



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: TANGRE PHILIPPE.....

AFFILIATION: FRENCH NATIONAL HEALTH INSURANCE

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:** PHILIPPE TANGRE

**Date:** 06 / 26 / 2023



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: ..... *ALEJANDRA MACHADO*

AFFILIATION: ..... *KAROLINSKA 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:	<i>Biogee &amp; Celgene/Bristol-Myers</i>
Receipt of honoraria or consultation fees:	<i>Squibb.</i>

Participation in a company sponsored speaker's bureau: *—*

Stock shareholder: *—*

Spouse/partner: *—*

Other support (please specify): *—*

Signature: *[Handwritten Signature]*

Date:

*16<sup>th</sup> June 2023*



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Marco Streibelt

AFFILIATION: German Federal Pension Insurance, Berlin

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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: 06/29/2023**



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Masuy Rini.....

AFFILIATION: KU Leuven.....

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-imbusement 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:** Rini Masuy  
(Signature)

Digitally signed by Rini Masuy  
(Signature)  
Date: 2023.06.27 16:44:20 +02'00'

**Date:**  
27/06/2023



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## Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: .....LEUTENEGER.....

AFFILIATION: .....DRS11 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:

26.06.2023



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Thomas Petzold.....

AFFILIATION: Medizinischer Dienst Sachsen...

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-imbusement 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:** 26.03.2023



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ..... *Hesse Edith* .....

AFFILIATION: ..... *Solidaris* .....

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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: *[Signature]*

Date: *30/6/2023*



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : .....

AFFILIATION: .....

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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:





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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Géraldine Roset  
AFFILIATION: DRON / DGDOR Prud'Est / CNAT -

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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:

24/06/2024 -



### Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: CARIN NYEMAN

AFFILIATION: KAROLINSKA INSTITUTET, SWEDEEN

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: 26/06/2023



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Julia Porcino .....

AFFILIATION: National Institutes of Health .....

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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: *Julia Porcino*

Date: June 26, 2023



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: LAFFERAYRIE Marc  
AFFILIATION: DRSIT Centre Val de Loire

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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:**

June 23 2023



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: SIVANA SCOLARI

AFFILIATION: Service Médical Régional Suisse Romande  
OFFICE CANTONAL DES ASSURANCES SOCIALES

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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: 28.6.2023



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Dr Jean-Christophe GUARDIOLLE.....

AFFILIATION: DRSM GRAND EST - CAISSE NATIONALE D'ASSURANCE MALADIE FRANCAISE.....

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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:** 23/06/2023