



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

Rue de l'Industrie 24, BE- 1040

BRUSSELS

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<https://eaccme.uems.eu> - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof. Dr. med. Manuel Battegay
AFFILIATION: University Hospital Basel, Basel/Switzerland

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☒ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 8 December 2017



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : **NATHAN CLUJCEK**

AFFILIATION: **SAINT-PIERRE UNIVERSITY HOSPITAL - 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:

14/12/2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :

Prof. Fiona Mulcahy

AFFILIATION:

St James Hospital Dublin & Ireland

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Fiona Mulcahy

Date:

11/12/17

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :

A.M.-J. Wensing

AFFILIATION:

UMC Utrecht, the Netherlands

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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:

Merck, Janssen, Gilead, Viiv, Cyti

Receipt of honoraria or consultation fees:

Viiv, Gilead, Merck, Janssen

Participation in a company sponsored speaker's bureau:

—

Stock shareholder:

—

Spouse/partner:

—

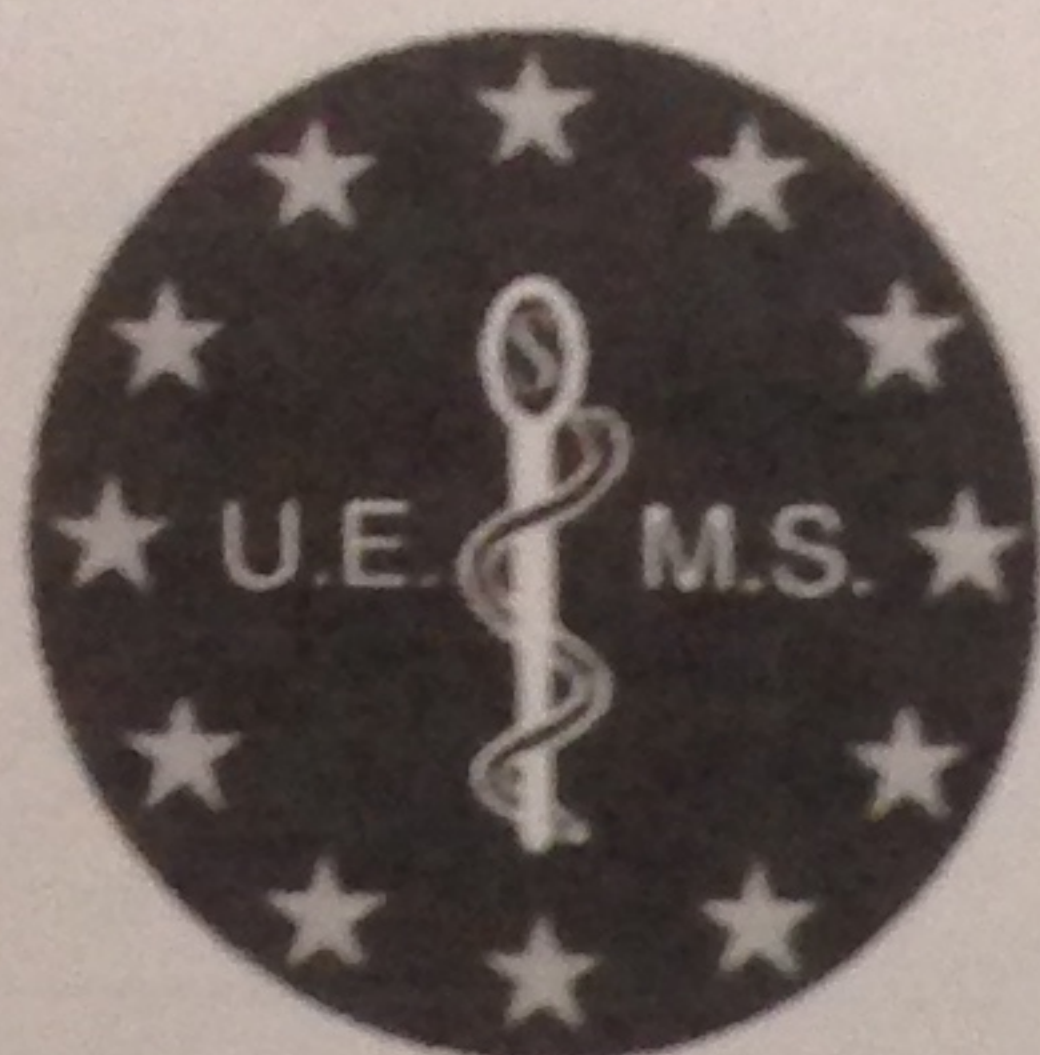
Other support (please specify):

Vindology Education
travel support / speaker fee

Signature:

Date:

19-12-17



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: MAXIMILIAN C. ACHELBERG

AFFILIATION: SOZIALMEDIZINISCHES ZENTRUM OST - DONAUSPITAL,
VIENNA, AUSTRIA

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

11/12/2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: KRISTIAN BARBER

AFFILIATION: CHELSEA AND WESTMINSTER HOSPITAL

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☐ 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:

NA

Receipt of honoraria or consultation fees:

GILEAD, MSD, VIV

Participation in a company sponsored speaker's bureau:

JANSSEN, ROCHE

Stock shareholder:

NA

Spouse/partner:

NA

Other support (please specify):

CONFERENCE SUPPORT : GILEAD, MSD

Signature:

Date:

11 DEC 2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Jose I. Bernardino

AFFILIATION: Hospital Universitario La Paz. Madrid.

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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):

Grind MSD, Viv Huthary, Jansen

Signature:

Date: 17. December - 2012.



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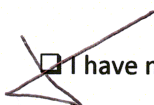
NAME :

Priv. Doz. Dr. med. M. Bickel
Innere Medizin/Infektiologie
Stresemannallee 3
60596 Frankfurt am Main
Tel. 069-69597230 Fax 069-69597240

AFFILIATION:

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :

ADRIAN CURRAN

AFFILIATION:

INFECTIOUS DISEASES DEPARTMENT, HOSPITAL UNIVERSITARI
VALL D'HEBRON, UNIVERSITAT AUTÒNOMA DE BARCELONA

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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:

VIV, JANSSEN, GILEAD, MSD

Receipt of honoraria or consultation fees:

MSD, JANSSEN, GILEAD

Participation in a company sponsored speaker's bureau:

MSD, JANSSEN

Stock shareholder:

—

Spouse/partner:

—

Other support (please specify):

—

Signature:

Date:

22 DEC 2017

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: **CHRISTINE GILLES**

AFFILIATION: **GYNECOLOGIST, C.H.U. SAINT PIERRE, BRUSSELS.**

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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:

le 22.02.17



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Labhardt Niklaus

AFFILIATION: Univ. Hospital Basel, Switzerland

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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:

no

Gilead Sciences

Receipt of honoraria or consultation fees:

no

Participation in a company sponsored speaker's bureau:

no

Stock shareholder:

no

Spouse/partner:

no

Other support (please specify):

Travel grants to int. conferences
(Glasgow HIV, EACS, IAS)

Signature:

Date:

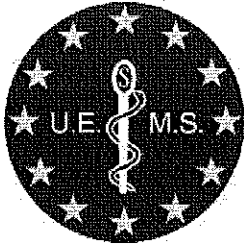
N. Labhardt

2/21/2018

Universitätsspital Basel
Infektiologie & Spitalhygiene
Dr. med. Niklaus Labhardt
Petersgraben 4, CH-4031 Basel

UEMS^{uisse} – Union Européenne des Médecins Spécialistes

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *Agne LiBois*
AFFILIATION: *CHU SAINT - PIERRE, Brussels, Belgique*

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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): *Travel fee*

Name of commercial company

*Glaxo, Viiv
Janssen, Viiv*

Viiv

Signature:

Date:

11/12/2017



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: SILVIA NOZZA

AFFILIATION: OSPEDALE SAN RAFAELE

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: GILEAD VIV JANSSEN

Receipt of honoraria or consultation fees: GILEAD VIV JANSEN

Participation in a company sponsored speaker's bureau: GILEAD VIV JANSSEN

Stock shareholder: /

Spouse/partner: /

Other support (please specify): /

Signature:

Date:

21/11/17



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *Casper Rohx*

AFFILIATION: *Erasmus MC University Medical Centre*

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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:

18 Dec 2017

UEMS_{ansbl} – Union Européenne des Médecins Spécialistes

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

Dr. Dominic Rowley

AFFILIATION:

GUIDE CLINIC, ST-JAMES HOSPITAL, D.F. JERAM

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

SPEAKER FEE

SERVIER DECEMBER 2017

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

7/1/18



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: OANA SANDULESCU

AFFILIATION: CAROL DAVILA UNIVERSITY OF MEDICINE AND PHARMACY, BUCHAREST, NATIONAL INSTITUTE FOR INFECTIOUS DISEASES "PROF. DR. MATEI BALAS", BUCHAREST, ROMANIA

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

—

Receipt of honoraria or consultation fees:

ABBVIE - SPEAKER FEES

Participation in a company sponsored speaker's bureau:

—

Stock shareholder:

—

Spouse/partner:

—

Other support (please specify):

SUBINVESTIGATOR IN HIS CLINICAL TRIALS BY BMS AND VIV.

Signature:

Date: 12 DEC 2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: AGATA SKRZAT - KLAPACZYŃSKA

AFFILIATION: HOSPITAL FOR INFECTIOUS DISEASES DEPARTMENT FOR
ADULT'S INFECTIOUS DISEASES, MEDICAL UNIVERSITY OF WARSAW,
(POLAND)

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Agata Skrzat - Klapaczynska

Date:

17.12.2017

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr. CHRISTOPH SPINNER

AFFILIATION: UNIVERSITY HOSPITAL WILHELM KUNIG RECHTS DEN 15

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☐ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Gilead Sciences, Janssen-Cty, VirV

Receipt of honoraria or consultation fees:

AbbVie, Gilead, MSD, Janssen-Cty, VirV, Metaxal/Hance

Participation in a company sponsored speaker's bureau:

Gilead

Stock shareholder:

☒

Spouse/partner:

☒

Other support (please specify):

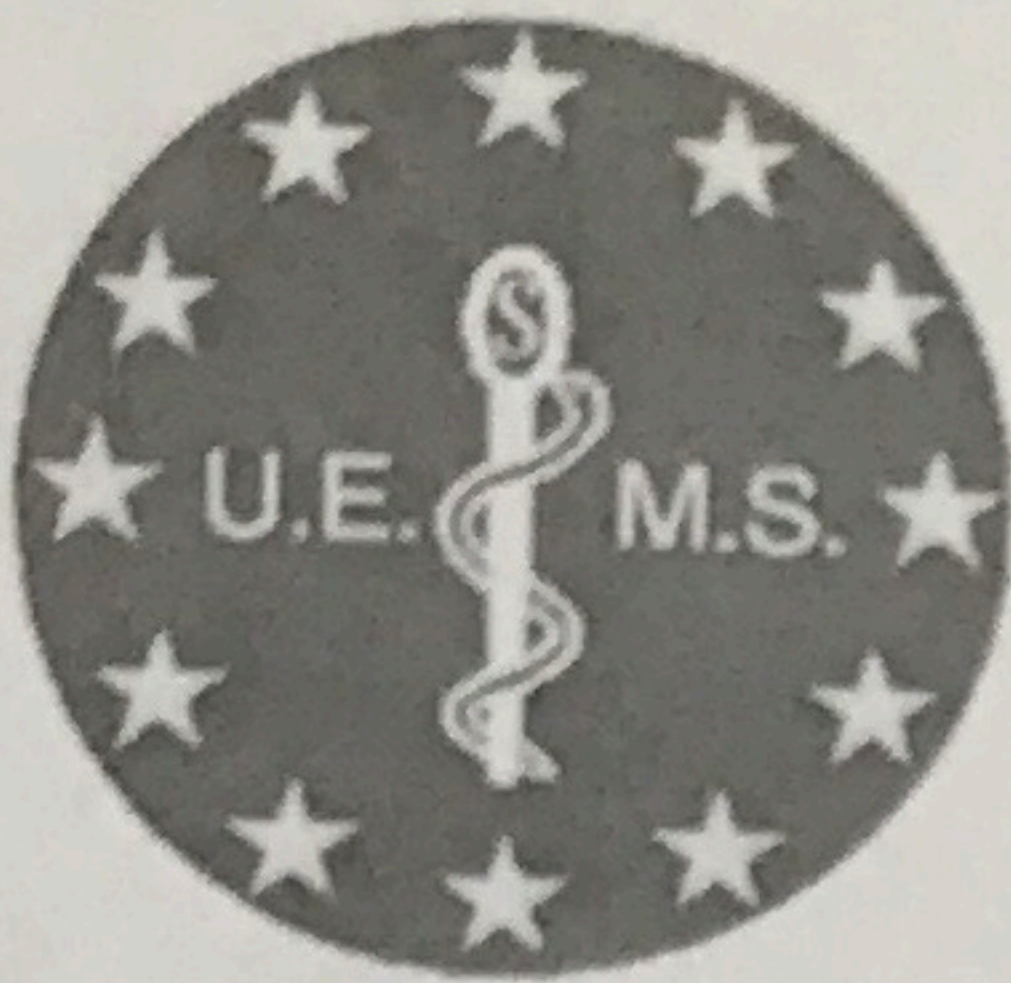
☒

Signature:

Dr. Christoph Spinner
Facharzt

Date:

11-DEC-2017



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: MARTA VASYLYEV

AFFILIATION: LVIV REGIONAL PUBLIC HEALTH 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:

Date:

15.12.2017



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: LAURA WATERS

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DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Gilead, Janssen

Receipt of honoraria or consultation fees:

Gilead, Janssen, Viv, MSD

Participation in a company sponsored speaker's bureau:

Gilead

Stock shareholder:

N/A

Spouse/partner:

N/A

Other support (please specify):

N/A

Signature:

Date:

21/12/2017