



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: Prof. Dr. med. Ludwig Kiesel

AFFILIATION: University Hospital Münster, Albert-Schweitzer-Campus 1, 48149 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:	Bayer
Receipt of honoraria or consultation fees:	Shionogi, Bayer, AstraZeneca, Novartis, Gedeon Richter, Mithra, AbbVie, Abbot (Mylan), DR. KADE/BESINS Pharma GmbH, Palleos healthcare, Roche
Participation in a company sponsored speaker's bureau:	Shionogi, Bayer, AstraZeneca, Novartis, Gedeon Richter, Mithra, AbbVie, Abbot (Mylan), Roche
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	None

Signature:

Date: 21.05.2019



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Name of commercial company

Receipt of grants/research supports:
↳ to institution (LUFC -UZ LEUVEN)

FERRING PHARMACEUTICALS,
MERCK SA

Receipt of honoraria or consultation fees:
↳ to institution (UZ-KU LEUVEN)

NORDIC PHARMA, GEDEON RICHTER

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 23-07-2015



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NAME: *Nisolle Michelle*

AFFILIATION: *DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
CHR CITADELLE LIEGE - BELGIUM.*

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Spouse/partner:

Other support (please specify):

Signature:

Date:

21/11/2019