



CONSENT TO REPRODUCE PRESENTATION

The Scientific Committee of the European Society of Human Reproduction and Embryology (ESHRE) decided to produce a webcast of the lectures presented at the Best of ASRM and ESHRE congress on 23-25 February 2017. The presentations will be put on the e-Campus platform with an audio & video recording of the presentation.

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If you wish to have your presentation considered for inclusion in this project, please sign below and return it to ESHRE. By signing this document you (i) give your consent to have your presentation webcasted, and (ii) you agree to have all the material in your presentation duplicated.

Your agreement to have your presentation webcasted **does not affect** your ownership of your presentation or your materials. ESHRE will not acquire any ownership interest in your presentation or your materials because of your consent to have your presentation included in the webcast.

- ☒ I accept, please publish my presentation¹.
☐ I accept, however, I wish to review and possibly withhold certain slides.
Please list the slide numbers that you would like to withhold:

-
☐ I do not want to participate in the e-learning, but I do give permission to use my handouts only.
☐ I do not accept and do not grant permission to publish my presentation.

Dated: January 24, 2017

Signature:

Printed Name: Eli Adashi

¹ Presentations will be published on the e-Campus platform and the ESHRE website (pdf-version of PowerPoint)



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Conflict of Interest Disclosure Form

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

NAME: *Eni A/ASIE*

AFFILIATION:

BROWN 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 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:

[Handwritten Signature]

Date:

1/24/17



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Conflict of Interest Disclosure Form

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

NAME: **ELI AGASTI**

AFFILIATION: **BROWN UNIVERSITY**

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

1/24/17



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Conflict of Interest Disclosure Form

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

NAME : Robert Casper

AFFILIATION: University of Toronto

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: EMD-Serono,
OvaScience/CIHR

Receipt of honoraria or consultation fees: Abbvie, Bayer,
Merck, OvaScience, Ferring, EMD-Serono

Participation in a company sponsored speaker's bureau:

Stock shareholder: OvaScience, Circadian-ZircLight

Spouse/partner:

Other support (please specify): Royalties: Teva, UpToDate

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Signature:

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Date: Jan 24/17



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Conflict of Interest Disclosure Form

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

NAME: *Deborah A. Driscoll, MD*

AFFILIATION: *University of Pennsylvania*

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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:

Deborah A. Driscoll

Date:

1/30/17



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- ☒ I accept, however, I wish to review and possibly withhold certain slides.
Please list the slide numbers that you would like to withhold: # 7
- ☐ I do not want to participate in the e-learning, but I do give permission to use my handouts only.
- ☐ I do not accept and do not grant permission to publish my presentation.

Dated: 1/30/17

Signature: Deborah A. Driscoll

Printed Name: Deborah A. Driscoll

¹ Presentations will be published on the e-Campus platform and the ESHRE website (pdf-version of PowerPoint)



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Conflict of Interest Disclosure Form

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

NAME: Feki Anis

AFFILIATION: Department of obstetrics and gynecology. Hôpitaux Fribourgeois

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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: 24.01.2017



CONSENT TO REPRODUCE PRESENTATION

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- ☐ **I do not want to participate in the e-learning, but I do give permission to use my handouts only.**
- ☐ **I do not accept and do not grant permission to publish my presentation.**

Dated: 23.01.2017

Signature:

Printed Name: Feki Anis

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Conflict of Interest Disclosure Form

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

NAME : *Leslie P. Francis*

AFFILIATION: *University of Utah*

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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):

Signature:

Leslie Francis

Date:

2/15/17



CONSENT TO REPRODUCE PRESENTATION

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Dated: 2/15/17

Signature: Leslie Francis

Printed Name:

Leslie Francis

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Conflict of Interest Disclosure Form

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

NAME : Mariette Goddijn

AFFILIATION: Academic Medical Center, Amsterdam

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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: 24 February 2016



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Conflict of Interest Disclosure Form

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

NAME: Grigoris F. Grimbizis

AFFILIATION: 1st Department of Obstetrics & Gynecology, Aristotle University of Thessaloniki

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 21 January 21, 2016



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Conflict of Interest Disclosure Form

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

NAME : Hendriks, Saskia

AFFILIATION: Academic Medical Center, Amsterdam

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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: 06-02-2017



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Conflict of Interest Disclosure Form

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

NAME : Aaron Hsueh

AFFILIATION: Stanford University

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 2017-01-24



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Conflict of Interest Disclosure Form

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

NAME : Stephen A. Krawetz

AFFILIATION: Wayne State University School of Medicine

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Merck / EMD Serono
Receipt of honoraria or consultation fees:	Taylor & Francis
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	National Institutes of Health, Charlotte B. Failing Professorship.

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Association internationale sans but lucratif – International non-profit organisation

Signature:

A handwritten signature in black ink, appearing to be 'A. L. H. H.', written in a cursive style.

Date: February 1, 2017



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Conflict of Interest Disclosure Form

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

NAME: *WILLIAM H. KUTTEH, MD, PhD*
AFFILIATION: *VANDERBILT UNIVERSITY MEDICAL CENTER*

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Wm H Kutteh

Date:

Jan 26, 2017



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Conflict of Interest Disclosure Form

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

NAME : Nick Macklon

AFFILIATION: University of Copenhagen and University of Southampton

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Participation in a company sponsored speaker's bureau:

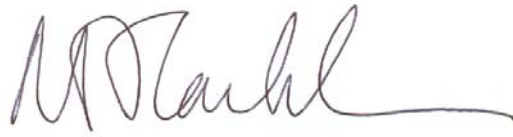
Stock shareholder:

Spouse/partner:

Other support (please specify):

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Signature:

Date: 17/2/16



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Conflict of Interest Disclosure Form

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

NAME : Robert D Oates, M.D.

AFFILIATION: Boston Medical Center

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Robert D Oates, M.D.

Date: 10.6.16



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Conflict of Interest Disclosure Form

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

NAME: Owen K. Daut, MD

AFFILIATION: Will Merck Gilead & GSK in / ASRY

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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:

2/12/16



CONSENT TO REPRODUCE PRESENTATION

The Scientific Committee of the European Society of Human Reproduction and Embryology (ESHRE) decided to produce a webcast of the lectures presented at the Best of ASRM and ESHRE congress on 23-25 February 2017. The presentations will be put on the e-Campus platform with an audio & video recording of the presentation.

Your presentation held at the above-mentioned meeting has been selected for inclusion in the e-Campus platform and we therefore ask you to sign this form in agreement to have your presentation made available. By signing this agreement, you also confirm that the material in your presentation is owned by you or that you have obtained the right to include the material in your presentation.

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- ☒ I accept, please publish my presentation¹.
- ☐ I accept, however, I wish to review and possibly withhold certain slides.
Please list the slide numbers that you would like to withhold:
.....
- ☐ I do not want to participate in the e-learning, but I do give permission to use my handouts only.
- ☐ I do not accept and do not grant permission to publish my presentation.

Dated:

2/12/17

Signature:

Printed Name:

Samantha M Pfeifer MD

¹ Presentations will be published on the e-Campus platform and the ESHRE website (pdf-version of PowerPoint)



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Conflict of Interest Disclosure Form

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

NAME : *Samantha Pfeifer*
AFFILIATION: *Weill Cornell Medical College*

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *[Signature]*

Date: *2/13/17*



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NAME : Siobhan Quenby

AFFILIATION: University of Warwick

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DISCLOSURE

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:

Clearblue advisory board

Participation in a company sponsored speaker's bureau:

Ferring gave lecture on miscarriage

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 17/10/2016



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Conflict of Interest Disclosure Form

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

NAME : ROZÉE Virginie

AFFILIATION: National Institute for Demographic Studies (Paris, France)

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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: January 30th, 2017



Conflict of Interest Disclosure Form

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

NAME :

RITA VASSENA

AFFILIATION:

CYNICA EUGIN

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Spouse/partner:

Other support (please specify):

Signature:

Date:

03.06.2015