



**EUROPEAN UNION OF MEDICAL SPECIALISTS**  
**The European Accreditation Council for**  
**Continuing Medical Education – EACCME®**  
Institution of the UEMS<sub>aisbl</sub>

AVENUE DE LA COURONNE, 20  
BE- 1050 BRUSSELS  
[www.eaccme.eu](http://www.eaccme.eu)

T +32 2 649 51 64  
F +32 2 640 37 30  
[accreditation@uems.net](mailto:accreditation@uems.net)

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## **Conflict of Interest Disclosure Form**

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

NAME : Blanchet de Mouzon Valérie

AFFILIATION: APHP

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: 03/03/2018**



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## **Conflict of Interest Disclosure Form**

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

NAME : ANNICK GERIL

AFFILIATION: DEPARTEMENT OF REPRODUCTIVE MEDICINE UNIVERSITY HOSPITAL GHENT BELGIUM

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Receipt of grants/research supports:

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 23/02/2018



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## Conflict of Interest Disclosure Form

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

NAME : *H. Odehuyse*

AFFILIATION:

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: *21-2-2018*



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NAME :

AFFILIATION:

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

*MSD, Merck, Ferring, Gedeon Richter*

Receipt of honoraria or consultation fees:

*MSD, Merck, Ferring, Gedeon Richter*

Participation in a company sponsored speaker's bureau: -

Stock shareholder: -

Spouse/partner: -

Other support (please specify): -

Signature:

*[Handwritten Signature]*

*22/2-2018*

Date:

*[Handwritten Signature]*



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## Conflict of Interest Disclosure Form

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NAME : *SARA SOMERS*

AFFILIATION: *GHEENT UNIVERSITY HOSPITAL*

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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: *[Signature]*

Date: *19 FEB 2018*