



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

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS
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eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

Maximilian Aichelburg
NAME:

Hautarzt Ottakring, Vienna, Austria
AFFILIATION:

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.

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: None

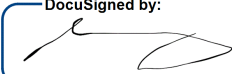
Receipt of honoraria or consultation fees: None

Participation in a company sponsored speaker's bureau: None

Stock shareholder: None

Spouse/partner: None

Other support (please specify): None

Signature: 
F22E43C884094F1...

Date: 07/02/2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

Jasmini Alagaratnam
 NAME:

Chelsea & Westminster Hospital NHS Trust
 AFFILIATION:

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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: Gilead Sciences

Receipt of honoraria or consultation fees: Nil

Participation in a company sponsored speaker's bureau: Nil

Stock shareholder: Nil

Spouse/partner: Nil

Other support (please specify): Nil

DocuSigned by:
 Signature: *Jasmini Alagaratnam*
 59068FE2E25A431...

Date: 06/02/2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

Tristan Barber
 NAME:

Royal Free London NHS Foundation Trust
 AFFILIATION:

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DISCLOSURE

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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: Gilead, viiv

Receipt of honoraria or consultation fees: Gilead, viiv, GSK, MSD, Janssen

Participation in a company sponsored speaker's bureau: Gilead, viiv, MSD

Stock shareholder: NA

Spouse/partner: NA

Other support (please specify): Expenses; Editor-in-chief (HIV Research and Clinical Practice)

DocuSigned by:
 Signature: *Tristan Barber*
 CA2719D9E1C541D...

Date: 05/02/2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Jose Bernardino

AFFILIATION: Hospital La Paz-Carlos III

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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: None

Receipt of honoraria or consultation fees: Gilead, Viiv healthcare, MSD, and Johnson and Johnson

Participation in a company sponsored speaker's bureau: None

Stock shareholder: None

Spouse/partner: None

Other support (please specify): None

Signature: 
 8CECF58FAC524EF...

Date: 11/02/2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Emma Devitt

AFFILIATION: St James's Hospital, Dublin

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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: no

Receipt of honoraria or consultation fees: no

Participation in a company sponsored speaker's bureau: no

Stock shareholder: no

Spouse/partner: no

Other support (please specify): no

Signature:

DocuSigned by:
Emma Devitt
4D78D8E1764C44E...

Date: 20/03/2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

Christine Gilles
 NAME:

Obstetrics and gynaecology head of department CHU Saint Pierre Brussels
 AFFILIATION:

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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: ^{MSD}

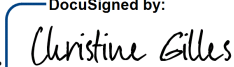
Receipt of honoraria or consultation fees: ^{no}

Participation in a company sponsored speaker's bureau: ^{no}

Stock shareholder: ^{no}

Spouse/partner: ^{no}

Other support (please specify): ^{no}

Signature: 
DocuSigned by:
 F51DD6F7DC7F4CA...

Date: 12/02/2024



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(to be completed by Scientific/Organizing Committee Members)

Jesper Gunst
 NAME:

Aarhus University Hospital, Denmark
 AFFILIATION:

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DISCLOSURE

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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: Lundbeck Foundation

Receipt of honoraria or consultation fees: Gilead Nordic Sciences

Participation in a company sponsored speaker's bureau: None

Stock shareholder: None

Spouse/partner: None

Other support (please specify): None

DocuSigned by:
 Signature: *Jesper Gunst*
 2777E2F8E9114C9...

Date: 05/02/2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Annette Haberl

AFFILIATION: Clinic of the Goethe-University Frankfurt, Department of Infectious Diseases

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DISCLOSURE

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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: NO

Receipt of honoraria or consultation fees: Gilead sciences; Janssen Cilag; MSD; viiv

Participation in a company sponsored speaker's bureau: NO

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify): Support for congress participation by Gilead Sciences

Signature:

DocuSigned by:

Annette Haberl

Date: 27/03/2024

4077144FB9694E3...



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Uwe Koppe
 NAME:

Robert Koch Institute, Berlin, Germany
 AFFILIATION:

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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: N/A

Receipt of honoraria or consultation fees: N/A

Participation in a company sponsored speaker's bureau: N/A

Stock shareholder: N/A

Spouse/partner: N/A

Other support (please specify): N/A

DocuSigned by:
 Signature: *Uwe Koppe*
 0C68E7226FBB4CF...

Date: 07/02/2024



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Evangelia Kostaki
 NAME:

Medical School, National and Kapodistrian University of Athens, Greece
 AFFILIATION:

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: None

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): Travel grants from Gilead Sciences.

DocuSigned by:
 Signature: *Evangelia Kostaki*
 EDBB33B525DE4FD...

Date: 05/02/2024



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Dagny Krankowska
 NAME:

Medical University of Warsaw, Poland
 AFFILIATION:

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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: None

Receipt of honoraria or consultation fees: Gilead, Viiv Healthcare

Participation in a company sponsored speaker's bureau: NO

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify): None

DocuSigned by:
 Signature: *Dagny Krankowska*
 F72B2F3370E1400...

Date: 05/02/2024



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Agnès Libois
 NAME:

CHU Saint-Pierre
 AFFILIATION:

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: viiv, Gilead

Receipt of honoraria or consultation fees: viiv, Gilead

Participation in a company sponsored speaker's bureau: no

Stock shareholder: no

Spouse/partner: no

Other support (please specify): no

Signature:  2A487F095056437...

Date: 06/02/2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Paddy Mallon

AFFILIATION: University College Dublin

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: GSK, Gilead

Receipt of honoraria or consultation fees: MSD, Gilead, Janssen, Viiv

Participation in a company sponsored speaker's bureau: MSD

Stock shareholder: None

Spouse/partner: None

Other support (please specify): None

Signature:

DocuSigned by:

Paddy Mallon

Date: 21/03/2024

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Maria Mazzitelli

AFFILIATION: Infectious and Tropical Diseases Unit, Padua University Hospital

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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: Gilead

Receipt of honoraria or consultation fees: Gilead, Viiv, MSD

Participation in a company sponsored speaker's bureau: Viiv

Stock shareholder: None

Spouse/partner: None

Other support (please specify): None

Signature:  DocuSigned by:
 94CA85741C9540E...

Date: 05/02/2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: *Silvia Nozza*

AFFILIATION: UNIVERSITA' VITA-SALUTE SAN RAFFAELE, MILAN, ITALY

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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: VIIV HEALTHCARE/GILEAD SCIENCES

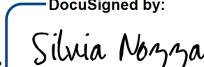
Receipt of honoraria or consultation fees: VIIV HELATHCARE/GILEAD SCIENCES/MSD

Participation in a company sponsored speaker's bureau: VIIV HELATHCARE/GILEAD SCIENCES/MSD

Stock shareholder: N.A.

Spouse/partner: N.A.

Other support (please specify): N.A.

Signature: 
 6B516C4A3CF4419...

Date: 05/02/2024



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Casper Rokx
 NAME:

Erasmus University Medical Center
 AFFILIATION:

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Viiv HC, Gilead

Receipt of honoraria or consultation fees: Viic HC, Gilead

Participation in a company sponsored speaker's bureau: Virology Education

Stock shareholder: Eli Lilly, Immunocore

Spouse/partner: None

Other support (please specify): None

DocuSigned by:
 Signature: *Casper Rokx*
 72B6764A126647C...

Date: 05/02/2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

Dominic Rowley
NAME:

Portlaoise Regional Hospital Portlaoise Laois
AFFILIATION:

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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: 0

Receipt of honoraria or consultation fees: 0

Participation in a company sponsored speaker's bureau: 0

Stock shareholder: 0

Spouse/partner: 0

Other support (please specify): 0

Signature: 
B2E17A300D5D411...

Date: 06/02/2024



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(to be completed by Scientific/Organizing Committee Members)

NAME: Oana Sandulescu

AFFILIATION: Carol Davila University of Medicine and Pharmacy, Bucharest

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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: Speaker for Gilead Sciences, Janssen

Participation in a company sponsored speaker's bureau: -

Stock shareholder: -

Spouse/partner: -

Other support (please specify): -

Signature: 
5C4475ECF29143E...

Date: 05/02/2024



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eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

Agata Skrzat-Klapaczynska
 NAME:

Department of Adults' Infectious Diseases, Hospital for Infectious Diseases, Medi
 AFFILIATION:

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.

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: -

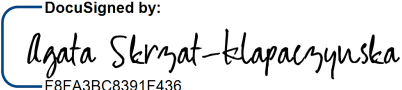
Receipt of honoraria or consultation fees: -

Participation in a company sponsored speaker's bureau: -

Stock shareholder: -

Spouse/partner: -

Other support (please specify): -

Signature:  F8FA3BC8391F436...

Date: 08/02/2024



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

Marta Vasylyev
 NAME:

Erasmus MC
 AFFILIATION:

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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: WEEPI

Receipt of honoraria or consultation fees: Viiv healthcare

Participation in a company sponsored speaker's bureau: NO

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify): NO

DocuSigned by:
 Signature: *Marta Vasylyev*
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Date: 05/02/2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Esteban Martinez

AFFILIATION: Hospital Clínic & University of Barcelona, Barcelona, Spain

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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: MSD, Viiv

Receipt of honoraria or consultation fees: Gilead, Janssen, MSD, Viiv

Participation in a company sponsored speaker's bureau: NO

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify): NO

Signature:

DocuSigned by:

Esteban Martinez

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Date: 19/03/2024



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Axel Vanderperre

AFFILIATION: EATG

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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: na

Receipt of honoraria or consultation fees: viiv, GILEAD

Participation in a company sponsored speaker's bureau: na

Stock shareholder: na

Spouse/partner: na

Other support (please specify): na

Signature:

DocuSigned by:

Axel Vanderperre

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Date: 20/03/2024