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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ALAIE Iman

AFFILIATION : Karolinska Institutet

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: 16.05.2023**

DocuSigned by:  
  
 1A6BB7CEA3164A4...



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**Conflict of Interest Disclosure Form**  
(to be completed by scientific/organising committee members)

NAME : BRAUN Markus

AFFILIATION : Department of Forensic Psychiatry, University of Bern

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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: 26.04.2023**

DocuSigned by:  
  
E09F8960F5024B7...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : BRENDLER-LINDQVIST, MARIA Maria

AFFILIATION : Occupational and Environmental 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: 28.04.2023**

DocuSigned by:  
  
0B7C1E8D5BF1412...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : FABRI Valérie  
AFFILIATION : Solidaris

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Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

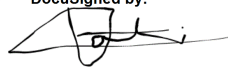
Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 02.05.2023**

DocuSigned by:  
  
32C08EB6E5404AA...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : HANSSON Birgitta

AFFILIATION : University Department of Rehabilitation Medicine Stockholm, Karolinska Institute, Danderyds Hospital

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 02.05.2023**

DocuSigned by:  
*Birgitta Hansson*  
DBCD8B0BEF1F4BE...



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NAME : GRAVET Claire

AFFILIATION : DRSM Grand-Est

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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: 10.05.2023**

DocuSigned by:  
  
FFB0A045F14F469...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : HEYLBROECK Christophe

AFFILIATION : CM

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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: 26.04.2023**

DocuSigned by:  
  
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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : HENSING Gunnel

AFFILIATION : School of Public Health and Community Medicine, Institute of Medicine, University of Gothenburg

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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: 16.05.2023**

DocuSigned by:  
  
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## **Conflict of Interest Disclosure Form**

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NAME : HARA Karen Walseth  
AFFILIATION : NTNU

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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: 01.06.2023**

DocuSigned by:  
  
B0E81E5995BC49B...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : KOKKINAKIS Ioannis

AFFILIATION : Center for Primary Care and Public Health (Unisanté), University of Lausanne

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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: 05.05.2023**

DocuSigned by:

*Ioannis Kokkinakis*

476019B1C6B64D1...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : HOLMQVIST Anna

AFFILIATION : University Department of Rehabilitation Medicine Stockholm, Karolinska Institute, Danderyds Hospital

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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: 19.05.2023**

DocuSigned by:  
  
F7A82A81C84F415...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : HAMARAT Natasia

AFFILIATION : Centre de droit public et social, Université libre de Bruxelles

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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 : The pilot project "INAMI-ULB 2018" is funded by INAMI-RIZIV-NIHDI (National Institute for Health and Disability Insurance).

**Signature:**

**Date: 16.05.2023**

DocuSigned by:  
*Natasia Hamarat*  
FAB26619113545E...



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(to be completed by scientific/organising committee members)

NAME : AMIN Ridwanul

AFFILIATION : Karolinska Institutet

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 17.05.2023**

DocuSigned by:  
*Ridwanul Amin*  
D73F2E6732B24D5...



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NAME : DURMONT Patrick

AFFILIATION : CNAM DRSM OCCITANIE

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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: 27.04.2023**

DocuSigned by:  
  
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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : FARRANTS Kristin

AFFILIATION : Karolinska Institutet

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Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 16.05.2023**

DocuSigned by:  
*Kristin Farrants*  
C7DCC74743AA4F7...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : DAL POZZO CRISTINA

AFFILIATION : INAIL

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Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 17.05.2023**

DocuSigned by:  
  
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## **Conflict of Interest Disclosure Form**

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NAME : DELMOULY NATHALIE  
AFFILIATION : DRSM OCCITANIE

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Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 28.04.2023**

DocuSigned by:  
*Nathalie DELMOULY*  
077FF972707748F...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : DERVISH Jessica

AFFILIATION : Karolinska Institutet

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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: 08.05.2023**

DocuSigned by:  
  
7FC4915F19EA459...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : BRAECKMAN Lutgart  
AFFILIATION : Université de Liège

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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: 26.04.2023**

DocuSigned by:  
  
DBEB439053F34D9...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : DE VISSER Mara

AFFILIATION : Amsterdam UMC

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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: 02.06.2023**

DocuSigned by:  
  
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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : FAUSER David

AFFILIATION : Federal German Pension Insurance

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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: 26.04.2023**

DocuSigned by:  
  
E6BDD696A214D6...



**EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)**

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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : FRIBERG Emilie

AFFILIATION : Division of Insurance Medicine, Department of Clinical Neuroscience, Karolinska Institutet

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 : Have previously been funded partly by a unrestricted research grant from Biogen, have received unrestricted research grants from Celgene/Bristol-Myers Squibb.

Receipt of honoraria or consultation fees : Have received speaker's fees from Merck

**Signature:**

**Date: 27.04.2023**

DocuSigned by:  
  
 1D47D678AA17453...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : FRANTZ Anna

AFFILIATION : Karolinska Institutet, Institute of Environmental Medicine

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: 24.05.2023**

DocuSigned by:  
  
 7FAEA2051FE44B4...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : ELF Mikael

AFFILIATION : Assessment team, Gothenburg

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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: 26.04.2023**

DocuSigned by:  
  
47972405886549D...





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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : HARGOT Nathalie

AFFILIATION : INAMI

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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: 31.05.2023**

DocuSigned by:  
  
 FE02CFB590E14DD...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : KJELDGÅRD Linnea

AFFILIATION : Karolinska Institutet, Department of Clinical neuroscience, Division of Insurance Medicine

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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: 28.04.2023**

DocuSigned by:  
*Linnea Kjeldgård*  
58CDDBB4B1E3495...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : BECKER Pascal

AFFILIATION : CNAM

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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: 03.05.2023**

DocuSigned by:  
  
75BF68CE1CAA4B4...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : GALVIS APARICIO Mayra

AFFILIATION : Swiss Paraplegic Research, Nottwil

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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: 26.04.2023**

DocuSigned by:

*Mayra Juliana Galvis Aparicio*

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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : KARLSSON Ida

AFFILIATION : Karolinska Institutet, Institute of Environmental Medicine

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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: 27.04.2023**

DocuSigned by:  
*Ida Karlsson*  
FFEF4AA568CE429...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : JONSSON Madeleine

AFFILIATION : University Department of Rehabilitation Medicine Stockholm, Karolinska Institute, Danderyds Hospital

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: 19.05.2023**

DocuSigned by:  
  
DDC1625557E14DE...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : JANNAS Sandra

AFFILIATION : Centre for Psychiatry Research

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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: 27.04.2023**

DocuSigned by:  
*Sandra Jannas*  
6B2091FFD3494F7...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : HERANNEY Dyane

AFFILIATION : DRSM Grand Est - Assurance Maladie

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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: 02.05.2023**

DocuSigned by:  
  
 2A8AC320B05348C...





**EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)**

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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : HELLMAN Therese

AFFILIATION : Uppsala universitet

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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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

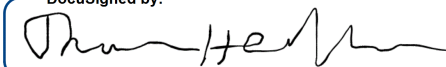
Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 28.04.2023**

DocuSigned by:  
  
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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : GOUPIL Luc  
AFFILIATION : DRSM NA

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: 15.05.2023**

DocuSigned by:  
  
2051297FE837472...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : HAGHSHENAS Maryam

AFFILIATION : Department of Public Health and Nursing, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology (NTNU)

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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: 25.05.2023**

DocuSigned by:

*Maryam Haghsheenas*

D7114688381E40F...



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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : HAGENDIJK Marije

AFFILIATION : Amsterdam UMC location University of Amsterdam, Department of Public and Occupational Health, Coronel Institute of Occupational Health, Amsterdam Public Health Research Institute

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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: 28.04.2023**

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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : LESCARRET BRUNO

AFFILIATION : Direction Régionale du Service Médical de Nouvelle Aquitaine

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: 16.05.2023**

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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : LIEGEOIS Betty

AFFILIATION : DRSM grand Est

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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: 10.05.2023**

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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : LEFEBVRE KARINE

AFFILIATION : DRSM NOUVELLE-AQUITAINE

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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: 02.06.2023**

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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : LAGRANGE CLAIRE

AFFILIATION : DRSM Grand Est

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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 16.05.2023**

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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : LEMLIJN-SLENTER Anja

AFFILIATION : Division of Gastroenterology and Hepatology, Department of Internal Medicine, School of Nutrition and Translational Research in Metabolism (NUTRIM), Maastricht University Medical Center, Maastricht, The Netherlands.

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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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:

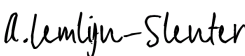
Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 26.05.2023**

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**Conflict of Interest Disclosure Form**  
(to be completed by scientific/organising committee members)

NAME : LATIL FRANCOIS  
AFFILIATION : CNAM

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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: 25.05.2023**

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