2025



I do not receive grants/research supports personally.

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



DCVMN 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 individual company.

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

AIM, Arabio, Aspen Holdings, Bharat Biotech, Biofarma, Biological E. Limited, 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 Virology -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 Biotech, 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 Control 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.



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Conflict of Interest Disclosure Form

NAME:Kawsar Talaat.....

AFFILIATION: ...Johns Hopkins Bloomberg School of Public Health.

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DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Pfizer, Sanofi, Scandinavian Biopharma, LimmaTech, Evefigure

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:

None

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

Signature:

Date: 9 April 2025

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Conflict of Interest Disclosure Form

NAME: H. Keipp Talbot

AFFILIATION: Vanderbilt University Medical Center

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

H. Keipp Talbot

Date:

20 March 2025

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Dr Wavron Thacker
AFFILIATION: President, International Pediatric Association

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Takeda, Dongul Global
Pharm (Gonorrhea)
Member of speaker bureau
Takeda

Signature:

W Thacker

Date:

17-01-2023



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Conflict of Interest Disclosure Form

NAME: PIERRE VAN DAMME

AFFILIATION: UNIVERSITEIT ANTWERPEN

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

24.04.2025



Conflict of Interest Disclosure Form

NAME: HEATHER WHITAKER

AFFILIATION: UK HEALTH SECURITY AGENCY

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: H. J. Whitaker

Date: 27/3/2025