

EUROPEAN ACCREDITATIONCOUNCIL ON CME (EACCME®)

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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

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: 8 December 2017

★ ★ ★ ★ ★ U.E. M.S. ★ ★ ★ ★

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 CLUTECK

AFFILIATION: SAINT-PIERRE UNIVERSITY HOSPITAL - ULB

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Type of affiliation / financial interest

Name of commercial company

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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:

14/12/017

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

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Conflict of Interest Disclosure Form

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



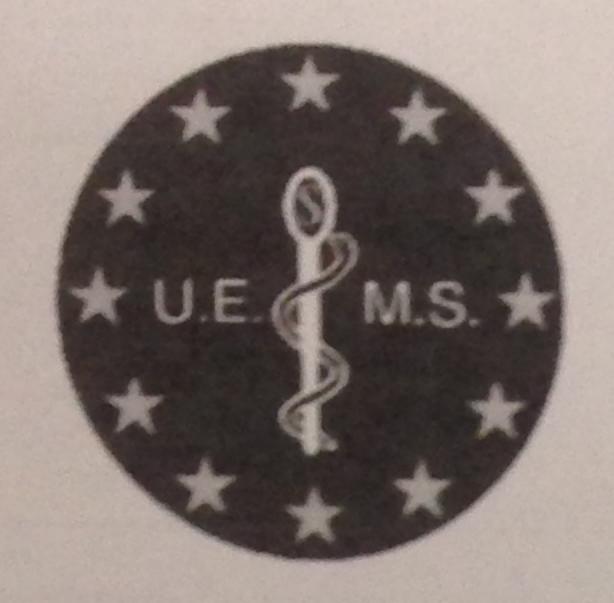
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Conflict of Interest Disclosure Form

NAME: AFFILIATION: Under Americal Memory Lember 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: Merch, Janssen, Gilead, Viiv, Cl.
Receipt of grants/research supports: Merch, Janssen, Gilead, Viiv, Cy Receipt of honoraria or consultation fees: Viiv, Gilead, Merch, Janssen
Participation in a company sponsored speaker's bureau:
Stock shareholder: —
Spouse/partner:
Other support (please specify): Vindog y Education + and support / spealer fel
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. MCHELBUCG

AFFILIATION: SOZIALHEDIZINISCHES ZENTRUM OST - DONMISTITAL,

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DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 11/12/2017

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Conflict of Interest Disclosure Form

NAME: IZISTAN	BARBER			
	_	-forming ted	EL HOSPITAL	
In accordance with criterion 14 of Educational Events (LEEs)", all decla or other relationship, must be provemust be made readily available, eithe organiser of the LEE. Declarate imbursement of expenses in relation	document UEMS trations of potential ided to the EACCN ther in printed for the must include	2016/20 "EACCME® cri al or actual conflicts of in ME® upon submission of m, with the programme whether any fee, ho	teria for the Accreditation nterest, whether due to a the application. Declaration	financial ions also
	DISC	<u>LOSURE</u>		
☐ I have no potential conflic	t of interest to re	port		
☐ I have the following poten	tial conflict(s) of	interest to report		
Type of affiliation / financial	interest	Nam	e of commercial compa	ny
Receipt of grants/research su	pports:		NA	
Receipt of honoraria or consu	Itation fees:	7 GILEAD	MSD, VIIV	
Receipt of honoraria or consu Participation in a company sp	onsored speaker	's bureau:))A	NSSEN, ROCH	E
Stock shareholder:			NA	
Spouse/partner:			NA	
Other support (please specify)): confece	NCE SUPPORT	: GILEAD, MS	D
Signature:		Date:		
		Jate.	11 DEC 2017	•



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME*)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Jose I. Gernardino

AFFILIATION: Hospital Universitario Le Paz. Madrid.

☐ I have no potential conflict of interest to report

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DISCLOSURE

tential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of grants/1656	Giland USB, VIIV Hathare, Janesen
Receipt of honoraria or consultation fees:	
participation in a company sponsored speaker's bureau:	
Stock shareholder:	
spouse/partner:	The state of the s
Other support (please specify):	
	Date: 17- December - 7017.



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

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

AFFILIATION:

Signature:

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DISCLOSURE

ort
Name of commercial company

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

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Conflict of Interest Disclosure Form

NAME: DRIAN CURRAN	mat unital imiversity
AFFILIATION: INFECTIOUS DICASES DEPONDENT OF THE PROPERTY OF T	original contents of the Accreditation of Live of Interest, whether due to a financial mission of the application. Declarations also programme of the LEE, or on the website of the honorarium or arrangement for re-
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 Receipt of grants/research supports:	Name of commercial company VIN, DANSSEN, GILERD, MSD
Receipt of honoraria or consultation fees:	MSD, JONSSON, GIERAD
Participation in a company sponsored speaker's bureau:	MSD, JANSSEN
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature:	Date: 22 DEC 2017

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

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :	CHRISTINE	6illes		
AFFILIATION:	GYNELOLO	6187, C.H.U.	SAINT PIERRE,	Brushers.

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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:

Date:

le 22.02.17



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Lablardt Niklaus

AFFILIATION: Univ. Hospital Bacel, Suitcerbud

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DISCLOSURE

□ I have	no potential	conflict of interest to report	
N			

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

Type of affiliation	financial interest
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Name of commercial company

Receipt of grants/research supports:

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Gilead Sciences

Receipt of honoraria or consultation fees:

wo

Participation in a company sponsored speaker's bureau:

uo

Stock shareholder:

no

Spouse/partner:

no

Other support (please specify):

(Glogow HIV, EACS, 145)

Signature:

Date:

2/2/2018

/ La Star (Ugygersitätsspital Basel Infectiologie in Spitalhygiene Dr. med. Niklaus Labhardt Petersgratien 4, CH-4031 Basel

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Agris LiBOIS AFFILIATION: CHO SAINT-PIEURE, BUSSEL, Belog

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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): Love for

Name of commercial company

Date: M12 (2A7-

Signature:

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NAME:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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SILVIA NOZZA

AFFILIATION: USPEDALE JAN HEFAELE

must be made readily available, either in printed form, with the organiser of the LEE. Declarations must include wheth imbursement of expenses in relation to the LEE has been prov	ner any fee honorarium
DISCLOSUI	<u>RE</u>
have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interes	t to report
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports: でにて AD	-
Receipt of honoraria or consultation fees: しいしい	
Participation in a company sponsored speaker's bures Stock shareholder: Spouse/partner:	au: Quero una Janon
Other support (please specify):	
Signature:	Date: 21/11/14

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Cosper Roha	
AFFILIATION: Fragues Mc University	Medicul Cent.
In accordance with criterion 14 of document UEMS 2016/20 "EACCM Educational Events (LEEs)", all declarations of potential or actual conflict or other relationship, must be provided to the EACCME® upon submits must be made readily available, either in printed form, with the project organiser of the LEE. Declarations must include whether any filmbursement of expenses in relation to the LEE has been provided.	ME® criteria for the Accreditation of Live icts of interest, whether due to a financial ssion of the application. Declarations also gramme of the LEE, or on the website of
DISCLOSURE	
≥ Thave no potential conflict of interest to report	
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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature:	Date: 18 Pec 2012

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

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

NAME: DA. DOMINIC ROWIEY AFFILIATION: GUIDE CLIVIC, ST. TAMES HOSAITHE, D. F. ILEGAN
AFFILIATION: GUIDE CLIVIC, ST. TAMES HUMITAL, D.F. ILEGA
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Type of affiliation / financial interest Name of commercial company
Receipt of grants/research supports:
Receipt of honoraria or consultation fees: SPEARER FEE Participation in a company sponsored speaker's bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):
Signature: Date: 7/1/18



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: OAMA SANDULESTO

AFFILIATION: COROL MOVILA UNIVERSITY OF METRICINE AND PHARMALY BUCHARES, NOTIONAL INSTITUTE FOR INFECTIOUS DISEASES WORLD MATER BASE, BUCHARES, ROMANIA In accordance with criterion 14 of document UEMS 2016/20 "EACCME" criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

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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 burea	iu:				
Stock shareholder:					
Spouse/partner:					
Other support (please specify):	SOBINUESTICATER IN HIV CLINICAL TRIALS BY BMS ANDUILU.				
nature:	Date: 12 156C 2017				



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:	AGATA	SKRZAT - KI	LAPACZYNSKA
or other in must be the organ	relationship, must be p made readily available, niser of the LEE. Deck	rovided to the EACCME® upon either in printed form, with t	OUS DISEASES DEPARTMENT FOR MEDICAL UNIVERSITY OF WARSE "EACOME" criteria for the Accreditation of Live POLIA! al conflicts of interest, whether due to a financial submission of the application. Declarations also the programme of the LEE, or on the website of er any fee, honorarium or arrangement for reded.
		DISCLOSUR	<u>RE</u>
MI	have no potential cor	of interest to report	
	have the following po	otential conflict(s) of interes	t to report
Тур	e of affiliation / final	ncial interest	Name of commercial company
Rec	eipt of grants/researc	ch supports:	

Signature:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Agostie Skrat - Krapenjuskia

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Date:

19.18.2017



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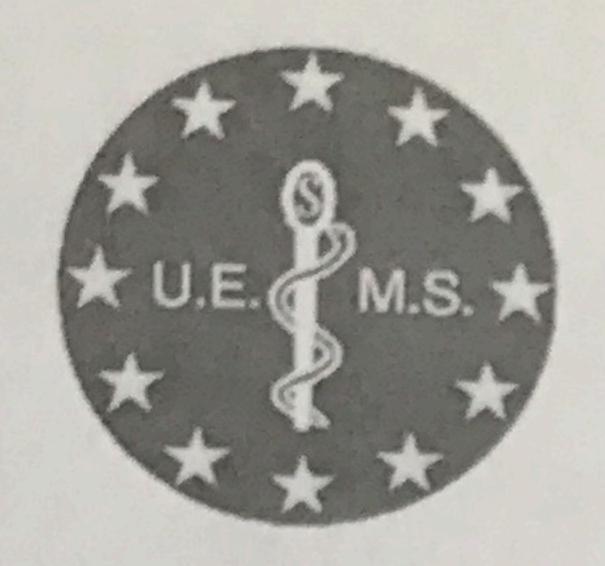
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: I CGN (STOP4 SPINISM
NAME: I CGN (STOP4 SPINISM AFFILIATION: UNIVERSITY HOSPITITE MINICULU NEGOTS DEN
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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: [ilead Exenses, Junger-Ch, Viv
Receipt of grants/research supports: Silead Sienses, Jungsen - Gly Viv V Receipt of honoraria or consultation fees: Plavic filed, MSD, Jungsen - Gily Viv V Metal / Hon
Participation in a company sponsored speaker's bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):
Signature: Date: M-DEC- 2017

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848

Facharzt



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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: LUIV REGIONAL	PUBLIC HEALTH CENTER
In accordance with criterion 14 of document UEMS 2016/20 "EAGE Educational Events (LEEs)", all declarations of potential or actual coor other relationship, must be provided to the EACCME® upon submust be made readily available, either in printed form, with the pathe organiser of the LEE. Declarations must include whether are imbursement of expenses in relation to the LEE has been provided.	onflicts of interest, whether due to a financial omission of the application. Declarations also programme of the LEE, or on the website of my fee, honorarium or arrangement for re-
DISCLOSURE	
I have no potential conflict of interest to report	
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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: Allamo	Date: 15.12.2017

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Conflict of Interest Disclosure Form

NAME: LAURA WATERS							
AFFILIATION: CNWL, MORTIMER A	MRUET	CENTICE,	UU				
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 o	ommercial compa	ny				
Receipt of grants/research supports:	Gilead	d, Janssei	1				
Receipt of honoraria or consultation fees:	Gileau.	Janssen,	viiv, MSD				
Participation in a company sponsored speaker's bureau:	Cile ac						
Stock shareholder:	NIA						
Spouse/partner:	NIA						
Other support (please specify):	NIA						
Signature:	Date:	21/12/2017	÷				