

EUROPEAN UNION OF MEDICAL SPECIALISTS

The European Accreditation Council

Continuing Medical Education - EACCME®

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20

T +32 2 649 51

64

BE- 1050 BRUSSELS

F +32 2 640 37

30

www.eaccme.eu

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Dmitry Nikiforov

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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 re-imbursement 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:

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif - International non-profit organisation

Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Date: 30.07.2019

Signature:

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NAME: DR Francoise Shenfield

AFFILIATION: RMU, UCLH, London, UK

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DISCLOSURE

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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: 22/7/2018	

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NAME:		
AFFILIATION:		
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Stock shareholder:		
Spouse/partner:		
Other support (please specify):		
Signature: Hull	Date: 11 - 7 - 2013	
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Conflict of Interest Disclosure Form

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

NAME: ROZEE Virginie

AFFILIATION: Institut national d'études démographiques (Ined), Paris, France

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DISCLOSURE

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	

Participation in a company sponsored speaker's bureau:

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Spouse/partner:

Other support (please specify):

Signature: Date: 12/07/2019



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NAME: Ombelet Willem

AFFILIATION: Genk Institute for Fertility Technology

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Spouse/partner:	
Other support (please specify):	
Signature:	Date: 28-11-18