Conflict of Interest Disclosure Form

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

NAME : Dr Erin Greaves

AFFILIATION:

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

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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>Ferring Pharmaceuticals</td>
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<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Bellus Health</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
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<tr>
<td>Stock shareholder:</td>
<td></td>
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<tr>
<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Conflict of Interest Disclosure Form

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

NAME:
Lorraine Harrington

AFFILIATION: NHS Lothian

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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: Lorraine Harrington

Date: 6/7/18

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IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

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

NAME: Viganò Paolo

AFFILIATION: San Raffaele Scientific Institute, Milano, Italy

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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

Heracl Serrone GeF

Ferring

Signature: [Signature]

Date: 22/8/18

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Conflict of Interest Disclosure Form
(to be completed by faculty and scientific/organising committee members)

NAME : Prof Katja Wiech

AFFILIATION: WIN Centre, Nuffield Department of Clinical Neurosciences, University of Oxford

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<td>Spouse/partner:</td>
<td></td>
</tr>
</tbody>
</table>

Other support (please specify):

Signature: [Signature] Date: 19/02/2018
Conflict of Interest Disclosure Form
(to be completed by faculty and scientific/organising committee members)

NAME: Dr. Thomas Zollner

AFFILIATION: Bayer AG

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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: Bayer AG

☐ Spouse/partner:

☒ Other support (please specify): Employee of Bayer AG

Signature: [Sign]

Date: Feb 26, 2018