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

NAME:Anders Nyboe Andersen.....

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accreditation@uems.net

Conflict of Interest Disclosure Form

| AFFILIATION:The Fertility Clinic, 4071, Rigshospitalet, Copenha | agen 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 | |
| X I have the following potential conflict(s) of interest to repor | t |
| 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

| NAME:Prof. Tim Bayne | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| AFFILIATION:University of Manchester | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educations EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial relationship, must be provided to the EACCME® upon submission of the application. Declarationate readily available, either in printed form, with the programme of the LEE, or on the webst organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement imbursement of expenses in relation to the LEE has been provided. DISCLOSURE | al or other ions also must be site of the |
| ✓ I have no potential conflict of interest to report | |
| lacksquare I have the following potential conflict(s) of interest to report | |
| Type of affiliation / financial interest Name of commerc | ial 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 | ı. |

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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

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DISCLOSURE

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Name of commercial company

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):

Date: 26.05 2014

ıre:

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Conflict of Interest Disclosure Form

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

| AFFILIATION: PROTESTANT THEOL. UNIVERSATY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| Thave 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

| NAME:BonduelleMaryse | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| AFFILIATION:UZ Brussel | |
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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 rep | ort |
| Prof M Bonduelle's institution (UZBrussel) has received educational grants | |
| M. Bonduelle has received consultancy and speaker's fee | S |
| | |
| Type of affiliation / financial interest | Name of commercial company |
| Receipt of grants/research supports: | IBSA, Ferring, Organon, Shering-Plough, Merck, Merck Belgium |
| Receipt of honoraria or consultation fees: | 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 co | mpany sponsored | speake | r's bureau: |
|-----------------------|-----------------|--------|-------------|
|-----------------------|-----------------|--------|-------------|

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature

Date: 6/6/2014



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Conflict of Interest Disclosure Form

| AFFILIATION: Jun- Seu- Cehel Muchel | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
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| 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 comp | any |
| 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: 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 Div | rision |
| n accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live EACCME", all declarations of potential or actual conflicts of interest, wheth er due relationship, must be provided to the EACCME® upon submission of the application made readily available, either in printed form, with the programme of the LEE, or organiser of the LEE. Declarations must include whether any fee, honorarium or a mbursement of expenses in relation to the LEE has been provided. | e to a financial or other on. Declarations also must be on the website of the |
| DISCLOSURE | |
| ☐ I have no potential conflict of interest to report | |
| have the following potential conflict(s) of interest to report | |
| · · | of commercial company |
| Receipt of grants/research supports: | ung Phamaeulitel |
| Receipt of honoraria or consultation fees: | ua Mergenties |
| Participation in a company sponsored speaker's bureau: | |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| Signaturé: Date: | 6/13/14 |
| | |

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Conflict of Interest Disclosure Form

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

| NAME: Shawn L. Chavez | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION: Oregon Health & S | cience Universit |
| In accordance with criterion 24 of document UEMS 2012/30 "Accred EACCME", all declarations of potential or actual conflicts of interest, relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, hor imbursement of expenses in relation to the LEE has been provided. | whether due to a financial or other the application. Declarations also must be of the LEE, or on the website of the |
| DISCLOSURE | |
| have no potential conflict of interest to report I have the following potential conflict(s) of interest to re | eport |
| | |
| Type of affiliation / financial interest | Name of commercial company |
| Receipt of grants/research supports: | |
| Receipt of honoraria or consultation fees: | |
| Participation in a company sponsored speaker's bureau: | |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| | Deter |
| Signature: | Date: |

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Signature:

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Date: 14 Feb 2014

Conflict of Interest Disclosure Form

| NAME:Rossa Chiu | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION:The Chinese University of Hong Kong | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accredit EACCME", all declarations of potential or actual conflicts of interest, we relationship, must be provided to the EACCME® upon submission of the made readily available, either in printed form, with the programme of organiser of the LEE. Declarations must include whether any fee, honorimbursement of expenses in relation to the LEE has been provided. DISCLOSURE | whether due to a financial or other he application. Declarations also must be f the LEE, or on the website of the |
| ☐ I have no potential conflict of interest to report | |
| ☑ I have the following potential conflict(s) of interest to re | port |
| Type of affiliation / financial interest | Name of commercial company |
| Receipt of grants/research supports: | 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 |
| Louse C | |



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Conflict of Interest Disclosure Form

| g. | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| NAME: Susana M. Chuva de Sousa Lopes | •••••• | |
| AFFILIATION: Leiden University Medical Center, Nederlands | | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided. | | |
| DISCLOSURE | | |
| x I have no potential conflict of interest to report | | |
| ☐ I have the following potential conflict(s) of interest to rep | ort | |
| 95 H | | |
| 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: Sugar Sousz Lofe | Date: 26 Feb 2014 | |

L'axed 1810114,



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Conflict of Interest Disclosure Form

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

| NAME: | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION: BREMINGER LONGIS HOSE | CICAL |
| In accordance with criterion 24 of document UEMS 2012/30 "Accrede EACCME", all declarations of potential or actual conflicts of interest, relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, ho imbursement of expenses in relation to the LEE has been provided. | whether due to a financial or other the application. Declarations also must be of the LEE, or on the website of the |
| DISCLOSURE | |
| ☐ I have no potential conflict of interest to report ☐ I have the following potential conflict(s) of interest to re | onort |
| | |
| Type of affiliation / financial interest | Name of commercial company |
| Receipt of grants/research supports: | Housele ; Shirt & NEPHEW |
| Receipt of honoraria or consultation fees: | HOLOGIA; CONCEPTUS; Jomesnit |
| Participation in a company sponsored speaker's bureau: Stock shareholder: | HOLDGIC; CONCEPTUS; SMITHT M |
| Spouse/partner: Other support (please specify): | |
| | BAYER; NORDY PURROWA |
| 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: AUA COBO | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION: TUT-UALEUCIA | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accre EACCME", all declarations of potential or actual conflicts of interest relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, ho imbursement of expenses in relation to the LEE has been provided. | , whether due to a financial or other f the application. Declarations also must be of the LEE, or on the website of the |
| DISCLOSURE | |
| have no potential conflict of interest to report I have the following potential conflict(s) of interest to report | report |
| Type of affiliation / financial interest | Name of commercial company |
| Receipt of grants/research supports: | |
| Receipt of honoraria or consultation fees: | |
| Participation in a company sponsored speaker's bureau: | |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | Date: 2744 May 29 |

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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

| | lacksquare I have no potential conflict of interest to report | | |
|-----|----------------------------------------------------------------------------------------------|---------|--------------------|
| | ☑ I have the following potential conflict(s) of interest to re | eport | |
| | Type of affiliation / financial interest | Name of | commercial company |
| | Receipt of grants/research supports: | | |
| | Receipt of honoraria or consultation fees: | | |
| | Participation in a company sponsored speaker's bureau: Cook Medical educational workshops | | |
| | Stock shareholder: | | |
| | Spouse/partner: | | |
| | Other support (please specify): | | |
| Sig | gnature: Giovani Cotrectio | 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

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: 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 speqify): American Society for Reproductive medicine

Signature: Date: 6-10-2014

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Institution of the UEMSaisbl

Conflict of Interest Disclosure Form

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

NAME: Elie DANCET

| AFFILIATION: Anderdan Medical Corbe-Lenva University | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|
| n 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 rembursement of expenses in relation to the LEE has been provided. | | | |
| DISCLOSURE | | | |
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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: \$\int Date: \$\lambda \lambda |) | | |

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Conflict of Interest Disclosure Form

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

NAME: De Rycke Martine
AFFILIATION: Centre for Medical Genetics, UZ Brussel, Belgium

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| DISCLOSURE | |
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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: Da | nte: 27/5/26/9. |



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Conflict of Interest Disclosure Form

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

NAME: DE VOS MICHEL

AFFILIATION: UZ 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: 27 5 2014. | | |



Institution of the UEMSaisbl

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

NAME: Prof. ar. Guido de Wert

T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

| P. 1 Biomadical Ethics M | nastricht University | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|--|--|
| AFFILIATION: Prof. of Netherlands | | | | |
| AFFILIATION: Prof. of Biomedica (Ethics, Mass traicht 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 repo | ort | | | |
| | | | | |
| 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: Duler & | Pate: 20 March 2014 | | | |



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Conflict of Interest Disclosure Form

| 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): | | | |

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Signature: | PDE

Date: 28 05 2014



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Conflict of Interest Disclosure Form

| NAME: WALJIT & HILLS | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| AFFILIATION: IMPERIAL CINTGE, | | |
| 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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| 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 | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|-------|-------------|
| In accordance with criterion 24 of document UEMS 2012/30 "Accre EACCME", all declarations of potential or actual conflicts of interest relationship, must be provided to the EACCME® upon submission made readily available, either in printed form, with the programm organiser of the LEE. Declarations must include whether any fee, himbursement of expenses in relation to the LEE has been provided DISCLOSURE | st, whether due of the applicati se of the LEE, or nonorarium or a | e to a financial or other on. Declarations also must be on the website of the | | | |
| X I have no potential conflict of interest to report | | | | | |
| ☐ I have the following potential conflict(s) of interest to report | | | | | |
| | | | | | |
| Type of affiliation / financial interest | Name o | 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)

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISCLOSUR | <u>\E</u> |
| have no potential conflict of interest to report | with the topic. |
| $oldsymbol{\square}$ I have the following potential conflict(s) of interest | t to report |
| Tune of affiliation / financial interest | Name of commercial company |
| 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 bure | au: |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | * |
| Signature: | Date: 16/3/2014 |
| III III | |

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

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Conflict of Interest Disclosure Form

| 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

| NAME: LISBETH Dul | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------|
| AFFILIATION: UMC Growngen the | Nether land | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accred EACCME", all declarations of potential or actual conflicts of interest, relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, hor imbursement of expenses in relation to the LEE has been provided. | whether due to a financial or other the application. Declarations also must be of the LEE, or on the website of the | |
| DISCLOSURE | | |
| ☐ I have no potential conflict of interest to report | | |
| ☐ I have the following potential conflict(s) of interest to re | port | |
| Type of affiliation / financial interest | Name of commercial company | T : 1 |
| Receipt of grants/research supports: | Ferna thornacenticals | methe 6 |
| Receipt of honoraria or consultation fees: | - Mech | \ |
| Participation in a company sponsored speaker's bureau: | | |
| Stock shareholder: | | |
| Spouse/partner: | | |
| Other support (please specify): | | |
| Signature | Date: 10-6-114 | |



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NAME: Cristina Eguizabal Argaiz.....

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Conflict of Interest Disclosure Form

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

| AFFILIATION: Basque Center for Transfusion and Human Tissues (Spai | n) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of EACCME", all declarations of potential or actual conflicts of interest, whether relationship, must be provided to the EACCME® upon submission of the applit made readily available, either in printed form, with the programme of the LEE organiser of the LEE. Declarations must include whether any fee, honorarium imbursement of expenses in relation to the LEE has been provided. | due to a financial or other cation. Declarations also must be |
| DISCLOSURE | |
| X I have no potential conflict of interest to report | |
| ☐ I have the following potential conflict(s) of interest to report | |
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| Type of affiliation / financial interest Nam | e 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 | 9 th May 2014 |

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Conflict of Interest Disclosure Form

| NAME: pnd A. W. M. Ever | <u> </u> | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|
| NAME: prof A. W. M. Ever AFFILIATION: Leider University, | The Ne Veileads | |
| 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 no potential conflict of interest to report | | |
| ☐ I have the following potential conflict(s) of interest to report | | |
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| Type of affiliation / financial interest | Name of commercial company | |
| Receipt of grants/research supports: | Plizer | |
| Receipt of honoraria or consultation fees: | | |
| Participation in a company sponsored speaker's bure | eau: | |
| Stock shareholder: | | |
| Spouse/partner: | | |
| Other support (please specify): | | |
| Signature: | Date: 2-6-2019 | |



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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

| NAME:Tommaso Falcone | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION:Cleveland Clinic, Cleveland Ohio | |
| in accordance with criterion 24 of document UEMS 2012/30 "Accordance with criterion 24 of document UEMS 2012/30 "Accordance", all declarations of potential or actual conflicts of interest relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programming programmer of the LEE. Declarations must include whether any fee, humbursement of expenses in relation to the LEE has been provided | st, whether due to a financial or other of the application. Declarations also must be e of the LEE, or on the website of the conorarium or arrangement for re- |
| DISCLOSURE | |
| XXXXXXXII I have no potential conflict of interest to repo | |
| 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): | |
| ignature: Immu Llua | Date: May 25, 2014 |
| | |



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Conflict of Interest Disclosure Form

| Cynthia Farquhar | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|
| NAME : | | |
| AFFILIATION:University of Auckland | | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided. | | |
| DISCLOSURE | | |
| ☐ I have no potential conflict of interest to report | | |
| ☐ X I have the following potential conflict(s) of interest to report | | |
| | | |
| Type of affiliation / financial interest | Name of commercial company | |
| Receipt of grants/research supports: 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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Carpa

Other support (please specify):

Signature:

Date: 27 May 2014



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Conflict of Interest Disclosure Form

| NAME:Dr Tabitha Freeman | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|
| AFFILIATION:Centre for Family Research, University of Cambridge, UK | | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided. | | |
| DISCLOSURE | | |
| X I have no potential conflict of interest to report | | |
| ☐ I have the following potential conflict(s) of interest to report | | |
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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: 26/05/14 | |



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Conflict of Interest Disclosure Form

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

| NAME: Ana Margarida Jorge Fe | rieira Galhardo | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|
| NAME: Ana Mazgarida Jozge Fe AFFILIATION: Instituto Superior Mi | guel Torga, Coimbra, Po | |
| 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 | | |
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| Type of affiliation / financial interest | Name of commercial company | |
| Receipt of grants/research supports: | | |
| Receipt of honoraria or consultation fees: | ř | |
| Participation in a company sponsored speaker's bureau: | | |
| Stock shareholder: | | |
| Spouse/partner: | | |
| Other support (please specify): | | |
| | | |
| Signature: A (1) | Date: 20th 1 2014 | |

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Conflict of Interest Disclosure Form

| NAME:Sofia Gameiro | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION:School of Psychology, Cardiff University. | |
| In accordance with criterion 24 of document UEMS 2012/30 "A EACCME", all declarations of potential or actual conflicts of interelationship, must be provided to the EACCME® upon submission made readily available, either in printed form, with the program organiser of the LEE. Declarations must include whether any fee imbursement of expenses in relation to the LEE has been provided. | erest, whether due to a financial or other on of the application. Declarations also must be nme of the LEE, or on the website of the e, honorarium or arrangement for re- |
| DISCLOSUR | <u>E</u> |
| x I have no potential conflict of interest to report | |
| $oldsymbol{\square}$ 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 bure | au: |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |

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Association internationale sans but lucratif – International non-profit organisation

Carlabota Marque Rolique Janeis Signature:

Date: 30.05.2014



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Conflict of Interest Disclosure Form

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

| NAME: JIOM ANTONIO GARLIA VELASCO AFFILIATION: IVI DAMID 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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| DISCLOSURE |
| I have no potential conflict of interest to report |
| ☐ I have the following potential conflict(s) of interest to report |
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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 spedify): |
| Signature: Date: 716, 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 | | |
|------------------------------------------------------------------------|-------|--------------------------|
| lacksquare I have the following potential conflict(s) of interest to r | eport | |
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| Type of affiliation / financial interest | Nar | ne 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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Conflict of Interest Disclosure Form

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

NAME: Joep Geraedts

AFFILIATION: Dept. Genetics and Cell Biology

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE x I have no potential conflict of interest to report ☐ I have the following potential conflict(s) of interest to report Type of affiliation / financial interest 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)

| AFFILIATION: S.I.S. Me.R. Reproductive wec | licine Unit |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| In accordance with criterion 24 of document UEMS 2012/30 "Accreding EACCME", all declarations of potential or actual conflicts of interest, relationship, must be provided to the EACCME® upon submission of the made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, how imbursement of expenses in relation to the LEE has been provided. | whether due to a financial or other the application. Declarations also must be of the LEE, or on the website of the |
| DISCLOSURE | |
| ☐ I have no potential conflict of interest to report | |
| AN have the following potential conflict(s) of interest to re | eport |
| | |
| Type of affiliation / financial interest | Name of commercial company |
| Receipt of grants/research supports: | |
| Receipt of honoraria or consultation fees: | |
| Participation in a company sponsored speaker's bureau: | a. |
| Stock shareholder: | S.I.S.Me.R. Srl |
| Spouse/partner: | |
| Other support (please specify): | |
| Signature: La henew | Date: 27 th Way 2016. |

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



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accreditation@uems.net

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 | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accredit EACCME", all declarations of potential or actual conflicts of interest, we relationship, must be provided to the EACCME® upon submission of the made readily available, either in printed form, with the programme of organiser of the LEE. Declarations must include whether any fee, hone imbursement of expenses in relation to the LEE has been provided. <u>DISCLOSURE</u> | whether due to a financial or other ne application. Declarations also must be the LEE, or on the website of the |
| ☐ I have no potential conflict of interest to report | |
| X☐ I have the following potential conflict(s) of interest to re | eport |
| Type of affiliation / financial interest | Name of commercial company |
| Receipt of grants/research supports: | 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. Con dalign AFFILIATION: AMC, Amsterdam

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PCC 11 The contribution of endocroology & E.P.
2014 DISCLOSURE management to the trices
of an ART (enter

☐ 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: An

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.....

| 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 rembursement of expenses in relation to the LEE has been provided. | | | |
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| DISCLOSURE | | | |
| ☐ I have no potential conflict of interest to report | | | |
| ☐ I have the following potential conflict(s) of interest to re | eport | | |
| | | | |
| Type of affiliation / financial interest | Nam | e 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

relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

 \square ! have no potential conflict of interest to report (N)

 $x\mid \text{have the following potential conflict(s) of interest to report$

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

2 Participation in a company sponsored speaker's bureau (5):

Stock shareholder (O): no

Spouse/partner: no

Other support (please specify): none

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Conflict of Interest Disclosure Form

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

NAME: Grigoris F. Grimbizis

AFFILIATION: 1st Dept Obstet Gynecol, Medical School, Aristotle University of Thessaloniki

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DISCLOSURE

| ☑ I have no potential conflict of interest to report | |
|----------------------------------------------------------------------------------|----------------------------|
| $oldsymbol{\square}$ I have the following potential conflict(s) of interest to r | eport |
| | |
| Type of affiliation / financial interest | Name of commercial company |
| Receipt of grants/research supports: | |
| Receipt of honoraria or consultation fees: | |
| Participation in a company sponsored speaker's bureau: | |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| | |
| Signature: | 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

x I have no potential conflict of interest to report

AFFILIATION: MRC Clinical Sciences Centre, Imperial College London, Faculty of Medicine

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DISCLOSURE

| ☐ I have the following potential conflict(s) of interest to report | | | | | | |
|--------------------------------------------------------------------|-----------------------------------------|----------------------------|--|--|--|--|
| Type of aff | filiation / financial interest | Name of commercial company | | | | |
| Receipt of | grants/research supports: | | | | | |
| Receipt of | honoraria or consultation fees: | | | | | |
| Participation | on in a company sponsored speaker's bur | eau: | | | | |
| Stock share | eholder: | | | | | |
| Spouse/pa | ortner: | | | | | |
| Other supp | port (please specify): | | | | | |
| Signature: | 202 | Date: 26/05/2014 | | | | |



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THORIE HARDIPION

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Conflict of Interest Disclosure Form

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

| NAME: HARDESON |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION: Fertilitetecentrum, Gothenburg, Sweden |
| 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 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

| | X I have no potential conflict of interest to report | |
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| | ☐ I have the following potential conflict(s) of interest to repo | ort |
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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): | |
| Sig | gnature: Here Hiller | Date: 6 June 2014 |



Signature:

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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 EDINBURGHT

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DISCLOSURE

| I have no potential conflict of interest to report | |
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| ☐ I have the following potential conflict(s) of interest | to report |
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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 burea | ou: |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| 11111000 | |

Date:



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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 Hospit AFFILIATION: | |
| AFFILIATION. | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation EACCME", all declarations of potential or actual conflicts of interest, where relationship, must be provided to the EACCME® upon submission of the made readily available, either in printed form, with the programme of the organiser of the LEE. Declarations must include whether any fee, honoral imbursement of expenses in relation to the LEE has been provided. | ether due to a financial or other application. Declarations also must be e LEE, or on the website of the |
| <u>DISCLOSURE</u> | |
| □ ✓ I have no potential conflict of interest to report □ I have the following potential conflict(s) of interest to report | rt |
| 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 comp | leted b | by faculty | and | scientific/ | organising | committee | members) |
|-----|---------|---------|------------|-----|-------------|------------|-----------|----------|
|-----|---------|---------|------------|-----|-------------|------------|-----------|----------|

| NAME:Mandy Katz-Jaffe, PhD | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION:Colorado Center for Reproductive Medicine | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accre EACCME", all declarations of potential or actual conflicts of interest relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, he imbursement of expenses in relation to the LEE has been provided. | , whether due to a financial or other f the application. Declarations also must be of the LEE, or on the website of the |
| DISCLOSURE | |
| ☐ I have the following potential conflict(s) of interest to r | report |
| Type of affiliation / financial interest | Name of commercial company |
| Receipt of grants/research supports: | Grant for Fertility Innovation (GFI)- Merck Serono |
| Receipt of honoraria or consultation fees: | FertiliTech SAB |
| Participation in a company sponsored speaker's bureau: | |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): Signature: | Pate: 507111 |
| Signature. | Date: 5127114 |



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Conflict of Interest Disclosure Form

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

NAME: S. Samuel Kim

| AFFILIATION: University of Kansas | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| n accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the ACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other elationship, must be provided to the EACCME® upon submission of the application. Declarations also must be nade 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 rembursement 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: Sold Date: 6/11/14. | | |
| | | |



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Conflict of Interest Disclosure Form

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

NAME: CATHGRINE KING

| AF | FILIATION: UHBRISTOL 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 | |
| | Thave no potential conflict of interest to report | |
| | ☐ I have the following potential conflict(s) of interest to report | |
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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): | |
| Sig | nature: Cottorno Kung 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 | | | |
| 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 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: | Date: 28 th May 2014 | | |
| | | | |



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Conflict of Interest Disclosure Form

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

NAME: Kirstine Kirkegaard

Signature:

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

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DISCLOSURE

| ☐ I have no potential conflict of interest to report | | |
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| x I have the following potential conflict(s) of interest to report | | |
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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: X | ESCO Medical | |
| Other support (please specify): | | |
| | | |

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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 | tandation Irust |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Liv EACCME", all declarations of potential or actual conflicts of interest, whether due relationship, must be provided to the EACCME® upon submission of the application made readily available, either in printed form, with the programme of the LEE, or organiser of the LEE. Declarations must include whether any fee, honorarium or a imbursement of expenses in relation to the LEE has been provided. | e to a financial or other on. Declarations also must be on the website of the |
| DISCLOSURE | |
| ☑ I have no potential conflict of interest to report | |
| ☐ I have the following potential conflict(s) of interest to report | |
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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: | 11 /6/2014 |



Signature:

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Conflict of Interest Disclosure Form

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

| NAME: CICOPOIO DOLLOU |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION: Genesis Athens Clinic, GREECE |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided. |
| DISCLOSURE |
| have no potential conflict of interest to report I have the following potential conflict(s) of interest to report |
| Type of affiliation / financial interest Name of commercial company |
| Receipt of grants/research supports: |
| Receipt of honoraria or consultation fees: |
| Participation in a company sponsored speaker's bureau: |
| Stock shareholder: |
| Spouse/partner: |
| Other support (please specify): |
| Signature: 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; Strate | egy&, Amsterdam |
| In accordance with criterion 24 of document UEMS 2012/EACCME", all declarations of potential or actual conflicts of relationship, must be provided to the EACCME® upon submade readily available, either in printed form, with the prograniser of the LEE. Declarations must include whether a imbursement of expenses in relation to the LEE has been programs. | of interest, whether due to a financial or other mission of the application. Declarations also must be ogramme of the LEE, or on the website of the ny fee, honorarium or arrangement for re- |
| DISCLOS | <u>SURE</u> |
| X I have no potential conflict of interest to repor | t |
| $oldsymbol{\square}$ I have the following potential conflict(s) of int | erest 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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accreditation@uems.net

Conflict of Interest Disclosure Form

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

| NAME: TOMAS KUCERA |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION: CHARLES UNIVERZITY IN PRASUE |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided. |
| DISCLOSURE |
| have no potential conflict of interest to report |
| ☐ I have the following potential conflict(s) of interest to report |
| |
| Type of affiliation / financial interest Name of commercial company |
| Receipt of grants/research supports: 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: 28/1/2014 |

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accreditation@uems.net

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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| I have no potential conflict of interest to report I have the following potential conflict(s) of interest to report | eport | | |
| Type of affiliation / financial interest Receipt of grants/research supports: | Name | of commercial company | |
| 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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Date: 15 - 2 - 14

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Conflict of Interest Disclosure Form

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

NAME: Cornelis B. Lambalk

AFFILIATION:

Signature:

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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 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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Conflict of Interest Disclosure Form

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

| NAME:CLARE LEWIS-JONES | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION:FERTILITY EUROPE | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accre EACCME", all declarations of potential or actual conflicts of interest relationship, must be provided to the EACCME® upon submission or made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, he imbursement of expenses in relation to the LEE has been provided. | r, whether due to a financial or other of the application. Declarations also must be of the LEE, or on the website of the onorarium or arrangement for re- |
| 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): | |

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif — International non-profit organisation

Signature: glais-James

Date:27/05/14



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Conflict of Interest Disclosure Form

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

| NAME: MAS T.C. LI | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| AFFILIATION: Chinese University of Hong Kong + ESHE | | |
| 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 | | |
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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 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 |
| 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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| x 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: |
| 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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NAME:Anneke Lucassen.....

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Conflict of Interest Disclosure Form

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

| AFFILIATION:University of Southampton United Kindgdom | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|--|
| 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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| Participation in a company sponsored speaker's bureau: | | | |
| Stock shareholder: | | | |
| Spouse/partner: | | | |
| Other support (please specify): | | | |
| Signature: Mucaser | Date: 6-6-14 | | |



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Conflict of Interest Disclosure Form

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

ANNE LOVISE LUNGE

| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided. DISCLOSURE have no potential conflict of interest to report | | |
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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: 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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DISCLOSURE

| ⊠ I have no potential conflict of interest to report | | |
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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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Signature: Date: June 13, 2014

Andrea Moneo

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Conflict of Interest Disclosure Form

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

NAME:

Signature:

Ass.Prof. Tonko Mardesic

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

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 | | | |
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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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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 | | | | |
| n 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-imbursement 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): | | | | |
| | | | | |
| Rhmehta Signature: | Date: May 28, 2014 | | | |
| | | | | |



Signature:

Dror Meirow

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Date: 29th May 2014

Conflict of Interest Disclosure Form

| NAME :Dror Meirow | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| AFFILIATION:Sheba medical center, Tel -Hashomer, Israel | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accredita EACCME", all declarations of potential or actual conflicts of interest, whe relationship, must be provided to the EACCME® upon submission of the made readily available, either in printed form, with the programme of the organiser of the LEE. Declarations must include whether any fee, honor imbursement of expenses in relation to the LEE has been provided. | ether due to a financial or other application. Declarations also must be he LEE, or on the website of the |
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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:

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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 | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accre EACCME", all declarations of potential or actual conflicts of interes relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, h imbursement of expenses in relation to the LEE has been provided | t, whether due to a financial or other of the application. Declarations also must be of the LEE, or on the website of the onorarium or arrangement for re- |
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| Type of affiliation / financial interest | Name of commercial company |
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Date: 11/6/2014



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Conflict of Interest Disclosure Form

| NAME :David Miller | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION:University of Leeds | |
| in accordance with criterion 24 of document UEMS 2012/30 "Acceptable", all declarations of potential or actual conflicts of interrelationship, must be provided to the EACCME® upon submission made readily available, either in printed form, with the programs organiser of the LEE. Declarations must include whether any fee, mbursement of expenses in relation to the LEE has been provided | est, whether due to a financial or other n of the application. Declarations also must be me of the LEE, or on the website of the honorarium or arrangement for re- |
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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 | ı: |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| Signature: | Date: Nov 19th 2014 |



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Conflict of Interest Disclosure Form

| TVAIVIL : I.IIIOI | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION: centre for reproductive medicine academic m netherlands | · • |
| In accordance with criterion 24 of document UEMS 2012/30 "Acc EACCME", all declarations of potential or actual conflicts of intererelationship, must be provided to the EACCME® upon submission made readily available, either in printed form, with the programm organiser of the LEE. Declarations must include whether any fee, imbursement of expenses in relation to the LEE has been provided | est, whether due to a financial or other of the application. Declarations also must be ne of the LEE, or on the website of the honorarium or arrangement for re- |
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| Type of affiliation / financial interest | Name of commercial company |
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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): | |

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Signature:

Date: 20-06-2014



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NAME:Zsolt Peter NAGY.....

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Conflict of Interest Disclosure Form

| AFFILIATION:Reproductive Biology Associates, Atlanta, GA, L | JSA. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| In accordance with criterion 24 of document UEMS 2012/30 "Accred EACCME", all declarations of potential or actual conflicts of interest, relationship, must be provided to the EACCME® upon submission of the made readily available, either in printed form, with the programme corganiser of the LEE. Declarations must include whether any fee, hon imbursement of expenses in relation to the LEE has been provided. | whether due to a financial or other the application. Declarations also must be of the LEE, or on the website of the |
| 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: | Origio, Fertilitech, |
| Participation in a company sponsored speaker's bureau: | MERCK MSD |
| Stock shareholder: | MEB |
| Spouse/partner: | None |
| Other support (please specify): | None |
| Signature: MAR | Date: March 12, 2014 |



Signature:

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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 | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accredit EACCME", all declarations of potential or actual conflicts of interest, we relationship, must be provided to the EACCME® upon submission of the made readily available, either in printed form, with the programme of organiser of the LEE. Declarations must include whether any fee, honor imbursement of expenses in relation to the LEE has been provided. | whether due to a financial or other he application. Declarations also must be f the LEE, or on the website of the |
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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): | |

Date: May 27th 2014

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Conflict of Interest Disclosure Form

| ses in relation to the LEE has been provided. | imbursement of expen |
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| anneiv fo llodas leaibem | AFFILIATION: |
| | |
| | : : 3MAN |
| Kazem Nouri | |
| la comunica Surgungo la la la la famani la nazaldina | 2 20 01 |
| ompleted by faculty and scientific/organising committee members) | 2 84 01) |

DISCLOSURE

I have the following potential conflict(s) of interest to report have no potential conflict of interest to report

Name of commercial company

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):

615/97

Signature:

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



NAME: H. Ockhuijsen

Other support (please specify):

Signature:

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27-05/14

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Conflict of Interest Disclosure Form

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

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

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

AFFILIATION: UNIVERSITY MOCICO CONTEX LIKEOHT

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 relimbursement 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:



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accreditation@uems.net

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 | |
|-----|---------------------------------------------------------------------------------------|-----------------------------------------|
| | $\underline{\mathbf{X}}$ I have the following potential conflict(s) of interest to re | port |
| | | |
| | Type of affiliation / financial interest | Name of commercial company |
| | Receipt of grants/research supports: | |
| | Receipt of honoraria or consultation fees: | |
| | Participation in a company sponsored speaker's bureau: | |
| | Stock shareholder: | |
| | Spouse/partner: | |
| | Other support (please specify): | OvaScience medical advisory board membe |
| | of Other | |
| Sig | gnature: | Date: 05/27/2014 |



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Conflict of Interest Disclosure Form

| NAME: MANUAL AND MANUA |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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): |
| Signature: Selga Sil Olafsclot Date: 5/2 14 |



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Rafael Oliva Virgili

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accreditation@uems.net

Conflict of Interest Disclosure Form

| 1.2.2. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION: UNIVERSITY OF BARCELONA, Hospital Clinic from Barcelona, Institut d'Investigacions Blomediques August Pri Sunyer (IDBAPS) in accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the ACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other elationship, 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 rembursement 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: Rufael oliva Virgili Date: March 13, 2014 |



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Conflict of Interest Disclosure Form

| NAME:Robin Peeters |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION:Erasmus Medical Center |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided. |
| 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: |
| 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

| NAME: Guido Persing |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION: Ghant Coniversity |
| 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 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: 26 / 02 / 2014 |



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

Conflict of Interest Disclosure Form

NAME:

Petraglia Felice

AFFILIATION:

University of Siena

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DISCLOSURE

have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 25.03.2014



NAME: JJPM Pieters.....

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Conflict of Interest Disclosure Form

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

| AFFILIATION: Medisch Centrum Kinderwens, the Netherlan | ds |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In accordance with criterion 24 of document UEMS 2012/30 "Acc EACCME", all declarations of potential or actual conflicts of intercrelationship, must be provided to the EACCME® upon submission made readily available, either in printed form, with the programm organiser of the LEE. Declarations must include whether any fee, imbursement of expenses in relation to the LEE has been provided. | est, whether due to a financial or other n of the application. Declarations also must be me of the LEE, or on the website of the honorarium or arrangement for re- |
| DISCLOSURE | 2 |
| * | |
| X I have no potential conflict of interest to report | |
| ☐ I have the following potential conflict(s) of interest t | o 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 | J: |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| Signature: | Date: June 11, 2014 |
| | |



NAME: ...ROUSSEAUX Sophie...

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Conflict of Interest Disclosure Form

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

| AFFILIATION:INSERM France. | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
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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 | |
| | |
| 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 | |
| x I have the following potential conflict(s) of interest to report | |
| | |
| Type of affiliation / financial interest Name of commercial company | |
| Receipt of grants/research supports: | |
| Receipt of honoraria or consultation fees: Merck-Serono sponsored symposium at the Europen Thyroid Meeting (2011) | |
| Participation in a company sponsored speaker's bureau: | |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| Signature: Date: 12/6/2014 | |



NAME: ...PROFESSOR LESLEY REGAN

AFFILIATION:NONE.....

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Conflict of Interest Disclosure Form

(to be completed by the Speakers)

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DISCLOSURE | |
| ☑ I have no potential conflict of interest to report | |
| $oldsymbol{\square}$ 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 | |
| Jignature. Date. 11.0.2014 | |



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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

| 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 H. Reindollar

Signature:

Date: 3-18-14



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Conflict of Interest Disclosure Form

| NAME:Prof.dr. S. Repping |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION: Acadamic 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 |
| x□ I have no potential conflict of interest to report |
| ☐ I have the following potential conflict(s) of interest to report |
| |
| Type of affiliation / financial interest Name of commercial company |
| Receipt of grants/research supports: |
| Receipt of honoraria or consultation fees: |
| Participation in a company sponsored speaker's bureau: |
| Stock shareholder: |
| Spouse/partner: |
| Other support (please specify): |
| Signature: Date: February 7, 2014 |



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accreditation@uems.net

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

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: V / V)

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: TUT- VALENCIA |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by th 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 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.....

| AFF | FILIATION:CENTRUM FÜR REPRODUKTIONSMEDIZIN UND ANDROLOGIE: |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| rela mai org | accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the CCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other ationship, must be provided to the EACCME® upon submission of the application. Declarations also must be de readily available, either in printed form, with the programme of the LEE, or on the website of the aniser of the LEE. Declarations must include whether any fee, honorarium or arrangement for resourcement of expenses in relation to the LEE has been provided. |
| | DISCLOSURE |
| | X□ I have no potential conflict of interest to report |
| | ☐ I have the following potential conflict(s) of interest to report |
| | Type of affiliation / financial interest Name of commercial company |
| | Receipt of grants/research supports: |
| | Receipt of honoraria or consultation fees: |
| | Participation in a company sponsored speaker's bureau: |
| | Stock shareholder: |
| | Spouse/partner: |
| | Other support (please specify): |
| Sig | mature: Sulata 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

Signature:

AFFILIATION: MRC Centre for Reproductive Health, University of Edinburgh

I have no notontial conflict of interest to non-out

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

| Thave no potential conflict of interest to report | |
|------------------------------------------------------------------|----------------------------|
| X I have the following potential conflict(s) of interest to repo | rt |
| | |
| 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): | |
| \cap | |

Date: 27th May 2014



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Conflict of Interest Disclosure Form

| NAME: Joe Leigh Dmp. | 584. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION: March of Dimes | s. Forundation |
| In accordance with criterion 24 of document UEMS 2012/30 "Accre EACCME", all declarations of potential or actual conflicts of interest relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, he imbursement of expenses in relation to the LEE has been provided. | t, whether due to a financial or other If the application. Declarations also must be If of the LEE, or on the website of the If the LEE, or on the website of the |
| DISCLOSURE | |
| ☐ I have no potential conflict of interest to report | |
| Thave 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 |
| Participation in a company sponsored speaker's bureau: | (ROSI), Cricago, |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| | |
| Signature: Far L. Super | Date: 5/30/14 |



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Conflict of Interest Disclosure Form

| 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 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: 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.

| 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 | |
| □XX 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: Selecce Zolo 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

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

X I have no potential conflict of interest to report

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

Signature: Date: Milan May 26th, 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

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

| X I have no potential conflict of interest to report | |
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| \Box I have the following potential conflict(s) of interest to re | eport |
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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: Quali Source Oren | Date: 18 March 2014 |



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Conflict of Interest Disclosure Form

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

KAROLINE TEAME STECKLEY

| IVANIE : | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|
| 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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| 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: Kanoline Olan Hely | Date: 1/6/2019 | |



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Conflict of Interest Disclosure Form

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

| NAME: TECH | 1250 | \ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------|
| AFFILIATION: Mead Periconception Forderniel | ogy 1 | Dept. Obsletnics ar |
| 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 no potential conflict of interest to report | | |
| ☐ I have the following potential conflict(s) of interest to report | | |
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| Type of affiliation / financial interest | Nam | ne 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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Annika Strandell

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Conflict of Interest Disclosure Form

| AFFILIATION: Dcpt. of Obstehrics & Gynecology In accordance with criterion 24 of document UEMS 2012/30 "Accredic EACCME", all declarations of potential or actual conflicts of interest, or relationship, must be provided to the EACCME® upon submission of the made readily available, either in printed form, with the programme of organiser of the LEE. Declarations must include whether any fee, hone imbursement of expenses in relation to the LEE has been provided. | itation of Live Educational Events by whether due to a financial or other the application. Declarations also must the LEE, or on the website of the | the |
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| have no potential conflict of interest to report | | |
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| Type of affiliation / financial interest | Name of commercial compa | iny |
| 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: Cleinka Thandell | Date: June 17th 2 | 014 |



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Conflict of Interest Disclosure Form

| NAME :Strowitzki, Thomas | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| AFFILIATION: Dept. Gyn. Endocrinology and Reprod. Med., University of Heidelberg, Germany | | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided. DISCLOSURE | | |
| ☐ I have no potential conflict of interest to report | | |
| x I have the following potential conflict(s) of interest to report | | |
| | | |
| Type of affiliation / financial interest Name of commercial company | | |
| Receipt of grants/research supports: 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): | | |
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| 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 HOSPITA | L |
| In accordance with criterion 24 of document UEMS 2012/30 "Accree EACCME", all declarations of potential or actual conflicts of interest relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, ho imbursement of expenses in relation to the LEE has been provided. | , whether due to a financial or other f the application. Declarations also must be of the LEE, or on the website of the |
| DISCLOSURE | |
| ☐ I have no potential conflict of interest to report ☐ I have the following potential conflict(s) of interest to r | eport |
| Type of affiliation / financial interest | Name of commercial company |
| Receipt of grants/research supports: | |
| Receipt of honoraria or consultation fees: | |
| Participation in a company sponsored speaker's bureau: | |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| Signature: | Date: 16 . 6 . 14 |



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Conflict of Interest Disclosure Form

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

1. 00

| NAME: Meman Kelly | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| AFFILIATION: PhD | | |
| 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: 26-7-14 | | |
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Conflict of Interest Disclosure Form

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

AFFILIATION: Northeastern University, Boston, MA, USA

| rela mad orga | ccordance with criterion 24 of document UEMS 2012/30 "Accred CCME", all declarations of potential or actual conflicts of interest, tionship, must be provided to the EACCME® upon submission of de readily available, either in printed form, with the programme caniser of the LEE. Declarations must include whether any fee, hor ursement of expenses in relation to the LEE has been provided. | whether due to a financial or other the application. Declarations also must be of the LEE, or on the website of the |
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| | ☑ I have the following potential conflict(s) of interest to re | eport |
| | | |
| | Type of affiliation / financial interest | Name of commercial company |
| | Receipt of grants/research supports: | |
| | Receipt of honoraria or consultation fees: | Ova Science, Inc., Cambridge, MA, USA |
| | Participation in a company sponsored speaker's bureau: | |
| | Stock shareholder: | Ova Science, Inc., Cambridge, MA, USE |
| | Spouse/partner: | |
| | Other support (please specify): | |
| Sig | nature: | 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, BELGILLY (BUVEN UNIV. FERT. LENTER) | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| n 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 | | |
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| organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for re- | | |
| imbursement of expenses in relation to the LEE has been provided. | | |
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| DISCLOSURE | | |
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| ☐ I have no potential conflict of interest to report | | |
| 🔼 I have the following potential conflict(s) of interest to report | | |
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| Type of affiliation / financial interest Name of commercial company | | |
| Receipt of grants/research supports: UNRESTRICTED RESEARCH GRANTS TO LUFC | | |
| 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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| Signature: Date: 6/6/2014 | | |
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Conflict of Interest Disclosure Form

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

AFFILIATION: UNIVERSITY OF MELBOLLENE, 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

NAME: PROFESSOR STEPHEN TONG

| ne application. Declarations also must be the LEE, or on the website of the prarium or arrangement for re- |
|------------------------------------------------------------------------------------------------------------|
| |
| port |
| Name of commercial company National Mealth & Medical Research Eourical of Australia |
| None |
| Patent: Epidemal Crowth Factor inhibition to treat ectopic pregnancial Date: 28/2/14 |
| |



NAME:Tournaye Herman.....

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Conflict of Interest Disclosure Form

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| AFFILIATION:Centre for Reproductive Medicine, Brus | sels | |
| 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 no potential conflict of interest to report | | |
| x I have the following potential conflict(s) of interest to rep | port | |
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| 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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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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DISCLOSURE

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| Type of at | ffiliation / financial interest | Name of commercial company |
| Receipt of | f grants/research supports: | |
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| Stock shar | reholder: | |
| Spouse/pa | artner: | |
| Other sup | port (please specify): | |
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| Signature: | Į . | Date: 8 TH February, 2014 |



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Conflict of Interest Disclosure Form

| NAME: A.M.M. van Pelt | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION: Center for Reproductive Medicine, AMC, Amster | dam, The Netherlands |
| In accordance with criterion 24 of document UEMS 2012/30 "Accred EACCME", all declarations of potential or actual conflicts of interest, relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, hor imbursement of expenses in relation to the LEE has been provided. | whether due to a financial or other the application. Declarations also must be of the LEE, or on the website of the |
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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: 5 - 6 - 2014 |



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Conflict of Interest Disclosure Form

| NAME:Madeion van Wely. | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| AFFILIATION:Deputy Editor HRU | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accredit EACCME", all declarations of potential or actual conflicts of interest, verelationship, must be provided to the EACCME® upon submission of the made readily available, either in printed form, with the programme or organiser of the LEE. Declarations must include whether any fee, hone imbursement of expenses in relation to the LEE has been provided. | whether due to a financial or other he application. Declarations also must be f the LEE, or on the website of the |
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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: 26 May, 2014 |



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VELIKO

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Conflict of Interest Disclosure Form

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

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| AFFILIATION: | LOT, | | |
| EACCME", all declarations relationship, must be prov made readily available, eit organiser of the LEE. Declar | of potential or actual conflicts of invided to the EACCME® upon submisther in printed form, with the progr | "Accreditation of Live Educational Events by interest, whether due to a financial or other ission of the application. Declarations also my amme of the LEE, or on the website of the refee, honorarium or arrangement for revovided. | |
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| Stock shareholder: | | | |
| Spouse/partner: | | | |
| Other support (plea | se specify): | | |
| Signature: | Mary Market, and med. | Date: 27,5,2 | 014 |
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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 Rockfeller - 69008 Lyon

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 | | | |
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| $x \square$ 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 Itd(UK) | | |
| 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

June

Signature: antoine Watrelot MD

18/04/2014

Date:



Signature:

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Conflict of Interest Disclosure Form

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

| NAMF: | Prof. Dr. | med. Michael | /itzmann |
|-------|-----------|--------------|----------|

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

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DISCLOSURE

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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): Prof. Dr. med. Michael Zitzmann Prof. Dr. med. Michael Zitzmann Androice Androice Prof. pr. med. Michael Zitzmann Prof. Dr. m | | | |

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