



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

## **Conflict of Interest Disclosure Form**

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

NAME : .....Anders Nyboe Andersen.....

AFFILIATION: .....The Fertility Clinic, 4071, Rigshospitalet, Copenhagen University Hospital, Denmark

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:

MSD, Ferring, Merck Serono

Receipt of honoraria or consultation fees:

MSD, Ferring, Merck Serono

Participation in a company sponsored speaker's bureau:

MSD, Ferring, Merck Serono

Stock shareholder:

-

Spouse/partner:

-

Other support (please specify): -

-

**Signature:**

**Date: 27 May, 2014**



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## Conflict of Interest Disclosure Form

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

NAME : Johnny Awwad

AFFILIATION:

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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: Johnny Awwad

Date: 18 March 2014





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## **Conflict of Interest Disclosure Form**

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

NAME : .....Prof. Tim Bayne .....

AFFILIATION: .....University of Manchester .....

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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: Monday, May 26, 2014**



## Conflict of Interest Disclosure Form

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

NAME : Helle Bendtsen

AFFILIATION: The Fertility Clinic, Rigshospitalet, Blegamsvej 9, 2100 Copenhagen, Denmark

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCMÉ", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCMÉ® 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:

*Helle Bendtsen*

Date: 26.05 2014





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## Conflict of Interest Disclosure Form

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

NAME : THEO BOER

AFFILIATION: PROTESTANT THEOL. UNIVERSITY

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- ☐ 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:

2014.05.26



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## **Conflict of Interest Disclosure Form**

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

NAME : .....Bonduelle.....Maryse.....

AFFILIATION: ...UZ Brussel.....

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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

- Prof M Bonduelle's institution (UZBrussel) has received educational grants
- M. Bonduelle has received consultancy and speaker's fees

#### **Type of affiliation / financial interest**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

#### **Name of commercial company**

IBSA, Ferring, Organon, Shering-Plough,  
Merck, Merck Belgium

Organon, Serono Symposia, Merck



**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES**  
**EUROPEAN UNION OF MEDICAL SPECIALISTS**

*Association internationale sans but lucratif – International non-profit organisation*

---

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

A handwritten signature in dark ink, consisting of a large, stylized 'S' or 'C' shape followed by a horizontal line and a small upward flick.

Date: 6/6/2014



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### Conflict of Interest Disclosure Form

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

NAME : PD Dr. med. Tina Endlholz

AFFILIATION: Gyn-Gen-Lehel München

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☐ 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:

12.6.14





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## Conflict of Interest Disclosure Form

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

NAME : Marcelle I. Cedars, MD

AFFILIATION : University of California, San Francisco OBGYN Dept, REI Division

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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: yes

Ferring Pharmaceuticals  
Nava Therapeutics

Receipt of honoraria or consultation fees: Ø

Participation in a company sponsored speaker's bureau: Ø

Stock shareholder: Ø

Spouse/partner: Ø

Other support (please specify): Ø

Signature:

Date:

6/13/14



## Conflict of Interest Disclosure Form

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

NAME : Shawn L. Chavez

AFFILIATION: Oregon Health & Science 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.

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☐ 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:

Shawn L. Chavez

Date:

5/27/14





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## **Conflict of Interest Disclosure Form**

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

NAME : ...Rossa Chiu.....

AFFILIATION: ...The Chinese University of Hong Kong.....

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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:	Sequenom, Inc.
Receipt of honoraria or consultation fees:	Sequenom, Inc.
Participation in a company sponsored speaker's bureau:	NA
Stock shareholder:	Sequenom, Inc.
Spouse/partner:	NA
Other support (please specify):	NA

Signature:

Date: 14 Feb 2014



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## **Conflict of Interest Disclosure Form**

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

NAME : Susana M. Chuva de Sousa Lopes.....

AFFILIATION: Leiden University Medical Center, Netherlands.....

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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**

**Academic hospital**

Receipt of grants/research supports:

European research grants

Receipt of honoraria or consultation fees:

no

Participation in a company sponsored speaker's bureau:

no

Stock shareholder:

no

Spouse/partner:

not applicable

Other support (please specify):

no

Signature:

*Susana M. Chuva de Sousa Lopes*

Date:

*26 Feb 2014*





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## Conflict of Interest Disclosure Form

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

NAME : T. Justin Cuen

AFFILIATION: Birmingham Women's Hospital

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

#### 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

Hologic ; Smith & Nephew

Hologic ; Conceptus ; Johnson & Johnson

Hologic ; Conceptus ; Smith & Nephew

—

—

Bayer ; Mereo Purama

Signature:

Date:

14.6.14



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## Conflict of Interest Disclosure Form

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

NAME : ANA COBO

AFFILIATION: IUT-VALENCIA

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### DISCLOSURE

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- ☐ 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:

27<sup>th</sup> May, 2014



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## **Conflict of Interest Disclosure Form**

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

NAME : GIOVANNI COTICCHIO

AFFILIATION: Biogenesi, Istituti Clinici Zucchi, Monza, Italy

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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:

Cook Medical educational workshops

~~Stock shareholder:~~

~~Spouse/partner:~~

~~Other support (please specify):~~

Signature:

*Giovanni Coticchio*

Date:

27 may 2014





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## **Conflict of Interest Disclosure Form**

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

NAME : Christos Coutifaris

AFFILIATION: University of Pennsylvania, Philadelphia, Pennsylvania, USA

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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:

National Institutes of Health, USA

Receipt of honoraria or consultation fees:

N/A

Participation in a company sponsored speaker's bureau:

N/A

Stock shareholder:

N/A

Spouse/partner:

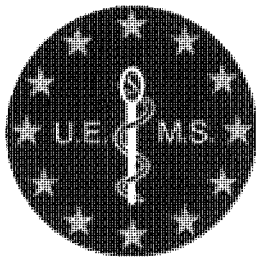
N/A

Other support (please specify):

American Society for Reproductive medicine

Signature:

Date: 6-10-2014



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## Conflict of Interest Disclosure Form

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

NAME : Elise DANCET

AFFILIATION: Amsterdam Medical Centre - Leuven University

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### DISCLOSURE

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☐ 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:

28/05/2013



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## Conflict of Interest Disclosure Form

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

NAME : Dr. Ryck Martine

AFFILIATION: Centre for Medical Genetics, VZ Brussel, Belgium

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☐ 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:

27/5/2019





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## **Conflict of Interest Disclosure Form**

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

NAME : DE VOS, MICHEL

AFFILIATION: VZ BRUSSEL, BELGIUM

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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: [Signature]

Date: 27/5/2014



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

## **Conflict of Interest Disclosure Form**

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

NAME: *Prof. dr. Guido de Wert*

AFFILIATION: *Prof. of Biomedical Ethics, Maastricht University  
The Netherlands*

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:

*20 March 2014*



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## **Conflict of Interest Disclosure Form**

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

NAME : Paul Devroey .....

AFFILIATION: CRG Brussels .....

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:

MSD , Ferring, Besins, Merck

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

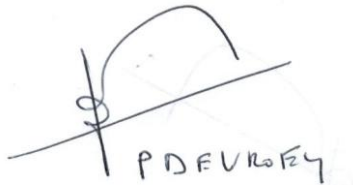


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*Association internationale sans but lucratif – International non-profit organisation*

---

Signature:

A handwritten signature in black ink, appearing to read 'P. DEVRUY', is written over a faint, light blue circular watermark. The signature is stylized, with a large loop at the top and a horizontal line crossing through it.

Date: 28 05 2014



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## Conflict of Interest Disclosure Form

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

NAME : WALJIT AHILLO

AFFILIATION: IMPERIAL COLLEGE

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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:

2/6/2014



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## Conflict of Interest Disclosure Form

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

NAME : .....Wybo Dondorp.....

AFFILIATION: .....Maastricht University, NL

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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:

26 May 2014





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**Conflict of Interest Disclosure Form**

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

NAME : ..... *DONNEZ Jacques* .....

AFFILIATION: ..... *SRI* .....

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 *with the topic.*

☐ 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: *[Signature]*

Date: *10/3/2014*



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## **Conflict of Interest Disclosure Form**

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

NAME : ...Heather Draper.....

AFFILIATION: ...University of Birmingham.....

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: 27/5/2014**



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## Conflict of Interest Disclosure Form

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

NAME : Elisbeth Dul

AFFILIATION: UMC Groningen, the Netherlands

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:

MSD  
Ferring Pharmaceuticals (the Netherlands)  
Merck

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

10-6-14



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## **Conflict of Interest Disclosure Form**

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

NAME : Cristina Eguizabal Argaiz.....

AFFILIATION: Basque Center for Transfusion and Human Tissues (Spain).....

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:

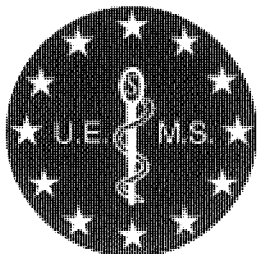
Spouse/partner:

Other support (please specify):

Signature:

Date: 29<sup>th</sup> May 2014





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## **Conflict of Interest Disclosure Form**

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

NAME : ..... *prof. A. W. M. Evers* .....

AFFILIATION: ..... *Leiden University, The Netherlands* .....

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:

*Pfizer*

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

*A. Evers*

Date:

*2-6-2014*



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## Conflict of Interest Disclosure Form

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

NAME : JLH Evers

AFFILIATION: Maastricht University Medical Centre, Maastricht, The Netherlands

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: 21 March 2014



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## **Conflict of Interest Disclosure Form**

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

NAME : .....Tommaso Falcone.....

AFFILIATION: .....Cleveland Clinic, Cleveland Ohio.....

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**

XXXXXX ☐ 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:

May 25, 2014



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## **Conflict of Interest Disclosure Form**

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

Cynthia Farquhar

NAME : .....

AFFILIATION: .....University of  
Auckland.....

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### **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: Manawatu  
Diagnostics provided funding for commissioned research  
project

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:



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EUROPEAN UNION OF MEDICAL SPECIALISTS**

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---

Other support (please specify):

**Signature:**

A handwritten signature in black ink, appearing to read 'A. Stankovic'.

**Date: 27 May 2014**



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**The European Accreditation Council for**  
**Continuing Medical Education – EACCME®**  
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## **Conflict of Interest Disclosure Form**

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

NAME : ...Dr Tabitha Freeman .....

AFFILIATION: .....Centre for Family Research, University of Cambridge, UK.....

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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:**

*Freeman*

**Date: 26/05/14**



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**Continuing Medical Education – EACCME®**

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**Conflict of Interest Disclosure Form**

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

NAME : Ana Margarida Jorge Ferreira Gallardo  
AFFILIATION: Instituto Superior Miguel Torga, Coimbra, Portugal

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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:

Ana Gallardo

Date:

29<sup>th</sup> May 2014



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## **Conflict of Interest Disclosure Form**

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

NAME : .....Sofia Gameiro.....

AFFILIATION: .....School of Psychology, Cardiff University.....

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### **DISCLOSURE**

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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):

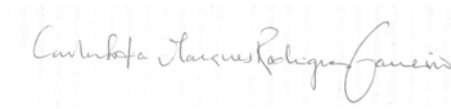


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**EUROPEAN UNION OF MEDICAL SPECIALISTS**

*Association internationale sans but lucratif – International non-profit organisation*

---

**Signature:**



**Date: 30.05.2014**



# EUROPEAN UNION OF MEDICAL SPECIALISTS

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[accreditation@uems.net](mailto:accreditation@uems.net)

### Conflict of Interest Disclosure Form

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

NAME: Juan Antonio Garcia Velasco

AFFILIATION: IVI Madrid

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

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☐ 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: May 26, 2014



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## **Conflict of Interest Disclosure Form**

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

NAME : Niels Geijsen

AFFILIATION: KNAW- Hubrecht Institute and Utrecht University

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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: May 28, 2014



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[accreditation@uems.net](mailto:accreditation@uems.net)

## **Conflict of Interest Disclosure Form**

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

NAME : Joep Geraedts

AFFILIATION: Dept. Genetics and Cell Biology

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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:

**Signature:**

**Date: June 1, 2014**





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## **Conflict of Interest Disclosure Form**

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

NAME : LUCA GIANAROU

AFFILIATION: S.I.S. Me.R. Reproductive Medicine Unit

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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:

S.I.S.Me.R. srl

Spouse/partner:

Other support (please specify):

Signature:

Date: 27<sup>th</sup> May 2014



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## Conflict of Interest Disclosure Form

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

NAME : .....Linda C. Giudice, MD, PhD.....

AFFILIATION: ...University of California, San Francisco.....

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### 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:

none

Receipt of honoraria or consultation fees:

none

Participation in a company sponsored speaker's bureau:

none

Stock shareholder:

Merck, Pfizer (<\$5000 worth of shares each)

Spouse/partner:

Same stock

Other support (please specify):

none

Signature:

Date: 05.27.14



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## Conflict of Interest Disclosure Form

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

NAME: *M. Coudy*

AFFILIATION: *AMC, 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.

*PCC 11 The contribution of endocrinology & E.P  
2014*  
**DISCLOSURE**  
*managed to the success  
of an ART center*

☒ 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:

*21. March 2014*



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## **Conflict of Interest Disclosure Form**

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

NAME : ...GORDTS Stephan.....

AFFILIATION: .....LIFE.....

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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:

Karl Storz , Germany

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

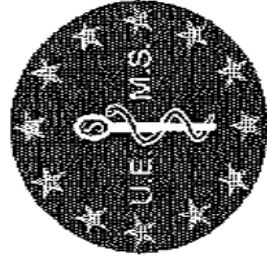
Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 06.06.14**





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## Conflict of Interest Disclosure Form

NAME : Griesinger, Georg

AFFILIATION: University of Luebeck, Germany

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### DISCLOSURE

☐ I have no potential conflict of interest to report (N)

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 (G): Ferring, Serono

Receipt of honoraria or consultation fees (L): Ferring,  
 Serono, IBSA, Glycotope, vitrolife, MSD

Participation in a company sponsored speaker's bureau (S): no

Stock shareholder (O): no

Spouse/partner: no

Other support (please specify): none

Signature:

Date:

7.3.2014



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## **Conflict of Interest Disclosure Form**

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

**NAME: Grigoris F. Grimbizis**

**AFFILIATION:** 1<sup>st</sup> Dept Obstet Gynecol, Medical School, Aristotle University of Thessaloniki

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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: 20/3/2014**



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## **Conflict of Interest Disclosure Form**

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

NAME : **Dr Petra Hajkova**  
AFFILIATION: **MRC Clinical Sciences Centre, Imperial College London, Faculty of Medicine**

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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: 26/05/2014**



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## Conflict of Interest Disclosure Form

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

NAME : THORIE HARDARSON

AFFILIATION: Fertilitetcentrum, Gothenburg, Sweden

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### DISCLOSURE

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☐ 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:

27/5 2014



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## **Conflict of Interest Disclosure Form**

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

NAME: Professor Stephen Hillier

AFFILIATION: University of Edinburgh

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### **DISCLOSURE**

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☐ 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:** 6 June 2014





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**Conflict of Interest Disclosure Form**

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

NAME: **ANDREW HORNE**

AFFILIATION: **UNIVERSITY OF EDINBURGH**

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**DISCLOSURE**

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☐ 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:

*Andrew Horne*

Date:

11/03/14



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## **Conflict of Interest Disclosure Form**

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

Thomas Ind

NAME : .....

Royal Marsden & St George's Hospitals, UK

AFFILIATION: .....

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### **DISCLOSURE**

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☐ 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: **Thomas Ind**

Date: 26/5/2014



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## Conflict of Interest Disclosure Form

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

NAME : .....Mandy Katz-Jaffe, PhD.....

AFFILIATION: ...Colorado Center for Reproductive Medicine.....

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### DISCLOSURE

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

**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**

Grant for Fertility Innovation (GFI)- Merck  
Serono

FertiTech SAB

Signature:

Date: 5/27/14





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[accreditation@uems.net](mailto:accreditation@uems.net)

## **Conflict of Interest Disclosure Form**

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

NAME : S. Samuel Kim

AFFILIATION: University of Kansas

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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:

6/11/14.



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**Conflict of Interest Disclosure Form**

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

NAME : CATHERINE KING

AFFILIATION: UHBristol NHS FOUNDATION TRUST

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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:

Catherine King

Date:

09/06/14





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## **Conflict of Interest Disclosure Form**

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

NAME : .....Charles Kingsland.....

AFFILIATION: .....Liverpool Women's Hospital.....

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### **DISCLOSURE**

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):

Accommodation provided by IBSA  
Pharmaceuticals in Munich

**Signature:**

*C. L. Kingsland*

**Date: 28<sup>th</sup> May 2014**



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## **Conflict of Interest Disclosure Form**

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

NAME : Kirstine Kirkegaard

AFFILIATION: ...Dep of clinical Biochemistry, Aarhus University Hospital

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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: X

ESCO Medical

Other support (please specify):

Signature:

*Kirstine Kirkegaard*

Date:

*2/6-14*



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## Conflict of Interest Disclosure Form

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

NAME : Jackson C Kirkman-Brown

AFFILIATION: Birmingham Women's NHS Foundation Trust

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:

11 / 6 / 2014



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## Conflict of Interest Disclosure Form

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

NAME : Georgios D. Koli  
AFFILIATION: Genesis Athens Clinic, Greece

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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: [Signature]

Date: 29/05/2014





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## **Conflict of Interest Disclosure Form**

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

NAME : .....Jan Kremer.....

AFFILIATION: .....Radboudumc Nijmegen; Strategy&, Amsterdam.....

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### **DISCLOSURE**

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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: 26 May 2014**





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## Conflict of Interest Disclosure Form

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

NAME : TOMAS KUCERA

AFFILIATION: CHARLES UNIVERSITY IN PRAGUE

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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: NO

Receipt of honoraria or consultation fees: NO

Participation in a company sponsored speaker's bureau: NO

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify): NO OTHER SUPPORT

Signature:

Date:

28/5/2014



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## **Conflict of Interest Disclosure Form**

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

NAME : .....Dolores J. Lamb, PhD, HCLD.....

AFFILIATION: .....Baylor College 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.

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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:** 05/30/2014



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## **Conflict of Interest Disclosure Form**

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

NAME : Cornelis B. Lambalk

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.

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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:**

15 - 2 - 14





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## **Conflict of Interest Disclosure Form**

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

NAME : .....CLARE LEWIS-JONES.....

AFFILIATION: .....FERTILITY EUROPE.....

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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):

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EUROPEAN UNION OF MEDICAL SPECIALISTS**

*Association internationale sans but lucratif – International non-profit organisation*

---

**Signature:**

*Glewis-Jones*

**Date: 27/05/14**





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## Conflict of Interest Disclosure Form

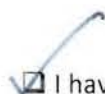
(to be completed by faculty and scientific/organising committee members)

NAME : Prof T.C. Li

AFFILIATION: Chinese University of Hong Kong + ESHRE

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.

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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:

T.C. Li

Date:

27 May 2014



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## **Conflict of Interest Disclosure Form**

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

NAME : Kui Liu.....

AFFILIATION: Department of Chemistry and Molecular biology, University of Gothenburg,  
Sweden.....

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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: 2014-06-01



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## **Conflict of Interest Disclosure Form**

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

NAME : .....Anneke Lucassen.....

AFFILIATION: .....University of Southampton United Kindgdom

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### **DISCLOSURE**

☐ I have no potential conflict 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:

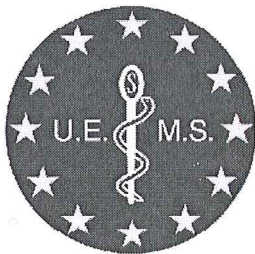
Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 6-6-14**



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## Conflict of Interest Disclosure Form

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

NAME : ANNE LOUISE LUNØE  
AFFILIATION: RIGSHOSPITALET, COPENHAGEN, DENMARK

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Type of affiliation / financial interest

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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:

*Anne Louise Lunøe*

Date:

*12.06.2014*





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## **Conflict of Interest Disclosure Form**

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

NAME : Andrea Maneo

AFFILIATION: Azienda Ospedaliera Bolognini – Seriate (ITALY)

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Stock shareholder:

Spouse/partner:

Other support (please specify):



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EUROPEAN UNION OF MEDICAL SPECIALISTS**

*Association internationale sans but lucratif – International non-profit organisation*

---

**Signature:**

**Date: June 13, 2014**

A handwritten signature in black ink, reading "Andrea Manes". The signature is written in a cursive style with a large initial 'A'.



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## **Conflict of Interest Disclosure Form**

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

NAME : **Ass.Prof. Tonko Mardesic**

AFFILIATION: **Institut Pronatal, Na Dlouhe mezi 4/12, 147 00, Prague, Czech Republic**

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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: 27.5.2014



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## **Conflict of Interest Disclosure Form**

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

NAME : RAJVI H. MEHTA.....

AFFILIATION: TRIVECTOR EMBRYOLOGY SUPPORT ACADEMY, LIGHT ON YOGA RESEARCH TRUST

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☐ 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:**

*Rhmehta*

**Date:** May 28, 2014



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## Conflict of Interest Disclosure Form

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

NAME : .....Dror Meirow.....

AFFILIATION: ...Sheba medical center, Tel -Hashomer, Israel....

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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: Dror Meirow

Date: 29<sup>th</sup> May 2014



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---

## **Conflict of Interest Disclosure Form**

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

NAME : .....MARCOS MESEGUER.....

AFFILIATION: .....IVI VALENCIA.....

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### **DISCLOSURE**

X I have no potential conflict of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

**Signature:**

**Date: 11/6/2014**





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## **Conflict of Interest Disclosure Form**

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

NAME : .....David Miller.....

AFFILIATION: .....University of Leeds.....

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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:**

**Date:** Nov 19th 2014



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## **Conflict of Interest Disclosure Form**

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

NAME : f.mol.....

AFFILIATION: centre for reproductive medicine academic medical centre, university of amsterdam the netherlands.....

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):

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*Association internationale sans but lucratif – International non-profit organisation*

---

**Signature:**



**Date: 20-06-2014**



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## **Conflict of Interest Disclosure Form**

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

NAME : .....Zsolt Peter NAGY.....

AFFILIATION: ...Reproductive Biology Associates, Atlanta, GA, USA.

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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:

Origio, Fertilitech,

Participation in a company sponsored speaker's bureau:

MERCK MSD

Stock shareholder:

MEB

Spouse/partner:

None

Other support (please specify):

None

Signature:

Date: March 12, 2014



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## **Conflict of Interest Disclosure Form**

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

NAME : .....Willianne LDM Nelen.....

AFFILIATION: .....Radboudumc, Nijmegen, the Netherlands.....

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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:

MSD

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: May 27<sup>th</sup> 2014





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## Conflict of Interest Disclosure Form

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

Kazem Nouri

NAME : .....

AFFILIATION: .....medical school of Vienna.....

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCMÉ", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCMÉ® 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:

*Kazem Nouri*

Date:

26/5/14



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## **Conflict of Interest Disclosure Form**

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

NAME : H. Ockhuijsen

AFFILIATION: University Medical Center Utrecht

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### **DISCLOSURE**

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☐ 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:

27-05-14



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## **Conflict of Interest Disclosure Form**

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

NAME : Kutluk Oktay, MD

AFFILIATION: New York Medical 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.

### **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):

OvaScience medical advisory board member

Signature:

Date: 05/27/2014



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**Conflict of Interest Disclosure Form**

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

NAME : Helga Sol Olafsdottir

AFFILIATION: Landspítali - Univ. Hospital

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:

Helga Sol Olafsdottir

Date:

5/2 '14





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## **Conflict of Interest Disclosure Form**

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

NAME: *Rafael Oliva Virgili*

AFFILIATION: *UNIVERSITY OF BARCELONA, Hospital Clinic from Barcelona,*  
*Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS)*

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**

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☐ 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:

*Rafael Oliva Virgili*

Date:

*March 13, 2014*





**EUROPEAN UNION OF MEDICAL SPECIALISTS**  
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## **Conflict of Interest Disclosure Form**

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

NAME : .....Robin Peeters.....

AFFILIATION: .....Erasmus Medical Center.....

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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:

Genzyme

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 25/05/2013



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## Conflict of Interest Disclosure Form

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

NAME : Guido Pennings

AFFILIATION : Ghent 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

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

Signature:

Date:

26 / 02 / 2014





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## Conflict of Interest Disclosure Form

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

NAME: Petraglia Felice

AFFILIATION: University of Siena

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

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☐ 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:

25.03.2014



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## **Conflict of Interest Disclosure Form**

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

NAME : JJPM Pieters.....

AFFILIATION: Medisch Centrum Kinderwens, the Netherlands.....

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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: June 11, 2014**



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## **Conflict of Interest Disclosure Form**

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

NAME : ...ROUSSEAUX Sophie...

AFFILIATION: .....INSERM France.

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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:** 3.06.2014





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## **Conflict of Interest Disclosure Form**

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

NAME : .....KRIS POPPE.....

AFFILIATION: .....FREE UNIVERSITY OF BRUSSELS.....

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: Merck-Serono  
sponsored symposium at the European Thyroid Meeting  
(2011)

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 12/6/2014



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## **Conflict of Interest Disclosure Form**

(to be completed by the Speakers)

NAME : ...PROFESSOR LESLEY REGAN

AFFILIATION: .....NONE.....

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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: 11.6.2014**



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## **Conflict of Interest Disclosure Form**

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

NAME: Reindollar Richard

AFFILIATION: Dartmouth Medical School, DHMC

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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):

Richard A. Reindollar

Signature:

Date:

3-18-14



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**Conflict of Interest Disclosure Form**

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

NAME : .....Prof.dr. S. Repping.....

AFFILIATION: Academic Medical Center Amsterdam..(AMC).....

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**

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☐ 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: February 7, 2014**



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## **Conflict of Interest Disclosure Form**

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

NAME : Laura Francesca Rienzi

AFFILIATION: GENERA Centres for Reproductive Medicine, Italy

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### **DISCLOSURE**

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☐ 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:

26/05/2014





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## Conflict of Interest Disclosure Form

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

NAME : AMPARO RUIZ

AFFILIATION: IUI- VALENCIA

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: 26.05.2014



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## **Conflict of Interest Disclosure Form**

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

NAME : .....STEFAN SCHLATT.....

AFFILIATION: ...CENTRUM FÜR REPRODUKTIONSMEDIZIN UND ANDROLOGIE:.....

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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:

27.05.14



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## **Conflict of Interest Disclosure Form**

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

NAME : **Richard M Sharpe**

AFFILIATION: **MRC Centre for Reproductive Health, University of Edinburgh**

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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:

**Tillotts, BASF**

Participation in a company sponsored speaker's bureau:

Stock shareholder:

**GSK**

Spouse/partner:

Other support (please specify):

Signature:

Date: 27<sup>th</sup> May 2014





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## Conflict of Interest Disclosure Form

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

NAME : Joe Leigh Simpson  
AFFILIATION : March of Dimes Foundation

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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:

Reproductive Genetics Innovation  
(RGI), Chicago.

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Joe L. Simpson

Date:

5/30/14



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## **Conflict of Interest Disclosure Form**

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

NAME : H.J.M. Smeets, PhD.....

AFFILIATION: Professor in Clinical Genomics.....

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 re-imbursment 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: May 30, 2014**





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## **Conflict of Interest Disclosure Form**

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

Rebecca Z. Sokol, M.D., M.P.H.

NAME : .....

AFFILIATION: .....Keck School of Medicine of the University of Southern  
California.....

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: June 11, 2014



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## **Conflict of Interest Disclosure Form**

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

NAME : EDGARDO SOMIGLIANA

AFFILIATION: FONDAZIONE CA' GRANDA – OSPEDALE MAGGIORE POLICLINICO

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### **DISCLOSURE**

X I have no potential conflict of interest to report

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

Signature:

Date: Milan May 26<sup>th</sup>, 2014



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## **Conflict of Interest Disclosure Form**

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

NAME : Anneli Stavreus-Evers

AFFILIATION: Uppsala University, Department of Women's and Children's Health

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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:

Anneli Stavreus-Evers

Date:

18 March 2014





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## **Conflict of Interest Disclosure Form**

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

NAME : KAROLINE TEAME STECKLEN

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

☐ 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:

*Karoline Jean Stecklen*

Date:

*1/6/2017*



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## Conflict of Interest Disclosure Form

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

NAME : R.P.M. Steegers-Theunissen

AFFILIATION: Head Periconception Epidemiology, Dept. Obstetrics and Gyn.  
Erasmus MC, University Medical Center Rotterdam

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:

2/06/2014





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## Conflict of Interest Disclosure Form

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

NAME : Annika Strandell

AFFILIATION: Dept. of Obstetrics & Gynecology, Sahlgrenska University Hospital  
Gothenburg, Sweden

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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: Annika Strandell

Date: June 17th 2014



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## Conflict of Interest Disclosure Form

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

NAME : .....Strowitzki, Thomas.....

AFFILIATION: Dept. Gyn. Endocrinology and Reprod. Med., University of Heidelberg, Germany

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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: Merck Serono

Receipt of honoraria or consultation fees: Biogenerix, Bayer Health (lecturer)

Participation in a company sponsored speaker's bureau:

Stock shareholder: none

Spouse/partner: none

Other support (please specify):

Signature:

Date:

27.5.14



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**Conflict of Interest Disclosure Form**

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

NAME : VASILIOS TANOS

AFFILIATION: ARETAIEIO HOSPITAL

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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: 16.6.14



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## Conflict of Interest Disclosure Form

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

NAME : ..... *T. Leman Kelly* .....

AFFILIATION: ..... *PhD* .....

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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: .....

*26-5-14*





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## Conflict of Interest Disclosure Form

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

NAME : Jonathan L. Tilly, Ph.D.  
AFFILIATION: Northeastern University, Boston, MA, USA

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:

OvaScience, Inc., Cambridge, MA, USA

Participation in a company sponsored speaker's bureau:

\_\_\_\_\_

Stock shareholder:

OvaScience, Inc., Cambridge, MA, USA

Spouse/partner:

\_\_\_\_\_

Other support (please specify):

\_\_\_\_\_

Signature:

Date: 11 June 2014





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## Conflict of Interest Disclosure Form

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

NAME : CARLA TOMASSETTI

AFFILIATION: UNIVERSITY HOSPITALS / LEUVEN, BELGIUM  
LEUVEN UNIV. FERT. CENTER

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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: UNRESTRICTED RESEARCH GRANTS TO LUFC  
FROM FERRING PHARMACEUTICALS AND PIERCE FENNER

Receipt of honoraria or consultation fees: X

Participation in a company sponsored speaker's bureau: X

Stock shareholder: X

Spouse/partner: X

Other support (please specify): X

Signature: [Signature]

Date: 6/6/2014



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## Conflict of Interest Disclosure Form

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

NAME : PROFESSOR STEPHEN TONG

AFFILIATION: UNIVERSITY OF MELBOURNE, VICTORIA, AUSTRALIA

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

☒ 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

→ National Health & Medical Research  
Council of Australia

None

→ Patent: Epidermal Growth Factor  
Inhibitors to treat ectopic pregnancies

Signature:

Stephen Tong

Date:

28/2/14



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## **Conflict of Interest Disclosure Form**

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

NAME : .....Tournaye Herman.....

AFFILIATION: .....Centre for Reproductive Medicine, Brussels.....

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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:

Ferring, MSD, Merck, Goodlife

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: May 27, 2014





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

## **Conflict of Interest Disclosure Form**

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

NAME Dr. Joanne Traeger-Synodinos, Associate Professor of Genetics

AFFILIATION: University of Athens, Medical School, Greece

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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: 8<sup>TH</sup> February, 2014



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## **Conflict of Interest Disclosure Form**

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

NAME : A.M.M. van Pelt.....

AFFILIATION: Center for Reproductive Medicine, AMC, Amsterdam, The Netherlands.....

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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:**

5-6-2014





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## **Conflict of Interest Disclosure Form**

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

NAME : .....Madelon van Wely.

AFFILIATION: .....Deputy Editor HRU.....

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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: 26 May, 2014**



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**Conflict of Interest Disclosure Form**

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

NAME : VELJKO VLAISAVLJEVIĆ

AFFILIATION: PROF.

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**DISCLOSURE**



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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:

27.5.2014



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## **Conflict of Interest Disclosure Form**

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

NAME : Antoine WATRELOT

AFFILIATION: Hospital Natecia - 22 Avenue Rockefeller – 69008 Lyon

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☒ 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:

Consultant Fertility Focus Ltd(UK)

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

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**EUROPEAN UNION OF MEDICAL SPECIALISTS**

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**Signature:**      **antoine Watrelot MD**  
**18/04/2014**



**Date:**





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## **Conflict of Interest Disclosure Form**

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

NAME : .....Prof. Dr. med. Michael Zitzmann.....

AFFILIATION: University Clinics Muenster Centre for Reproductive Medicine / Clinical Andrology

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

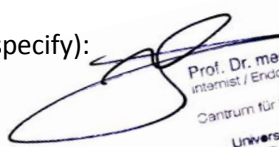
Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

  
Prof. Dr. med. Michael Zitzmann  
Internist / Endokrinologe + Diabetologe  
Androloge  
Centrum für Reproduktionsmedizin +  
Androloge  
Universitätsklinikum Münster  
Domagkstraße 11  
48149 MÜNSTER

**Signature:**

**Date: 11JUN2014**