



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

Institution of the UEMS_{aisbl}

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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

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: AUGUSTO ENRICO SEMPRINI

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

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29.03.2018



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NAME : Tilleman Kelly

AFFILIATION: PhD

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