



**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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accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME : Arianna D'Angelo

AFFILIATION: Wales fertility Institute

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:


Arianna D'Angelo

Date: 10/01/2018



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NAME: Peter Humaidan

AFFILIATION: Faculty of Health, Aarhus University, Aarhus, Denmark

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Merck Serono, MSD,
and Ferring

Receipt of honoraria or consultation fees: Merck Serono,
MSD and IBSA

Participation in a company sponsored speaker’s bureau:
None

Stock shareholder: None

Spouse/partner: None

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify): None

Signature:



Date:

16/2 - 2018



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NAME: DANIELA ROMUANI
AFFILIATION: FONDAZIONE POLICLINICO A. GEMELLI - ROMA

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Spouse/partner:

Other support (please specify):

Signature:

Date:

2/2/18



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NAME: Ariel Weissman

AFFILIATION: IVF Unit, Edith Wolfson Medical Center, Holon, Tel Aviv University, Tel Aviv, Israel

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Other support (please specify):

Signature:

Date: August 10, 2019