



**EUROPEAN UNION OF MEDICAL SPECIALISTS**  
**The European Accreditation Council for**  
**Continuing Medical Education – EACCME®**  
Institution of the UEMS<sub>aisbl</sub>

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[www.eaccme.eu](http://www.eaccme.eu)

T +32 2 649 51 64  
F +32 2 640 37 30  
[accreditation@uems.net](mailto:accreditation@uems.net)

## **Conflict of Interest Disclosure Form**

(to be completed by faculty and scientific/organising committee members)

NAME: Mónica João da Conceição Marques

AFFILIATION: CEMEARE

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:	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

Signature: *Mónica João da Conceição Marques*

Date: 18/07/18



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## **Conflict of Interest Disclosure Form**

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NAME: GIOVANNI COTICCHIO

AFFILIATION: 9.Baby, Family and Fertility Center, Bologna, Italy

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### **DISCLOSURE**

☐ I have the following potential conflict(s) of interest to report

<b>Type of affiliation / financial interest</b>	<b>Name of commercial company</b>
Receipt of grants/research supports:	None
Receipt of honoraria or consultation fees:	IBSA
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	None

Signature:

Date: 18 July 2018



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## **Conflict of Interest Disclosure Form**

(to be completed by faculty and scientific/organising committee members)

NAME: Leonie van den Hoven

AFFILIATION: Radboud University Medical Center

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 30/08/18**



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## **Conflict of Interest Disclosure Form**

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NAME: MONT JEAN Debbie

AFFILIATION: Service de Médecine et Biologie de la reproduction  
Hopital ST Joseph Morselle

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Spouse/partner:

Other support (please specify):

Signature:

Date:

23.03.2018



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## **Conflict of Interest Disclosure Form**

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NAME: IOANNIS SFONTOURIS

AFFILIATION: EUGONIA IVF CENTRE, ATHENS, GREECE

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Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 18/7/2018**



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## **Conflict of Interest Disclosure Form**

(to be completed by faculty and scientific/organising committee members)

NAME: Roger Sturmey

AFFILIATION: Hull York Medical School, University of Hull

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: March 26, 2018**



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## **Conflict of Interest Disclosure Form**

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NAME: Susanna Apter

AFFILIATION: Laboratory Manager at Livio Fertilitetscentrum Gärdet

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 23-07-2018**





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## **Conflict of Interest Disclosure Form**

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NAME: Yves Guns

AFFILIATION: UZ Brussel - Center for Reproductive Medicine

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:**

12/7/2018