



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

www.eaccme.eu - accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Christine Breynaert**

AFFILIATION : **Allergy and Clinical Immunology, UZ Leuven / KU Leuven, Leuven, Belgium**

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

Grant support and material support from Thermofisher

Date : **04/19/2024**



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Kymble Spriggs

AFFILIATION : The Royal Melbourne Hospital, Grattan Street, Parkville, Australia

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

Date : 04/20/2024



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

www.eaccme.eu - accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Matteo Martini

AFFILIATION : Clinical and Molecular Sciences Dep | Allergy Unit, Marche Polytechnic University Faculty of Medicine | University Hospital AOU delle Marche, Ancona, Italy

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

Date : 04/21/2024

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Lluís Marques

AFFILIATION : Allergology, Hospital Universitari Santa Maria, Lleida, Spain

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

**ROXALL Payment or honoraria for lectures, presentations, speakers bureaus,
manuscript writing or educational events**

Date : **04/21/2024**



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Teresa Alfaya Arias**

AFFILIATION : **Allergy department, Hospital Universitario Fundación Alcorcón, Madrid, Spain**

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

I have collaborated with Roxall, Allergy Therapeutics, and ALK as a scientific assessor, investigator, or speaker.

Date : **04/21/2024**



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Arantza Vega Castro

AFFILIATION : Allergy Department, Hospital Universitario de Guadalajara, Guadalajara, Spain

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

Date : 04/21/2024



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

www.eaccme.eu - accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Peter Korosec

AFFILIATION : University Clinic of Respiratory and Allergic Diseases Golnik, Golnik, Slovenia

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

Date : 04/22/2024

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



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

www.eaccme.eu - accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Patrizia Bonadonna

**AFFILIATION : Azienda ospedaliera Universitaria Integrata di Verona, Allergy Unit,
Verona, Italy**

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

Date : 04/22/2024

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



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

www.eaccme.eu - accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Gunter Sturm

**AFFILIATION : Department of Dermatology and Venerology, Medical University of Graz,
Auenbruggerplatz, Graz, 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

Date : 04/23/2024

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Elisa Boni

AFFILIATION : Ospedale Maggiore Carlo Alberto Pizzardi, Largo Bartolo Nigrisoli, Bologna, BO, Italia, Azienda USL di Bologna - Sede Legale, Via Castiglione, Bologna, BO, Italia, Bologna, Italy

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

Date : 04/24/2024



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Simon Blank

AFFILIATION : Munich, 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

Simon Blank reports grants and personal fees from Bencard Allergie GmbH, Thermo Fisher Scientific, and Allergy Therapeutics, grants from Allergopharma, LETI Pharma, and the Helmholtz Association of German Research Centers,

Date : 04/26/2024



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Markus Ollert

AFFILIATION : Infection and Immunity, Luxembourg Institute of Health, Esch-sur-Alzette, Luxembourg

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

Speaker and consultant, Hycor Diagnostics Speaker, Allergy Therapeutics Co-Founder, Tolerogenics SARL, Luxembourg

Date : 04/29/2024



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

www.eaccme.eu - accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Thilo Jakob

**AFFILIATION : Dept of Dermatology and Allergy, Justus Liebig University Giessen,
Giessen, 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

Date : 04/30/2024

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : David González-Olano

AFFILIATION : Allergology, Ramón y Cajal Hospital, Madrid, Spain

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

Date : 05/03/2024



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

www.eaccme.eu - accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Francisco Javier Ortiz Sánchez

AFFILIATION : Grupo de Investigación "Transferencia de I+D en el Área de Recursos Naturales", Universidad de Almería, La Cañada (Almería), Spain

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

Date : 05/15/2024

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : **Hanneke Oude Elberink**

AFFILIATION : **University Medical Center Groningen, Hanzeplein, Groningen, Nederland, Haren, Netherlands**

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

H.N.G. Oude Elberink's institution has received consultancy fees from ALK-Abelló. H.N.G. Oude Elberink has received fees for delivering lectures from ALK-Abelló, Mylan, Sanofi Genzyme and Novartis; has received consultancy fees from ALK-Abello, Novartis and BLueprint; has received research support from Novartis, Mylan, ALK-Abello, Aimmune, Cogent and Blueprint; and has received payment for developing educational presentations from ALK-Abello and Mylan.

Date : **06/17/2024**



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

www.eaccme.eu - accreditation@uems.net

Conflict of Interest Disclosure Form

(to be completed by faculty members)

NAME : Tiago Rama

AFFILIATION : Serviço de Imunoalergologia, Centro Hospitalar Universitário São João, Alameda Professor Hernâni Monteiro, Porto, Portugal, Porto, Portugal

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

Date : 06/18/2024

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848

