

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.

You have the right to exclude slides that you do not wish to appear on the e-Campus for reasons such as publication, privacy, patient confidentiality or other reasons. All slides that are excluded will be substituted by a slide which reads "Slide withheld by Presenter". Please note that the webcast can only be viewed and will not be downloadable.

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:

हित्र व्या 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

Printed Name: Eli Adashi

Signature: / / // // // Signature:

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



AFFILIATION:

The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS 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)

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:



4.418

140

The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS 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:	ELI	AJASIŁ	
AFFILIATIO	ON:	3 JONA	UNIVENDITY

Enaccordance 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.

	<u> </u>		
GA	have no potential conflict of interest to report I have the following potential conflict(s) of interest to report	report	
\$ *4 **	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:		
J.	Stock shareholder:		
	Spouse/partner:		
	Other support (please specify):		
Sig	nature:	Date:	1/24/17



EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for

Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS <u>www.eaccme.eu</u> 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: Robert Casper

AFFILIATION: University of Toronto

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

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: 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:

Date: Jan 24/17



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu

NAME: Deboun A. Driscou, UD

AFFILIATION: University of Pennsylvania

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)

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	
have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interest to re	port
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: Xurelen un ru	Date: 1/30/17



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.

You have the right to exclude slides that you do not wish to appear on the e-Campus for reasons such as publication, privacy, patient confidentiality or other reasons. All slides that are excluded will be substituted by a slide which reads "Slide withheld by Presenter". Please note that the webcast can only be viewed and will not be downloadable.

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.
- o I do not accept and do not grant permission to publish my presentation.

Dated: 1/30/17

Signature: Devocaler will

Printed Name: Deborah A. Dir scoll

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



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS 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: Feki Anis

Signature:

AFFILIATION: Department of obstetrics and gynecology. Hôpitaux Fribourgeois

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

LXI 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):		

Date:24.01.2017



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.

You have the right to exclude slides that you do not wish to appear on the e-Campus for reasons such as publication, privacy, patient confidentiality or other reasons. All slides that are excluded will be substituted by a slide which reads "Slide withheld by Presenter". Please note that the webcast can only be viewed and will not be downloadable.

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.

- X 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.
- O I do not accept and do not grant permission to publish my presentation.

Dated: 23.01.2017

Signature:

Printed Name: Feki Anis

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



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

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS 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: Leslie P. Francis
AFFILIATION: University of Weak

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.

	I have no potential conflict of interest to report I have the following potential conflict(s) of interest to report	port
	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):	
Sig	gnature: Leslin Franci	Date: 3/15/17



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.

You have the right to exclude slides that you do not wish to appear on the e-Campus for reasons such as publication, privacy, patient confidentiality or other reasons. All slides that are excluded will be substituted by a slide which reads "Slide withheld by Presenter". Please note that the webcast can only be viewed and will not be downloadable.

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	mv	presentation	ı¹.

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.

O I do not accept and do not grant permission to publish my presentation.

Dated: 8 15 17

Signature: Les La France

Printed Name:

Leslie Francis

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



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

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS 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: Mariette Goddijn

Signature:

AFFILIATION: Academic Medical Center, Amsterdam

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	
☐ I have the following potential conflict(s) of interest to re	port
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):	
//	

UEMS_{aisbl} — Union Européenne des Médecins Spécialistes | Avenue de la Couronne 20, BE-1050 Bruxelles IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848

Date: 24 February 2016



EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for

Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS 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: Grigoris F. Grimbizis

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

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 r	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):	
ignaturo	Date: 21 January 21 2016

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes | Avenue de la Couronne 20, BE-1050 Bruxelles IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS <u>www.eaccme.eu</u> 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: Hendriks, Saskia

Signature:

AFFILIATION: Academic Medical Center, Amsterdam

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		
☐ 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):		

Date: 06-02-2017



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS 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: Aaron Hsueh

AFFILIATION: Stanford 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.

$x\square$ I have no potential conflict of interest to report	
lacksquare I have the following potential conflict(s) of interest to re	eport
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: And Hull	Date: 2017-01-24



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

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS 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: Stephen A. Krawetz

AFFILIATION: Wayne State University School of 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.

☐ 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:	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.		

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Signature:

Date: February 1, 2017



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

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS 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: WILLIAM H. KUTTEH, MP, PLD			
AFFILIATION: VANDERBILT UNIVERSTY MEDICAL CINTE			
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			
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: Jun 26, 2017			



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS <u>www.eaccme.eu</u> 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: Nick Macklon

AFFILIATION: University of Copenhagen and University of Southampton

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.

☑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):				

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

 $Association\ internationale\ sans\ but\ lucratif-International\ non-profit\ organisation$

Markl

Signature:

Date: 17/2/16



Signature:

Robert D Oates, M.D.

The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30

Date: 10.6.16

accreditation@uems.net

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

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.

$X \square I$ 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):				



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

Institution of the UEMSalsbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS 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:) wen	c-Da	NT NO				,
AFFILIATION:	Him	Mersy Mersy	6 llegs	2	GmM	\mathcal{N}	1
In accordance w EACCME", all de relationship, mu made readily av organiser of the	vith criterion 24 eclarations of p ust be provided allable, either LEE. Declaration	f of document UEN otential or actual of ito the EACCME® of in printed form, wi ons must include we elation to the LEE h	AS 2012/30 "Accre conflicts of interes upon submission of th the programme whether any fee, h	editation t, whethe of the app e of the L onorarium	of Live Education of due to a finant olication. Declar EE, or on the we	onal Event ocial or otl ations also obsite of t	s by the her o must be he
		<u>D</u>	<u>ISCLOSURE</u>				
☑ I have r	I have no potential conflict of interest to report						
☐ I have the following potential conflict(s) of interest to report							
Type of af	filiation / fin:	ancial interest		Na	ame of comme	ercial con	mpanv
Receipt of	grants/resea	rch supports:					•
Receipt of honoraria or consultation fees:							
Participation in a company sponsored speaker's bureau:							
Stock shareholder:							
Spouse/partner:							
Other sup	port (please s	specify):					
Signature:	20			Date	: 2/17	-116	



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.

You have the right to exclude slides that you do not wish to appear on the e-Campus for reasons such as publication, privacy, patient confidentiality or other reasons. All slides that are excluded will be substituted by a slide which reads "Slide withheld by Presenter". Please note that the webcast can only be viewed and will not be downloadable.

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.

o I accept, however, I wish to review and possibly withhold certain slides. Please list the slide numbers that you would like to withhold:

o I do not want to participate in the e-learning, but I do give permission to use my handouts

I do not accept and do not grant permission to publish my presentation.

Dated:

2/12/17

Printed Name: Samantha MI feifu m

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



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

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS

Samantha Pfeiful

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)

AFFILIATION:	Weill	Cornell	Medic	Q	College
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.					
		DIS	CLOSURE		
I have n	o potential co	nflict of interest to	report		
☐ I have th	ne following p	otential conflict(s)	of interest to re	port	
Type of aff	iliation / fina	ncial interest		Nai	me of commercial company
Receipt of	grants/resear	ch supports:			
Receipt of	honoraria or o	onsultation fees:			
Participatio	on in a compa	ny sponsored spea	ker's bureau:		
Stock share	eholder:				
Spouse/par	rtner:				
Other supp	ort (please sp	ecify):	•		
Signature:	yun	50		Date:	2/13/17
JEMS – Unior	n Européenne	des Médecins Sné	cialistes I Avenu	e de la	Couronne 20 RF-1050 Bruvelle



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS 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: Siobhan Quenby

AFFILIATION: University of Warwick

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 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):	
	Sidohan Quentas	
Sig	nature:	Date: 17/10/2016



EUROPEAN UNION OF MEDICAL SPECIALISTS

The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS 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: ROZÉE Virginie

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

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: January 30th, 2017



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

Institution of the UEMS, its

AVENUE DE LA COURONNE, 20
BE- 1050 BRUSSELS
WWW ERCOME EU

Conflict of Interest Disclosure Form

2601
1987
200
and .
JANY.
Sec.
200
4000
992
-
200
2000
New Contract
406
190
400
1967
Stanti
200
den
HON-
No.
See
THE
MON.
Mann.
Section
200
622
375
0
-
60,60
1000
E
Sinc.
2.60
100
0.000
200
-
400
779
40.40
89
200
See
0
96
SAR
y
416
9800
Difference of the Parket
-2007
400
200
60
9
Jie.
cie
scie
sciel
sciel
5 scien
d scien
nd scien
nd scien
and scient
and scien
1752
1752
1752
1752
N. S.
faculty a
by faculty a
by faculty a
by faculty a
by faculty a
d by faculty a
d by faculty a
d by faculty a
d by faculty a
d by faculty a
d by faculty a
iletted by faculty a
iletted by faculty a
pleted by faculty a
pleted by faculty a
pleted by faculty a
mpleted by faculty a
impleted by faculty a
impleted by faculty a
ompleted by faculty a
impleted by faculty a
ompleted by faculty a
ompleted by faculty a
ompleted by faculty a
be completed by faculty a
ompleted by faculty a
be completed by faculty a
be completed by faculty a
be completed by faculty a
be completed by faculty a
be completed by faculty a
be completed by faculty a
be completed by faculty a

	-
	- 4
4	
	9
	7
- 4	
5	INICA ENGLN
2	*
	4
2	8
*	
2	
- 2	
-	2
W.	
	*
- 2	2
100	
All I I	
C.13	-
The said	
ACCOUNT OF THE PARTY OF	2
30	- 1
and the same	
The same of the sa	Marian S
3/2/3G	
W 5 PC	and the
3 0 12	ARTEGORIES A
-	-
2 Ph.	-
6/30	and the same of
W 18	in the same
. 18	1 10
1 / 32	1 15
11 13	100
	The same of the
186	F 3/4
100	12
- Mark 3	1
The same of the sa	88 W
360	100
and the last	13 12
	1
	2
- 6	- 5
	- 2
All S	200
March 1	JOHN TO A
The same of the sa	
- There's	6 7
	No. P.
Southern Co.	7000
1 2	150000
ALCOHOL: P	ADDRESS OF THE PARTY OF THE PAR
100 16	1
1312	Million
1 1 1 3	
1 1	
Married Company	
	3.0
	m. 13
	Principal S
	1 28
	5 50
	2 13
	1 11
	Trad &
	-
	-
	-
	11/04
	460
	40%
	ON: CL
	1000
ME RITA WASSELVA	\$100
	400
200	76
Night	4000
1867	total a
- 20	1000
PERM	6.6
48	E.
700	S.A.
	7000
7,000	

relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be 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 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

A ! 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:

Moracuto-

Date: 03.06.2015