

Signature:

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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 - F + 32 2 640 37 30 https://eaccme.uems.eu - accreditation@uems.eu

#### Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME: Edwin J. Asturias, MD

AFFILIATION: University of Colorado School of Medicine, USA

☐ I have no potential conflict of interest to report

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

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):

Name of commercial company

Pfizer, Biofire

Curevac, Inovio, Moderna, Merck

None

None

None

None

Date: October 20, 2022



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#### **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: Prof. Dr. med. Isabelle Bekeredjian-Ding

AFFILIATION: Paul-Ehrlich-Institut

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#### **DISCLOSURE**

X I have no potential conflict of interest to report

 $\hfill \square$  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:

roleile.

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Name of commercial company

Date: 27.2.2023



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#### Conflict of Interest Disclosure Form

NAME: PRISTING CASSETTI AFFILIATION: NIH / NIAID

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#### DISCLOSURE

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):	

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100 selt	

Date: 13 JANUARY 2023



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#### **Conflict of Interest Disclosure Form**

NAIVIE:Alejandro Cravioto	
AFFILIATION:Facultad de Medicina, Universidad Nacional A City	utónoma de México, Mexico
n accordance with criterion 14 of document UEMS 2016/20 "EAG Educational Events (LEEs)", all declarations of potential or actual co or other relationship, must be provided to the EACCME® upon sub must be made readily available, either in printed form, with the p the organiser of the LEE. Declarations must include whether an mbursement of expenses in relation to the LEE has been provided.	inflicts of interest, whether due to a financial mission of the application. Declarations also programme of the LEE, or on the website of my fee, honorarium or arrangement for re-
DISCLOSURE	
XX□ I have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interest to i	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: A Oravro fo	Date: November 7, 2022



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#### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

Clare Louise Cutland

AFFILIATION:

Signature:

African leadership in Vaccinology Expertise (Alive), Wits health Consortium

Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

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.

I have no potential conflict of interest to report	
$\square$ I have the following potential conflict(s) of interest to rep	ort
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):	
nature: Manot	Date: 22 Faß 2023



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#### **Conflict of Interest Disclosure Form**

(To be completed by scientific/organizing committee members)

NAME: Niklas Danielsson

AFFILIATION: UNICEF

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1 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: 01.06.2023



#### EUROPEAN ACCREDITATIONCOUNCIL ON CME (EACCME®)

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#### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:	Ac	brien	de	Chai	semeer	tin
AFFILIATIO	ON:	Bella	deli	nda	Gates	Foundation

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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Lhave 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: 03/04/2023

UEMS<sub>alsbl</sub> – Union Européenne des Médecins Spécialistes IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



Signature:

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Date: 25/11/2022

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#### **Conflict of Interest Disclosure Form**

(To be completed by scientific/organizing committee members)

NAME : Arnaud Didierlaurent	
AFFILIATION:University of Geneva	
In accordance with criterion 14 of document UEMS 2016/20 "EACC Educational Events (LEEs)", all declarations of potential or actual confor other relationship, must be provided to the EACCME® upon submust be made readily available, either in printed form, with the prothe organiser of the LEE. Declarations must include whether any imbursement of expenses in relation to the LEE has been provided.	flicts of interest, whether due to a financial ission of the application. Declarations also ogramme of the LEE, or on the website of
DISCLOSURE	
☐ I have no potential conflict of interest to report	
X I have the following potential conflict(s) of interest to rep	port
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Moderna, Roche, GSK
Receipt of honoraria or consultation fees:	Sanofi, Roche, Speranza, ACM Biologicals
Participation in a company sponsored speaker's bureau:	Roche, Merck
Stock shareholder:	
Spouse/partner:	Work at GSK
Other support (please specify):	
A show in the	



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#### **Conflict of Interest Disclosure Form**

NAME :Janet A Englund	
AFFILIATION:University of Washington/ Seattle Children's Ho	ospital
In accordance with criterion 14 of document UEMS 2016/20 "EACO Educational Events (LEEs)", all declarations of potential or actual confor other relationship, must be provided to the EACCME® upon submust be made readily available, either in printed form, with the prothe organiser of the LEE. Declarations must include whether any imbursement of expenses in relation to the LEE has been provided.	flicts of interest, whether due to a financial ission of the application. Declarations also pgramme of the LEE, or on the website of
DISCLOSURE	
☐ I have no potential conflict of interest to report	
■ I have the following potential conflict(s) of interest to rep	port
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	AstraZeneca, GlaxoSmithKline, Merck, Pfizer – all to my university
Receipt of honoraria or consultation fees:	SanofiPasteur, Moderna, Meissa Vaccines, and Pfizer
Participation in a company sponsored speaker's bureau:	NO
Stock shareholder:	NO
Spouse/partner:	NO CONFLICTS
Other support (please specify):	
Signature: Selvet a Engled	Date: Oct 10, 2022



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#### **Conflict of Interest Disclosure Form**

NAME: Mary	J Hamel M.D		
AFFILIATION:	WHO		
Educational Evor other relation must be made the organiser	with criterion 14 of document UEMS ents (LEEs)", all declarations of potent onship, must be provided to the EACC readily available, either in printed for the LEE. Declarations must include of expenses in relation to the LEE has been seen to the leep seen to	ial or actual conflicts of i ME® upon submission of orm, with the programm de whether any fee, ho	nterest, whether due to a financial fithe application. Declarations also e of the LEE, or on the website of
	DISC	CLOSURE	
X□ I have	e no potential conflict of interest to	o report	
☐ I have	the following potential conflict(s) of	of interest to report	
Type of a	ffiliation / financial interest	Nan	ne of commercial company
Receipt o	f grants/research supports:		
Receipt o	f honoraria or consultation fees:		
Participat	cion in a company sponsored speak	er's bureau:	
Stock sha	reholder:		
Spouse/p	artner:		
Other sup	pport (please specify):		
Signature:	Mary Johannabere	Date:	9 Nov 2022



#### **EUROPEAN ACCREDITATIONCOUNCIL ON CME (EACCME®)**

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Date: 6/4/23

#### **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME :	JOACHI	17	HOM	13	A	CH
AFFILIATION:	WHO,	10	B			

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:



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T+3226495164-F+3226403730

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# Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Hector S. Izurieta, MD, MPH, PhD

AFFILIATION: Food and Drug Administration (FDA)

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 re-In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live imbursement of expenses in relation to the LEE has been provided.

# DISCLOSURE

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	7

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:

25/07/2023

IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VATn° BE 0469.067.848 UEMS<sub>3/501</sub> – Union Européenne des Médecins Spécialistes



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#### **Conflict of Interest Disclosure Form**

NAME: Philips David
AFFILIATION: SAND FI PATER
n 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 rembursement 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): Employee of SANTEUN
ignature:  Date:  3 od 8 22





#### **EUROPEAN ACCREDITATIONCOUNCIL ON CME (EACCME®)**

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#### **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: David C. Kaslow, MD

AFFILIATION: US Food and Drug Administration

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: David Cheelow rs	<b>Date:</b> 03 APR 2023



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#### **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

**NAME: OLIVER OMBEVA MALANDE** 

AFFILIATION: INTERNATIONAL COLLABORATION ON ADAVANCED VACCINOLOGY TRAINING

(ICAVT)

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.

☑I have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interest to re	port
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: 05th March 2023



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#### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:

Anna Carin MATTERSON

AFFILIATION: GAVI

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 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:

Anna-Cam Matteran

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 12/06/23

UEMS<sub>eisbl</sub> – Union Européenne des Médecins Spécialistes IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VATn° BE 0469.067.848



#### **EUROPEAN ACCREDITATIONCOUNCIL ON CME (EACCME®)**

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#### **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: DENISE NANICHE

AFFILIATION: SCIENTIFIC DIRECTOR AT BARCELONA INSTITUTE FOR GLOBAL HEALTH (ISGlobal)

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	X I have no potential conflict of interest to report	
	☐ I have the following potential conflict(s) of interest to repo	ort
	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):	
Sig	nature:	Date: 6th March 2023



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#### **Conflict of Interest Disclosure Form**

(To be completed by scientific/organizing committee members)

NAME: Dr. Kathleen M. Neuzil

AFFILIATION: University of Maryland School of Medicine Center for Vaccine Development and Global Health (CVD)

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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:	
	"Accelerating Availability and Access to Typhoid Conjugate Vaccines 1	Bill & Melinda Gates Foundation
	Accelerating Access to Typhoid Conjugate Vaccines" (TyVAC 2.0)	Bill & Melinda Gates Foundation
	A Phase II Trial to Evaluate the Safety, Immunogenicity, and Efficacy of a Single Dose of Tdap on Infant Immune Responses in Pregnant Women in a Low-Middle Income Country, NIAID Vaccine	NIAID VTEU

#### UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES **EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif - International non-profit organisation

Treatment and Evaluation Unit, 16-0024

Vaccine and Treatment Evaluation Units (VTEU) Protocol Development and Implementation, Natural History Challenge Study for Influenza, Task Area B-C, 18-0010.B1C1.0120", NIAID Vaccine Treatment and **Evaluation Unit** 

**NIAID VTEU** 

Collaborative Influenza Vaccine Innovation Centers (CIVICs) Component C: Clinical Core", National Institute of Allergy and Infectious Disease (NIAID)

NIAID, CIVICS

Implementing Vaccine Treatment and Evaluation Unit (VTEU) Clinical Site Protocols

NIH, NIAID, VTEU

Receipt of honoraria or consultation fees: None

Participation in a company sponsored speaker's bureau:

None

Stock shareholder: None

Spouse/partner: None

Other support (please specify): Signature: Hallela MACULA 8-11-202 Z

AVENUE DE LA COURONNE, 20



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#### **Conflict of Interest Disclosure Form**

NAME :Aurélia Nguyen	
AFFILIATION:GaviGavi	
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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: 5 Oct 2022	

# \* \* \* \* \* 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: PHSCOLO SIEVE
AFFILIATION: University Hospital of Zurich, Switzerland
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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 Name of commercial company
Receipt of grants/research supports: $EV$
Receipt of honoraria or consultation fees:
Participation in a company sponsored speaker's bureau:
Stock shareholder: 100 % of MIESCHER PHARMA GMAH / CEC
Spouse/partner:
Other support (please specify):
Signature: Date: 22/03/2023



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#### **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: Brett W. Petersen, MD, MPH

AFFILIATION: Poxvirus and Rabies Branch, United States Centers for Disease Control and Prevention (CDC)

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.

oxtimes I have no potential conflict of interest to report	
$\square$ I have the following potential conflict(s) of interes	st 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	ı:
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Mouth Af	
Signature:	Date: 3/6/2023



Signature:

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

#### **EUROPEAN ACCREDITATIONCOUNCIL ON CME (EACCME®)**

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#### **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: Gustavo Mendes Lima Santos

AFFILIATION: Fundação Butantan

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#### **DISCLOSURE**

X I have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interest to repo	rt
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):	

Date: 14 June 2023



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#### **Conflict of Interest Disclosure Form**

(To be completed by scientific/organizing committee members)

NAME: Melanie Saville

AFFILIATION: CEPI

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	☐ I have no potential conflict of interest to report		
×II	nave the following potential conflict(s) of interest to re	eport	
Тур	e of affiliation / financial interest	Name (	of commercial company
Rec	eipt of grants/research supports:		
Rec	eipt of honoraria or consultation fees:		
Par	ticipation in a company sponsored speaker's bureau:		
Sto	ck shareholder:	Sanofi	
Spo	ouse/partner:		
Oth	er support (please specify):		
Signatu	Docusigned by:  Dr. Melanie Saville  DE9E724664594A3	Date:	October 21, 2022



NAME:

Signature:

Kamel SENOUCI

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

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Date: 02/06/2023

#### **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

AFI	FILIATION: University of Geneva - Switzerland
Edu or o mu org	accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live acational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial other relationship, must be provided to the EACCME® upon submission of the application. Declarations also st be made readily available, either in printed form, with the programme of the LEE, or on the website of the raniser of the LEE. Declarations must include whether any fee, honorarium or arrangement for repursement of expenses in relation to the LEE has been provided.
,	DISCLOSURE
	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):



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#### **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: Dr. Naveen Thacker
NAME: Dr. Naveen Thacker AFFILIATION: President, International Pediatric Association
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 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: 6th March, 2023

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#### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Rodolfo Villena Martinez

AFFILIATION: Universidad de Chile

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 relations to the LEE has been provided.

#### **DISCLOSURE**

☐ I have no potential conflict of interest to report

X 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: Pfizer and Sanofi Pasteur

Receipt of honoraria or consultation fees: Pfizer, Sanofi Pasteur and GSK

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 28 th February 2023



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#### **Conflict of Interest Disclosure Form**

NAME: Dr Adesola Yinka-Ogunleye

AFFILIATION: Nigeria Centre for Disease Control, Abuja

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.

☑ I have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interest to r	eport
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: Oquelo.	Date: 17 October 2022