

Sarah Vandersteen

From: Roy Farquharson <rgfarquharson@yahoo.com>
Sent: maandag 26 maart 2018 16:16
To: Sarah Vandersteen
Subject: Re: COI Forms with conflicts

Dear Sarah,

Nothing contentious in either of these Declarations. They are fine.

Cheers, Roy

On Monday, 26 March 2018, 12:34:00 BST, Sarah Vandersteen <Sarah@eshre.eu> wrote:

Hello Roy,

I have received two more COI forms with indicated conflicts.

Could you please have a look at them and let me know how we can solve them?

Many thanks in advance!

Kind regards,

Sarah



Sarah Vandersteen | Administrative Assistant
European Society of Human Reproduction and Embryology
The leading society in reproductive science and medicine

Meerstraat 60, B-1852 Grimbergen | www.eshre.eu
Mobile +32 (0) 499 57 50 79 | sarah@eshre.eu



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Dag Sarah,

hierbij.

Groeten,

Guido

Op 23/03/2018 om 11:49 schreef Sarah Vandersteen:

Dag Guido,

Inderdaad. Voor de CME aanvraag voor het Congress van dit jaar hebben we een zo recent mogelijk formulier nodig.

Met vriendelijke groeten,

Sarah



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From: Guido Pennings <Guido.Pennings@UGent.be>
Sent: vrijdag 23 maart 2018 11:48
To: Sarah Vandersteen <Sarah@eshre.eu>
Subject: Re: [SPAM] ESHRE Congress 2018: Conflict of Interest form

Dag Sarah,

over welke periode gaat het hier? Het laatste jaar?

Groeten,

Guido

Op 22/03/2018 om 15:26 schreef Sarah Vandersteen:

Dear Madam, Dear Sir,

ESHRE has applied for CME credits with the European Accreditation Council for Continuing Medical Education (EACCME) for the 34th Annual Meeting, which will take place in Barcelona, Spain (1-4 July 2018).

In order to meet their requirements we need **you** to complete and sign the attached “Conflict of Interest Disclosure Form” and **return it to me by Monday 02 April 2018 at the latest.**

Without your signed form our application for CME credits will be rejected, so it is important that you send it.

Many thanks in advance.

Kind regards,

Sarah



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--

Guido Pennings
Professor of Ethics and Bioethics
Bioethics Institute Ghent (BIG)
Ghent University
Department of Philosophy and Moral Science
Blandijnberg 2
B-9000 Gent - Belgium
Tel/fax 0032 16 620 767
personal website: <http://users.ugent.be/~gpenning>

--

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Ghent University
Department of Philosophy and Moral Science
Blandijnberg 2
B-9000 Gent - Belgium
Tel/fax 0032 16 620 767
personal website: <http://users.ugent.be/~gpenning>

Here is my form

Thanks Lucy

Dr Lucy Frith

Department of Health Services Research

The University of Liverpool



From: Sarah Vandersteen [mailto:Sarah@eshre.eu]
Sent: 22 March 2018 14:27
Cc: Sarah Vandersteen <Sarah@eshre.eu>
Subject: ESHRE Congress 2018: Conflict of Interest form
Importance: High

Dear Madam, Dear Sir,

ESHRE has applied for CME credits with the European Accreditation Council for Continuing Medical Education (EACCME) for the 34th Annual Meeting, which will take place in Barcelona, Spain (1-4 July 2018).

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Kind regards,

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Sarah Vandersteen

From: Roy Farquharson <rgfarquharson@yahoo.com>
Sent: woensdag 4 april 2018 11:47
To: Sarah Vandersteen
Subject: Re: Conflict of interest form

Hi Sarah,

3 received and read - no clear COI. All declarations

Best wishes, Roy

On Wednesday, 4 April 2018, 09:51:36 BST, Sarah Vandersteen <Sarah@eshre.eu> wrote:

Hello Roy,

I hope you had a lovely Easter!

I send you three new COI forms on which conflicts have been indicated.

Could you please have a look at them and let me know what to do about it?

Many thanks!

Kind regards,

Sarah



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Dear Sarah.

Attached please find my conflict of interest statement.

Kind regards
Kirsten

Kirsten Tryde Macklon, Overlæge, Ph.D.

Fertilitetsklinikken afsnit 4071

Rigshospitalet

Blegdamsvej 9

2100 København Ø

Fra: Scan fra Printer3 <scanner3@storkklinik.dk>
Sendt: 3. april 2018 13:50
Til: Kirsten Louise Tryde Macklon
Emne:

Denne e-mail indeholder fortrolig information. Hvis du ikke er den rette modtager af denne e-mail eller hvis du modtager den ved en fejltagelse, beder vi dig venligst informere afsender om fejlen ved at bruge svarfunktionen. Samtidig bedes du slette e-mailen med det samme uden at videresende eller kopiere den.

Dear SARAH

See attached
SIObhan

Siobhan Quenby | Professor of Obstetrics
Division of Reproductive Health | Warwick Medical School | The University of Warwick

Director of the Biomedical Research Unit in Reproductive Health

Clinical Sciences Research Laboratories

University Hospitals Coventry and Warwickshire| Clifford Bridge Road | Coventry | CV2 2DX
T: University Hospital Coventry and Warwickshire switch 02476964000 bleep 4387
Mobile: 07873416716 (no signal in hospital)
Fax; 44 (0)24 7696 8653
E: s.quenby@warwick.ac.uk | www.warwick.ac.uk/wms

From: Sarah Vandersteen <Sarah@eshre.eu>
Sent: Thursday, March 29, 2018 3:29:47 PM
To: Quenby, Siobhan
Cc: BMSatCSRL, Resource
Subject: URGENT REMINDER: ESHRE Congress 2018: Conflict of Interest form

Dear Prof. Dr. Quenby,

I am sending this e-mail as a kind reminder to my previous one, which was sent to you one week ago.

The given deadline is getting closer (**Monday 2/4/2018**) and it seems that we haven't yet received your completed Conflict of Interest form.

Could you please send this to me asap so I can continue with the necessary arrangements for the Congress?

Many thanks in advance!

Kind regards,

Sarah



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Sarah Vandersteen

From: Yahoo <rgfarquharson@yahoo.com>
Sent: woensdag 4 april 2018 18:35
To: Sarah Vandersteen
Subject: Re: URGENT REMINDER: ESHRE Congress 2018: Conflict of Interest form

Hi Sarah

This one is fine too

Best wishes, Roy

Sent from Roy Farquharson's
iPhone

On 4 Apr 2018, at 16:39, Sarah Vandersteen <Sarah@eshre.eu> wrote:

Hello Roy,

One more Conflict of Interest Form.
Could you please have a look at it and let me know what to do about it?

Many thanks in advance!

Kind regards,
Sarah

<image001.gif>

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From: Christopher Barratt (Staff) <C.Barratt@dundee.ac.uk>
Sent: woensdag 4 april 2018 16:22
To: Sarah Vandersteen <Sarah@eshre.eu>
Subject: RE: URGENT REMINDER: ESHRE Congress 2018: Conflict of Interest form

From: Sarah Vandersteen [<mailto:Sarah@eshre.eu>]
Sent: 04 April 2018 09:54
To: Christopher Barratt (Staff) <C.Barratt@dundee.ac.uk>
Subject: URGENT REMINDER: ESHRE Congress 2018: Conflict of Interest form
Importance: High

Dear Professor Barratt,

I am sending this e-mail as a reminder to my previous one, which was sent dd. 22/03/2018.
The given deadline (Monday 2/4/2018) has passed and it seems that we haven't received your completed Conflict of Interest form.

Could you please send this to me asap?

Many thanks in advance!

Kind regards,
Sarah

<image001.gif>

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From: Sarah Vandersteen
Sent: donderdag 22 maart 2018 15:27
Cc: Sarah Vandersteen <Sarah@eshre.eu>
Subject: ESHRE Congress 2018: Conflict of Interest form
Importance: High

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<image001.gif>

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<COI form barratt.doc>

Sarah Vandersteen

From: Roy Farquharson <rgfarquharson@yahoo.com>
Sent: maandag 26 maart 2018 16:16
To: Sarah Vandersteen
Subject: Re: COI Forms with conflicts

Dear Sarah,

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Cheers, Roy

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Sarah



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www.eaccme.eu

T +32 2 649 51 64
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: Dr. Alessandra Alteri

AFFILIATION: FertiClinic

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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

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:

Alessandra Alteri

Date:

6/04/2018



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accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: SIGNE ALTMÄE

AFFILIATION: Department of Biochemistry and Molecular Biology, Faculty of Sciences, University of Granada, Spain

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Spouse/partner:

Other support (please specify):

Signature:



Date: 22.03.2018



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Conflict of Interest Disclosure Form

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

NAME: *SUSANNA APTEK*

AFFILIATION: *SIB-Embryology Coordinator/ Project manager at Livi*

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Type of affiliation / financial interest

Name of commercial company

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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:

23rd March 2018
Stockholm



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Conflict of Interest Disclosure Form

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

NAME: Dr. Basak Balaban

AFFILIATION: Turkiye Klinikleri

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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:

Dr. BASAK BALABAN

Date: 6.04.2018



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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: c barratt

AFFILIATION: university of Dundee

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

MRC, Astra Zeneca, CSO, Bill and Melinda
Gates Foundation

Receipt of honoraria or consultation fees:

Merck and Ferring for lectures

Participation in a company sponsored speaker's bureau:

Stock shareholder:

0

Spouse/partner:

0

Other support (please specify):

0

Signature:

c barratt

Date: 4/4/18



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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: Christian Becker

AFFILIATION: University of Oxford

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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

Type of affiliation / financial interest

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):

Name of commercial company

Bayer Healthcare, Volition Rx, MDNA Life Sciences, Roche Diagnostics

Signature:

Date: 22 March 2018



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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: Siladitya Bhattacharya

AFFILIATION: University of Aberdeen UK

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:

Honorarium from ESHRE as Editor in Chief of Human Reproduction Open

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Invited speaker at conferences and meetings with travel and accommodation sponsored by pharmaceutical companies.

As Editor in Chief Human Reproduction Open, travel to conferences supported by Oxford University Press

Signature:

Date: 4.4.2018



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Conflict of Interest Disclosure Form

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

NAME: Theofano Bounartzi

AFFILIATION: Junior Deputy SIG Ethics & Law ESHRE / University of Thessaly (GR), PhD student

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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

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	NONE
Receipt of honoraria or consultation fees:	NONE
Participation in a company sponsored speaker's bureau:	NONE
Stock shareholder:	NONE
Spouse/partner:	NONE
Other support (please specify):	ESHRE (Travel & Accommodation expenses)

Signature:

Date: 30.03.2018



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Conflict of Interest Disclosure Form

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

NAME: Dr. Christos Coutifaris

AFFILIATION: University of Pennsylvania Medical Centre

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DISCLOSURE

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☐ 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: 3/29/18



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Conflict of Interest Disclosure Form

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

NAME: ELINE DANCET

AFFILIATION: KU. LEUVEN

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DISCLOSURE

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☐ 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: 6/04/2018



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Conflict of Interest Disclosure Form

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

NAME: Arianna D'Angelo

AFFILIATION: Wales Fertility Institute , University Hospital of Wales

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

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

Type of affiliation / financial interest

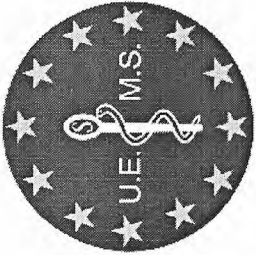
Name of commercial company

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: 22/03/2018



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Conflict of Interest Disclosure Form

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

NAME: MARIA JOSE DE LOS SANTOS

AFFILIATION: IVI RMA VALENCIA

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.

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☐ 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-MARCH-2018



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Conflict of Interest Disclosure Form

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

NAME: Guido de Wert

AFFILIATION: professor of Biomedical Ethics, Maastricht University, the Netherlands

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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: 6 April, 2018



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Conflict of Interest Disclosure Form

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

NAME: DEBROCK SOPHIE

AFFILIATION: Leuven University Fertility Center

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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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Conflict of Interest Disclosure Form

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

NAME: Paul Devroey

AFFILIATION: CRG, Brussels

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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

Type of affiliation / financial interest

Name of commercial company: none

Receipt of grants/research supports: none

Receipt of honoraria or consultation fees: none

Participation in a company sponsored speaker's bureau:
none

Stock shareholder: none

Spouse/partner: none

Other support (please specify): none

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Signature:

A stylized handwritten signature in blue ink, consisting of a large loop and a long diagonal stroke.

Date:

28.03.18



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Conflict of Interest Disclosure Form

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

NAME: Univ.-Prof. Dr. Thomas EBNER

AFFILIATION: Kepler University Hospital, MedCampus IV, Krankenhausstr. 26-30, Linz, Austria

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):

Kepler Universitätsklinikum GmbH
Med Campus IV.
Krankenhausstraße 26 -30, 4020 Linz/Austria
T +43 (0)5 7680 84 - 0
F +43 (0)5 7680 84 - 22204
www.kepleruniklinikum.at

Signature:

Date: March 23rd, 2018



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Conflict of Interest Disclosure Form

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

NAME: Prof. Dr. Ursula Eichenlaub-Ritter

AFFILIATION: Univ. Bielefeld, Fac. Biol., Inst. Gene Technol./Microbiol., 33501 Bielefeld, Germany

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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

Signature:

Date: 23.3.2018



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Conflict of Interest Disclosure Form

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

NAME: Johannes L.H. Evers

AFFILIATION: Human Reproduction, scientific journal; Maastricht University

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

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: JLH Evers

Date: 22 March 2018



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Conflict of Interest Disclosure Form

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

NAME: Dr Roy Farquharson

AFFILIATION: Liverpool Women's Hospital

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DISCLOSURE

☐ I have no potential conflict of interest to report

Signature:

Date: 22/3/18



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Conflict of Interest Disclosure Form

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

NAME: Dr Lucy Frith

AFFILIATION: University of Liverpool, UK

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:

Teva Pharmaceutical (participated in one expert meeting on fertility preservation guidelines)

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 26th March 2018



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Conflict of Interest Disclosure Form

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

NAME: Sofia Gameiro

AFFILIATION: Cardiff University

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DISCLOSURE

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☐ 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: 28.03.2018



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Conflict of Interest Disclosure Form

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

NAME: NICOLAS GARRIDO PUCHALT, PhD, MSc

AFFILIATION: IVI FOUNDATION

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☐ 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: March 22nd, 2018



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Conflict of Interest Disclosure Form

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

NAME: *Prof. dr. M. Goddijn*

AFFILIATION: *Prof. dr. AMC-consultant Gynaecologist,
Centre for Reproductive medicine*

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.

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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: *[Signature]*

Date: 28-3-2018



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Conflict of Interest Disclosure Form

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

NAME: Clara Gonzalez Llagostera

AFFILIATION: **HOSPITAL UNIVERSITARI D'EXEUS, Barcelona, Spain**

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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: 03/04/2018



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Conflict of Interest Disclosure Form

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

NAME: Ellen Goossens

AFFILIATION: Biology of the Testis lab - Vrije Universiteit Brussel – Brussels - Belgium

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Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

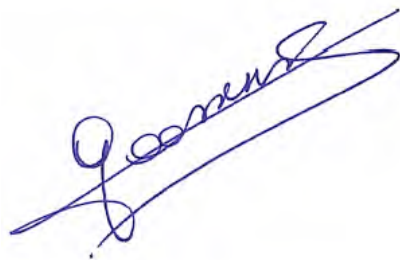
Stock shareholder:

Spouse/partner:

Other support (please specify):

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation



Signature:

Date: 22/03/2018



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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 : Gordts Stephan

AFFILIATION: Life Expett Centre, Leuven

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:11/01/18



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Conflict of Interest Disclosure Form

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

NAME: Andrew Horne

AFFILIATION: MRC Centre for Reproductive Health

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DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

I receive grant funding from the MRC, NIHR, Wellbeing of Women, Roche Diagnostics, Astra Zeneca and Ferring

Signature:

Date: 28.03.18



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Conflict of Interest Disclosure Form

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

NAME: GEORGIA KAKOIROU

AFFILIATION: UNIVERSITY OF ATHENS, DEPARTMENT OF MEDICAL GENETICS,
CHOREMIS RESEARCH LABORATORY, "Ag. SOPHIA" CHILDREN'S HOSPITAL

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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

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: 30/3/2018



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Conflict of Interest Disclosure Form

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

NAME: *HELEN KENDREW*

AFFILIATION: *European Society of Human Reproduction and Embryology [ESHRE]*

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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

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: *Helen Kendrew*

Date: *29 March 2018*



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Conflict of Interest Disclosure Form

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

NAME: Khalaf Yakoub

AFFILIATION: Guy's Hospital, The Assisted Conception Unit & Centre for Pre-implantation Genetic Diagnosis

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DISCLOSURE

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☐ 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:

04th April 2018



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Conflict of Interest Disclosure Form

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

NAME: Emma Kirk

AFFILIATION: Royal Free Hospital, London

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DISCLOSURE

☐ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Consultancy work for Clear Blue

Medical Advisor to the Ectopic Pregnancy Trust

Executive Committee Member of the Association of Early
Pregnancy Units

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EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation


Signature:

Date: 26/03/18



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Conflict of Interest Disclosure Form

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

NAME: **JACKSON KIRKMAN-BROWN**

AFFILIATION: **UNIVERSITY OF BIRMINGHAM**

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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

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:

16/2/2017



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Conflict of Interest Disclosure Form

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

NAME: EFSTRATIOS KOLIBIANAKIS

AFFILIATION: ARISTOTLE UNIVERSITY OF THESSALONIKI

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DISCLOSURE

I have no potential conflict of interest to report

Signature:

Date: 25/03/2018



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Conflict of Interest Disclosure Form

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

NAME: Kovacic Borut

AFFILIATION: Univerzitetni klinični center Maribor

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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

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:

26.3.2018



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Conflict of Interest Disclosure Form

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

NAME: MELOISA LOPES LAVORATO

AFFILIATION: WWU - MUNSTER

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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

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:

Melissa Lopes Lavorato

Date: 05.04.2018



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Conflict of Interest Disclosure Form

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

NAME: *Kersti Lundin*

AFFILIATION: *Sahlgrenska University Hospital, Göteborg, Sweden*

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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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Vitrolife

Receipt of honoraria or consultation fees:

Merck Serono

Participation in a company sponsored speaker's bureau: — *No*

Stock shareholder: — *No*

Spouse/partner: — *No*

Other support (please specify): — *No*

Signature:

Kersti Lundin

Date:

2018-03-29



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Conflict of Interest Disclosure Form

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

NAME: Prof. Dr. Nick Macklon

AFFILIATION: University of Southampton Academic Unit of Human Health and Development

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:

Merck Serono, Gedeon Richter, Ferring,
Anecova

Receipt of honoraria or consultation fees:

IBSA, Ferring, Merck Serono, Abbott, Clearblue,
MSD

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Vivoplex

Spouse/partner:

Other support (please specify):

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Association internationale sans but lucratif – International non-profit organisation

Signature:



Date:

22/3/18



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Conflict of Interest Disclosure Form

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

NAME: Maria Cristina Magli

AFFILIATION: SISMER, Bologna, Italy

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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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

MSD Italia (one consultation fee for an educational video)

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 23/03/2018



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Conflict of Interest Disclosure Form

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

NAME: Mariana Martins

AFFILIATION: University of Porto, Faculty of Psychology and Education Sciences

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DISCLOSURE

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☐ 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: 23.03.2018



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Conflict of Interest Disclosure Form

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

NAME: Heidi Mertes

AFFILIATION: Ghent University

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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: 22/3/2018



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Conflict of Interest Disclosure Form

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

NAME : Tanya Milachich

AFFILIATION: SAGBAL Dr.Shterev, Sofia, Bulgaria

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DISCLOSURE

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☐ 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: 17 February 2017



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Conflict of Interest Disclosure Form

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

NAME: MONT JEAN Debbie

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

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.

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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:

23.03.2018



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Conflict of Interest Disclosure Form

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

NAME: Dmitry Nikiforov

AFFILIATION: Università degli studi di Teramo

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DISCLOSURE

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☐ 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: 31.03.2018

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Conflict of Interest Disclosure Form

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

NAME: *HICHÈLE WISLÈ*

AFFILIATION: *CHU of Uge. (site Citadelle)*

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DISCLOSURE

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☐ 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:

23 MAR 2018



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Conflict of Interest Disclosure Form

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

NAME : Daniela Nogueira

AFFILIATION: INOVIE Fertilité - Labosud Garonne

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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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: none

Receipt of honoraria or consultation fees: none

Participation in a company sponsored speaker's bureau:
none

Stock shareholder: none

Spouse/partner: no conflict of interest from my husband's
side

Other support (please specify):

Signature:

Date: 09/01/2018



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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: Ombelet Willem

AFFILIATION: Genk Institute for Fertility Technology

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

X I have no potential conflict of interest to report

Signature:

Date: 24-03-18



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Conflict of Interest Disclosure Form

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

NAME: Guido Pennings

AFFILIATION: Ghent University

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DISCLOSURE

☐ I have no potential conflict of interest to report

X☒ 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: 1 Ferring?
lecture for Nordic Fertility Innovation

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 23/03/2018



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Conflict of Interest Disclosure Form

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

NAME: Prof. Dr. Felice Petraglia

AFFILIATION: University of Florene

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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

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:

26/03/2018



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Conflict of Interest Disclosure Form

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

NAME: Terhi Piltonen MD, Associate Professor
Department of Obstetrics and Gynecology
AFFILIATION: Oulu University Hospital, University of Oulu, Finland

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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

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: 29.3.2018



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Conflict of Interest Disclosure Form

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

NAME: *Anja Pinborg*

AFFILIATION: *Fertility Clinic, Rigshospitalet, Copenhagen University Hospital, Denmark*

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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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: *Merck Serono, MSD, Gedeon Richter, Ferring*

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *[Signature]*

Date: *04-04-2018*



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Conflict of Interest Disclosure Form

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

NAME: Siobhan Quenby

AFFILIATION: University of Warwick

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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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: Swiss Precision
Diagnostics advisory board.

Participation in a company sponsored speaker's bureau:

Ferring speakers fees for Lecture

Stock shareholder:

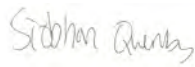
Spouse/partner:

Other support (please specify):

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Association internationale sans but lucratif – International non-profit organisation

Signature:



Date: 2/4/2018



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Conflict of Interest Disclosure Form

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

NAME: Amelia Rodriguez Aranda

AFFILIATION: Clinica Eugin

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: No

Receipt of honoraria or consultation fees: No

Participation in a company sponsored speaker's bureau: No

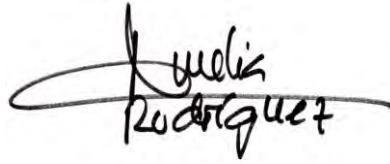
Stock shareholder: No

Spouse/partner: No

Other support (please specify): No

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation



Signature:

Date:

01.04.2018



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Conflict of Interest Disclosure Form

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

NAME: *Heidi Roijemans*

AFFILIATION: *ESHRE CENTRAL OFFICE*

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: *[Signature]*

Date: *22/03/2018*



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Conflict of Interest Disclosure Form

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

NAME: DANIELA ROMAUDI

AFFILIATION: FONDAZIONE POLICLINICO UNIVERSITARIO A. GEMELLI

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DISCLOSURE

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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:

30/03/2018



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Conflict of Interest Disclosure Form

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

NAME: Dr. Virginie Rozée

AFFILIATION: Institute National d'Études Démographiques - INED

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DISCLOSURE

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☐ 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: March 22nd, 2018



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Conflict of Interest Disclosure Form

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

NAME: Ioana Adina Rugescu

AFFILIATION: AER Embryologists Association

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-imbursment 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: 28.03.2018



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Conflict of Interest Disclosure Form

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

NAME: Prof. Stefan Schlatt

AFFILIATION: University of Münster

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:

Stefan Schlatt

Date:

23.03.2018



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Conflict of Interest Disclosure Form

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

NAME: AUGUSTO ENRICO SEMPRINI

AFFILIATION: University of Milan, Dept of Biomedical and Clinical Sciences "Luigi Sacco", Milan

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:

29.03.2018



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Conflict of Interest Disclosure Form

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

NAME:

AFFILIATION:

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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:

02/04/2018



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Conflict of Interest Disclosure Form

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

NAME:

Dr F SHENFIELD

AFFILIATION:

Reproductive Medicine Unit @ MCH
(London UK)

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DISCLOSURE

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☐ 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:

31.3.2018



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Conflict of Interest Disclosure Form

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

NAME:

Dr F SHENFIELD

AFFILIATION:

Reproductive Medicine Unit @ MCH
(London UK)

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

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☐ 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:

[Handwritten signature]

Date:

31.3.2018



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Conflict of Interest Disclosure Form

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

NAME: Claudia Spits

AFFILIATION: Research Group Reproduction and Genetics, Vrije Universiteit Brussel.

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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

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: 28/March/2018



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Conflict of Interest Disclosure Form

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

NAME: Strowitzki, Thomas, Prof. Dr.

AFFILIATION: Dept. Gyn. Endocrinology and Fertility Disorders, University of Heidelberg, Germany

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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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Obseva, IMPLANT Study, Merck, unrestricted

Receipt of honoraria or consultation fees:

none

Participation in a company sponsored speaker's bureau:

None

Stock shareholder:

None

Spouse/partner:

No conflict

Other support (please specify):

none

Signature:

Date:

March 22nd, 2018



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Conflict of Interest Disclosure Form

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

NAME: Jan-Bernd Stukenborg

AFFILIATION: NORDFERTIL Research Lab Stockholm, Karolinska Institutet and University Hospital,
Akademiska Stråket 1, J9:30, 17164, Stockholm, Sweden

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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: 2018-03-26



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accreditation@uems.net

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

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

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☐ 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:

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: March 26, 2018



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Conflict of Interest Disclosure Form

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

NAME: Tilleman Kelly

AFFILIATION: PhD

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

26-3-18



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Conflict of Interest Disclosure Form

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

NAME : Carla Tomassetti

AFFILIATION: University Hospitals Leuven, Belgium

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Stock shareholder:

Spouse/partner:

Other support (please specify):

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation



Signature:

Date: 17/2/2016



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Conflict of Interest Disclosure Form

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

NAME: Kirsten Tryde Macklon

AFFILIATION: Stork/Vivaneo Clinic

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

TEVA

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 03-04-2018



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Conflict of Interest Disclosure Form

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NAME:

AFFILIATION:

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Steph Seret

Date:

23.03.2018



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Conflict of Interest Disclosure Form

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

NAME: Bruno Van den Eede

AFFILIATION: ESHRE (European Society of Human Reproduction and Embryology)

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

28/01/2018



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Conflict of Interest Disclosure Form

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

NAME: ANNA VEIGA

AFFILIATION: R & D+i Director of the Biology Area of the Reproductive Medicine of Dexeus Women Health

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Other support (please specify):

Signature:

Date: 23/03/2018



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Conflict of Interest Disclosure Form

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

NAME: Zdravka Veleva

AFFILIATION: Department of Obstetrics and Gynecology, University of Helsinki and Helsinki University Hospital, Finland

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Spouse/partner:

Other support (please specify):

Signature:

Date: 2 April 2018



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Conflict of Interest Disclosure Form

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

NAME: VIDA KOVIC SNEZANA

AFFILIATION: Institute for Obstetrics and Gynecology Clinical Center Serbia 'GAK'

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Spouse/partner:

Other support (please specify):

Signature:

Date: March 25th, 2018.



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Conflict of Interest Disclosure Form

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

NAME: Professor Dr. Michael von Wolff

AFFILIATION: University of Bern - Inselspital

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Conflict of Interest Disclosure Form

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

NAME:

CECILIA WESTIN

AFFILIATION: Fertilitetscentrum Göteborg

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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:

Cecilia Westin

Date:

180323