



**EUROPEAN UNION OF MEDICAL SPECIALISTS**  
**The European Accreditation Council for**  
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Institution of the UEMS<sub>aisbl</sub>

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F +32 2 640 37 30  
[accreditation@uems.eu](mailto:accreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dr Nadine Agosti.....

AFFILIATION: Présidente de l'UFMASS.....

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 14-03-2023



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NAME : ..... *Blanchard Orlé*

AFFILIATION: ..... *D.R.P. Grand Est CNAN France*

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*10/05/2023*



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NAME : Magali Percot-Pédrono.....

AFFILIATION: DRSM Ile de France.....

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10 05 2023



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Noël Etienne.....

AFFILIATION: Union Nationale des Mutualités Socialistes , Belgique

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:** Etienne Noël

**Date:** 19/05/2023



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(to be completed by scientific/organising committee members)

NAME : Dre Isabelle Gabellon.....

AFFILIATION: médecin indépendant et responsable de la Formation en Médecine d'Assurance à la Swiss Medical Insurance .....

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Spouse/partner: no

Other support (please specify): no

Dr Isabelle GABELLON  
Spéc. médecine int.-rhumatologie FMH  
Rue du Lac 39 - 1800 Vevey  
Tél. 021 921 43 43/Fax 021 923 68 58

Signature:

Date: 08.05.2023



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NAME : SCHNEIDER Denis.....

AFFILIATION: DRSM GRAND EST.....

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *D Schneider*

Date: 10/05/2023



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NAME : Becker.....

AFFILIATION: Drsm GE.....

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## Conflict of Interest Disclosure Form

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NAME : LESCARRET Bruno

AFFILIATION: DRSM NOUVELLE AQUITAINE 80 av de la Jallere 33000 Bordeaux FRANCE

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Signature:

Date: 16/05/2023





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NAME : LECOINTRE Dominique.....

AFFILIATION: Medecin-conseil régional adjoint - Direction régionale du Service Médical de Bourgogne-Franche-Comté

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NAME : GRAVET Claire.....

AFFILIATION: DRSM Grand-Est.....

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## Conflict of Interest Disclosure Form

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NAME : HERANNEY Dyane.....

AFFILIATION: DRSM Grand Est - France.....

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NAME : LEFEBVRE Karine

AFFILIATION : DRSM - Nouvelle Aquitaine

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Spouse/partner:

Other support (please specify):

Signature:

*Karine Lefebvre*

Date:

*11/12/23*



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NAME : *RUGGIERI SOPHIE*

AFFILIATION: *CNAT DRSD OCCITANIE*

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Dr Isabelle GABELLON  
Spéc. médecine int.-rhumatologie FMH  
Rue du Lac 39 - 1800 Vevey  
Tél. 021 921 43 43/Fax 021 923 68 58

Signature:

Date: 08.05.2023



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NAME: CABANEL MARIÉ-CLAUDE

AFFILIATION: CNA7 DRSD OCCITANIE

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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ..... LATIL .....

AFFILIATION: ..... CNAM Assurance - Maladie .....

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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Date:

14/2/2023





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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ..... *AL. CALICEA CORINA MD PhD* .....

AFFILIATION: ..... *SREM.RCM. ROMANIA / "CAROL DAVILA" UNIVERSITY*  
*BUCHAREST* .....

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Spouse/partner:

Other support (please specify):

Signature:

Date: *13.02.2023*