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F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dr. Adam Chaker

AFFILIATION: TUM School of Medicine, Klinikum rechts der Isar, Dept. of Otorhinolaryngology and ZAUM, Technical University of Munich, Germany

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Name of commercial company

EIT Health, German Federal Ministry of Education and Research, for Clinical Trials from Regeneron, SanofiGenzyme, Astra Zeneca, GSK, Roche, Thermo Fisher, all via TUM

All contracts via Technical University Munich/Klinikum rechts der Isar: ALK Abello,


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Association internationale sans but lucratif – International non-profit organisation

	Allergopharma, AstraZeneca, GSK, Immunetek, Novartis, Regeneron, SanofiGenzyme, Leti, Zeller, Bencard
Participation in a company sponsored speaker's bureau:	Sanofi, Regeneron, ALK Abello, GSK, Novartis, Astra Zeneca, Allergopharma, Zeller AG, all via TUM
Stock shareholder:	none
Spouse/partner:	No conflict of interest, no linked professional activity
Other support (please specify):	Organisational interest: German ENT Society, German Society of Allergy and Clinical Immunology (DGAKI), German Society of Applied Allergy (AeDA), EUFOREA

Signature:

Date: 14th of June 2022





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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Alexandra Figueira Santos

AFFILIATION: King's College London

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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:	Medical Research Council, NIAID, FARE, Asthma UK
Receipt of honoraria or consultation fees:	Novartis, Allergy Therapeutics, Stallergenes, IgGenix
Participation in a company sponsored speaker's bureau:	Novartis, ThermoFisher Scientific, Bühlmann, Nutricia, Nestle, InfoMed

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Stock shareholder:

Nil

Spouse/partner:

Nil

Other support (please specify):

Research support through collaboration agreement with KCL: Thermofisher, Buhlmann, IgGenix

Signature:

Alexandra Fournier

Date: 02.03.2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Barbara Ballmer-Weber

AFFILIATION: Kantonsspital St. Gallen, Klinik für Dermatologie und Allergologie, University Hospital Zurich, Department of Dermatology

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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:

ALK, Allergopharma, Stallergenes, Menarini, Sanofi,
Novartis, Thermofisher

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

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Signature:

Date: 22.2.2022





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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Barbara Bohle.....

AFFILIATION: ...Medical University of Vienna.....

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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 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:

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Other support (please specify):

Signature:



Date:

8.6.22



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Bernadette Eberlein

AFFILIATION: Department of Dermatology and Allergy Biederstein, School of Medicine, Technische Universität München, Munich, Germany

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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:

BÜHLMANN Laboratories

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-Dec-2021



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Carmen Rondón Segovia

AFFILIATION: Allergy Unit, Hospital Regional Universitario de Malaga, Málaga, Spain.
Allergy Research Group, Instituto de Investigacion Biomedica de Malaga (IBIMA) and ARADyAL,
Malaga, 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

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

Signature:

Date: 30/12/2021



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Hox Valerie.....

AFFILIATION: Cliniques Universitaires Sint-Luc, Brussels.....

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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: consultancy work for ALK, GSK, Novartis and Sanofi

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

/

Receipt of honoraria or consultation fees:

ALK, GSK, Sanofi, Novartis

Participation in a company sponsored speaker's bureau:

/

Stock shareholder:

/

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Spouse/partner:

Other support (please specify):

Signature:



Date:

20/06/12



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Paolo Maria Matricardi

AFFILIATION: Charité Universitätsmedizin Berlin, Berlin, Germany

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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:

ThermoFisher Scientific, Euroimmun, Hycor

Receipt of honoraria or consultation fees:

ThermoFisher Scientific, Euroimmun, Hycor

Participation in a company sponsored speaker's bureau:

Hycor

Stock shareholder:

none

Spouse/partner:

none

Other support (please specify):

Signature: 

Date: 07-June-2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Gabriele Gadermaier.....

AFFILIATION: Paris Lodron University Salzburg.....

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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:

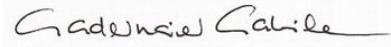
Stock shareholder:

Spouse/partner:

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Association internationale sans but lucratif – International non-profit organisation

Other support (please specify):



Signature:

Date: 15. 6. 2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Hilger Christiane.....

AFFILIATION: ...Luxembourg Institute of Health, Luxembourg.....

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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

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Name of commercial company

MacroArray Diagnostics, Vienna; Laboratoires Réunis, Luxembourg

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Spouse/partner:

Other support (please specify):

A handwritten signature in black ink, consisting of several loops and flourishes, positioned above the 'Signature:' label.

Signature:

Date: 26.12.2021



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dr. Adam Chaker

AFFILIATION: TUM School of Medicine, Klinikum rechts der Isar, Dept. of Otorhinolaryngology and ZAUM, Technical University of Munich, Germany

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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

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Name of commercial company

EIT Health, German Federal Ministry of Education and Research, for Clinical Trials from Regeneron, SanofiGenzyme, Astra Zeneca, GSK, Roche, Thermo Fisher, all via TUM

All contracts via Technical University Munich/Klinikum rechts der Isar: ALK Abello,


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	Allergopharma, AstraZeneca, GSK, Immunetek, Novartis, Regeneron, SanofiGenzyme, Leti, Zeller, Bencard
Participation in a company sponsored speaker's bureau:	Sanofi, Regeneron, ALK Abello, GSK, Novartis, Astra Zeneca, Allergopharma, Zeller AG, all via TUM
Stock shareholder:	none
Spouse/partner:	No conflict of interest, no linked professional activity
Other support (please specify):	Organisational interest: German ENT Society, German Society of Allergy and Clinical Immunology (DGAKI), German Society of Applied Allergy (AeDA), EUFOREA

Signature:

Date: 14th of June 2022





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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...HAGEMANN, Dr. med. JAN.....

AFFILIATION: ...UNIVERSITÄTSMEDIZIN MAINZ, Dept. of Otolaryngology, Head and Neck Surgery

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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

Signature:

Date: June 09, 2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prof. Dr. med. Ludger Klimek

AFFILIATION: Center for rhinology and allergology Wiesbaden
An den Quellen 10
65183 Wiesbaden
Germany

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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: Allergopharma, MEDA/Mylan, HAL Allergie, ALK Abelló, LETI Pharma, Stallergenes, Quintiles, Sanofi, ASIT biotech, Lofarma, Allergy Therapeut., AstraZeneca, GSK, Immunotk, Cassella med,

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Type of affiliation / financial interest	Name of commercial company
Receipt of honoraria or consultation fees:	Sanofi
Participation in a company sponsored speaker's bureau:	none
Stock shareholder:	none
Spouse/partner:	none
Other support (please specify):	Membership: AeDA, DGHNO, Deutsche Akademie für Allergologie und klinische Immunologie, HNO-BV, GPA, EAACI

Prof. Dr. med. L. Klimek
Signature: 
An den Quellen 10
65183 Wiesbaden
Tel. 0611 - 308 608 0 • Fax 0611 - 308 608 255
Notfall-Nummer: 0611 - 50 59 5 112
www.allergiezentrum.org • info@allergiezentrum.org



Date: 11.01.2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Marianne van Hage.....

AFFILIATION: Department of Medicine Solna, Division of Immunology and Allergy, Karolinska institutet, Stockholm, Sweden.....

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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:

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Spouse/partner:

Other support (please specify):

Signature: *Marianne n Haze*

Date: 2021-12-29



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prof. Dr. Monika Raulf

AFFILIATION: Center of Allergology/Immunology; Institute for Prevention and Occupational Medicine of the German Social Accident Insurance; Institute of the Ruhr-University Bochum (IPA)

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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: 2022/01/08



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *drovak, danielja*

AFFILIATION: *Prof. Dr.*

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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:

Atk Abello

Receipt of honoraria or consultation fees:

Atk Abello, Bencard of the Therapeutics

Participation in a company sponsored speaker's bureau:

HAL Allerg, LeoPharm, Leti

Stock shareholder: *none*

Pharma, Abbotts, Eli Lilly,

Spouse/partner: *none*

Phizer, Sanofi, Janssen,

Other support (please specify): *none*

Bayer, Bstream

Signature: *[Handwritten Signature]*

Date: *8.06.2022*



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Pablo Rodríguez del Río

AFFILIATION: Hospital Niño Jesús, Madrid. Spain

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Name of commercial company

Aimmune Therapeutics, FAES

FAES, Miravo

GSK, FAES, Novartis, ALK-Abelló, LETI and
Aimmune Therapeutics, Sanofi, Stallergenes

None

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Spouse/partner:

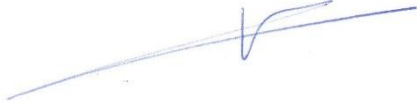
None

Other support (please specify):

None

Signature:

Date: 26.12.2021





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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Peter Valentin Tomazic.....

AFFILIATION: ...Medical University of Graz.....

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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:24.12.2021



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Philippe Gevaert

AFFILIATION:Ghent University

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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:

Date:19 June 2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Randolph Brehler

AFFILIATION: University Hospital Muenster, Department of Dermatology, Germany

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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:	None
Receipt of honoraria or consultation fees:	Allergopharma, Astra Zeneca, GSK, HAL, Leti, Lofarma, Novartis
Participation in a company sponsored speaker's bureau:	ALK, Allergopharma, Almirall, Astra Zeneca, Behring, Bencard, Diater, Gesellschaft zur Förderung der Dermatologischen Forschung und Fortbildung e.V., GSK, HAL, Leti, Lofarma, MedUpdate, Merck, Novartis, Omnicuris, Oto-

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Rhino-Laryngologischer Verein, Sanofi,
Stallergenes, Takeda, Thermo-Fischer

Stock shareholder:

none

Spouse/partner:

none

Other support (please specify): **Clinical**
trials:

ALK, Allergopharma, Bencard, Biotech Tools,
Genentech, Novartis, Circassia

Signature:



Date:

25.7.2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Ronald van Ree

AFFILIATION: Amsterdam University Medical Centers, location AMC

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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:	Angany Inc.
Receipt of honoraria or consultation fees:	HAL Allergy BV, Citeq BV, Angany Inc. Reacta Healthcare Ltd, Mission MightyMe
Participation in a company sponsored speaker’s bureau:	HAL Allergy BV, ThermoFisher, ALK
Stock shareholder:	Angany Inc.

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Spouse/partner:

Other support (please specify):

Signature:



Date: January 12, 2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :Stefan Vieths.....

AFFILIATION:Paul-Ehrlich-Institut.....

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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:

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Other support (please specify):

Signature:



Date:

14 - 01 - 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Univ.- Prof. Dr. med. Thilo JAKOB

AFFILIATION: Department of Dermatology and Allergology, University Medical Center, Justus-Liebig University Gießen

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, 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:	Novartis, ALK-Abello
Receipt of honoraria or consultation fees:	Novartis, Thermo Fisher Scientific, ALK-Abello, Bencard/Allergy Therapeutics
Participation in a company sponsored speaker’s bureau:	Novartis, Thermo Fisher Scientific, ALK-Abello, Bencard/Allergy Therapeutics

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Stock shareholder: none	none
Spouse/partner: none	none
Other support (please specify): none	none

Signature:



Date: July 25th, 2022



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ...Sanna Toppila-Salmi.....

AFFILIATION: ...Helsinki University Hospital, Skin and Allergy Hospital and University of Helsinki, PO Box 160 (Meilahdentie 2), FI-00029 HUS, Helsinki, Finland.....

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:

GSK/Investigator sponsored study grant

Receipt of honoraria or consultation fees:

Roche products, Novartis, ERT, Sanofi Pharma, ALK Abelló, Astra Zeneca, ERT

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 12.1.2022