



EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®

Institution of the UEMS_{aisbl}

AVENUE DE LA COURONNE, 20
BE- 1050 BRUSSELS
www.eaccme.eu

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

Conflict of Interest Disclosure Form

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

NAME: Cristina Eguizabal

AFFILIATION: Basque Center for Blood Transfusion and Human Tissues (Bilbao) 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

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: 22/03/2018



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NAME: FRANCISCA MARTINEZ

AFFILIATION: HOSPITAL UNIVERSITARY DEXEUS

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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
honorary payments for lectures from Ferring,
MSD

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

- for lectures [Ferring
MSD

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 3rd May 2019



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

NAME : F.J.M. Broekmans

AFFILIATION: University Medical Center Utrecht

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Prof. dr. F.J. Broekmans receives monetary compensation:

- Member of the external advisory board for Merck BV, the Netherlands
- Member of the external advisory board for Ferring BV, The Netherlands
- Member of the external advisory board for Gedeon Richter, Belgium
- Educational activities for Ferring BV, the Netherlands

Signature:

Date: 1st May 2019



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NAME : PEDRO N. BARRI

AFFILIATION: DEXEUS MUJER – HOSPITAL UNIVERSITARIO DEXEUS

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Type of affiliation / financial interest

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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: 7th May 2019