



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

Rue de l'Industrie 24, BE- 1040

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<https://eaccme.uems.eu> - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : MAXIMILIAN C. RICHELBERG
AFFILIATION: DEPARTMENT OF DERMATOLOGY
SOZIALMEDIZINISCHES FORUM OST, VIENNA, AUSTRIA

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:

15/07/20



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: TRISTAN BAERZEL

AFFILIATION: ROYAL FELLMANS FONDATION TRUST

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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:

VIIV, GILEAD

Receipt of honoraria or consultation fees:

VIIV, GILEAD, MSD, ROCHE, JANSSEN

Participation in a company sponsored speaker's bureau:

VIIV, GILEAD, MSD, ROCHE, JANSSEN

Stock shareholder:

} NA

Spouse/partner:

Other support (please specify):

NA

Signature:

Date:

8-JAN-2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *Jose I. SERNARDO*

AFFILIATION: *HOSPITAL UNIVERSITARIO LA PAZ. IAPZ-MADRID*

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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: ✓

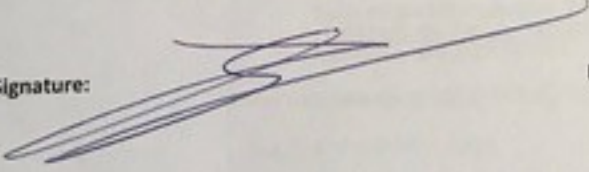
VIV HEALING, MSD

Participation in a company sponsored speaker's bureau: _____

Stock shareholder: _____

Spouse/partner: _____

Other support (please specify): _____

Signature: 

Date: *24 January 2020*



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: **MARKUS BICKEL**
AFFILIATION: **INFERTIOLOGIKUM, STRESEMANNALLEE 3, 60596 FRANKFURT GERMANY**

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:

Handwritten signature and date: 28.1.20

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Handwritten signature of Markus Bickel

Priv. Doz. Dr. med. M. Bickel
Innere Medizin / Infektiologie
Stresemannallee 3
60596 Frankfurt am Main
Tel. 069-69597230 Fax 069-69597240

Date:

Handwritten date: 28.1.20



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *CLONCK Nathan*

AFFILIATION: *Saint-Pierre University Hospital*

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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:

22/1/20



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *ADRIAN CURRAN*

AFFILIATION: *Infectious Diseases Department, Hospital Universitari Vall d'Hebron
Universitat Autònoma de Barcelona*

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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:

ViiV, Janssen, Gilead, MSD

Receipt of honoraria or consultation fees:

ViiV, Janssen, Gilead, MSD

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

22 JAN 2020

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : CHRISTINE GILLES

AFFILIATION: MEDICAL DOCTOR, CHU SAINT PIERRE

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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:

le 22/01/2020.



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *LIBAIS Agnès*
AFFILIATION: *CHU Saint-Pierre, Brussels, Belgium.*

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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>Gilead, Viiv (CSK)</i>
Receipt of honoraria or consultation fees:	<i>Janssen, Antelope Dx</i>
Participation in a company sponsored speaker's bureau:	<i>Viiv (CSK), Janssen, Gilead.</i>
Stock shareholder:	<i>/</i>
Spouse/partner:	<i>/</i>
Other support (please specify):	<i>Travel grants: Gilead, Viiv (CSK), Eumedica, Janssen</i>

Signature:

Date: *23/01/2020.*



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: SILVIA NOZZA

AFFILIATION: OSPEDALE SAN RAFFAEL MILANO

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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: VIV MSD GILEAD

Participation in a company sponsored speaker's bureau: JANSSEN-CILAG, VIV

Stock shareholder: /

Spouse/partner: /

Other support (please specify): /

Signature:

Silvia Nozza

Date:

23/Jan/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Casper Rohu

AFFILIATION: Erasmus MC Univ Medical Center

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- 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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company
- Federation Medicine Specialist Netherlands
- Gilead, Univ Muisson, AIDSfonds
- Health Holland
- Gilead, Univ
- Virology education

NA

NA

NA

Signature:

Date:

24 Jan 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *D. Dominic Rouley*
AFFILIATION: *Midlands Regional Hospital, Po-Havise*

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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:

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: *16/11/2020*



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *Jochen Schneider*

AFFILIATION: *Kliniken rechts d. Isar, TUM Technische Universität München*

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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:

J. Schneider

Date:

14.11.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *OANA SANDULESCU*

AFFILIATION: *CAROL DAVIDILA UNIVERSITY OF MEDICINE AND PHARMACY BUCHAREST*
NATIONAL INSTITUTE FOR INFECTIOUS DISEASES PROF-DR. MATIE BALSA

BUCHAREST
ROMANIA

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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:

GILEAD

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

SUBINVESTIGATOR IN CLINICAL TRIALS BY MERCK

Signature:

Date:

19 JAN 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *Philipp Schommers*

AFFILIATION: *University of Cologne*

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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):

*Patent EP 19 272 986.4
(Patent filed)*

Signature:

Date:

27-OCT-20



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: AGATA SKRZAT-KLAPACZYŃSKA

AFFILIATION: HOSPITAL FOR INFECTIOUS DISEASES, DEPARTMENT FOR ADULT'S INFECTIOUS DISEASES, MEDICAL UNIVERSITY OF WARSAW, POLAND

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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: Agata Skrzat-Klapaczyńska Date: 21.01.2020

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: DR SPINER, CHRISTOPH

AFFILIATION: Technical University of Munich

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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: Janssen, Gilead, Viiv

Receipt of honoraria or consultation fees: Abbvie, Gilead, Janssen MSD, Teva/Head, Viiv

Participation in a company sponsored speaker's bureau: - - - (as a doc)

Stock shareholder: X

Spouse/partner: X

Other support (please specify): X

Signature:

Date:

23-Jun-2020



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EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: MARTA VASYLYEV

AFFILIATION: HIV UNIT, LVIV REGIONAL PUBLIC HEALTH CENTER

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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:

26.01.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dr Laura Waters

AFFILIATION: Dept GU/HIV Medicine, Mortimer Market Centre, CNWL

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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: MSD, Janssen, Gilead, ViiV, Cipla, Mylan

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

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *Laura Waters*

Date: 31/01/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Annemarie Wensing

AFFILIATION: UMC Utrecht

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 not related to the activity

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Gilead, Janssen, ViiV Healthcare, MSD

Receipt of honoraria or consultation fees:

Gilead, Janssen, ViiV Healthcare, MSD

Participation in a company sponsored speaker's bureau:

Stock shareholder: None

Spouse/partner: None

Other support (please specify): Virology Education (travel, lecture)

Signature:

Date: Utrecht, 08-01-2020