



**EUROPEAN UNION OF MEDICAL SPECIALISTS**  
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F +32 2 640 37 30  
[accreditation@uems.net](mailto:accreditation@uems.net)

## **Conflict of Interest Disclosure Form**

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

NAME : BASAK BALABAN

AFFILIATION: VKF AMERICAN HOSPITAL ISTANBUL, ASSISTED REPRODUCTION UNIT

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: 22.02.2016



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## **Conflict of Interest Disclosure Form**

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

**NAME :** **BORUT KOVAČIČ**

**AFFILIATION:** **University Medical Centre Maribor, Slovenia**

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### **DISCLOSURE**

☒ I have no potential conflict of interest to report

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 2.3.2016**



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## **Conflict of Interest Disclosure Form**

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

NAME : Dr Roy Farquharson

AFFILIATION: Gynaecologist, Liverpool Women's Hospital, Liverpool, UK

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### **DISCLOSURE**

☐ I have no potential conflict of interest to report

Signature:

Date: 19/2/16



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## **Conflict of Interest Disclosure Form**

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

NAME : Mariette Goddijn

AFFILIATION: Academic Medical Center, Amsterdam

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### **DISCLOSURE**

☒ I have no potential conflict of interest to report

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 24 February 2016



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## Conflict of Interest Disclosure Form

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

NAME :

*G. Griesinger*  
UNIVERSITÄTSKLINIKUM Schleswig-Holstein  
- Sektion für gynäkologische Endokrinologie  
und Reproduktionsmedizin -  
Leiter: Prof. Dr. med. G. Griesinger  
Ratzeburg 130, 25000 Lübeck

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:

*[Signature]*

Date:

*17 Dec - 2015*



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## **Conflict of Interest Disclosure Form**

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

**NAME:** Grigoris F. Grimbizis

**AFFILIATION:** 1<sup>st</sup> Department of Obstetrics & Gynecology, Aristotle University of Thessaloniki

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### **DISCLOSURE**

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 21 January 21, 2016**



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## **Conflict of Interest Disclosure Form**

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

NAME : Juha Tapanainen

AFFILIATION: University of Helsinki and Helsinki University Central Hospital

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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: 6.1.2015**



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## Conflict of Interest Disclosure Form

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

NAME : *Kersti Lundin*

AFFILIATION: *Reproductive Medicine, Sahlgrenska, Göteborg*

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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:

*Kersti Lundin*

Date:

*2015-02-03*



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## **Conflict of Interest Disclosure Form**

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

NAME : Nick Macklon

AFFILIATION: University of Copenhagen and University of Southampton

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**Type of affiliation / financial interest**

**Name of commercial company**

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

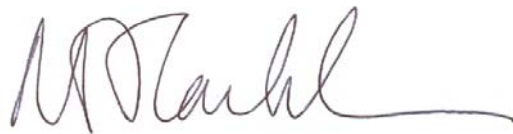
Spouse/partner:

Other support (please specify):

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

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

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**Signature:**

**Date: 17/2/16**



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## **Conflict of Interest Disclosure Form**

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

NAME : Maria Cristina Magli

AFFILIATION: SISMER, Reproductive Medicine Unit, V. Mazzini 12, I-40138 Bologna

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 19/02/2016**



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## **Conflict of Interest Disclosure Form**

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

NAME : Tatjana Motrenko Simic

AFFILIATION: Head of Human Reproduction Centre, Budva , Montenegro

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### **DISCLOSURE**

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 22.02.2016.**



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## **Conflict of Interest Disclosure Form**

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

NAME : Petra De Sutter

AFFILIATION:

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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:

2-2-15



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## **Conflict of Interest Disclosure Form**

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

NAME : Andres Salumets

AFFILIATION: University of Tartu, Tartu, Estonia

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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

**Signature:**

**Date: 11.6.2015**



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## **Conflict of Interest Disclosure Form**

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

NAME : Bruno Van den Eede

AFFILIATION: European Society of Human Reproduction and Embryology

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 18 March 2014



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## Conflict of Interest Disclosure Form

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

NAME : RITA VASSENA

AFFILIATION: CLINICA EUGEN

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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:

03.06.2015



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## **Conflict of Interest Disclosure Form**

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

NAME : Helen Kendrew

AFFILIATION: Bath Fertility Centre

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### **DISCLOSURE**

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports: - No

Receipt of honoraria or consultation fees: - **Nurse advisory Board Member for Finox. Attended two meetings 23 September 2014 and 3 March 2015. Honoraria = £450 for each meeting and mileage to attend. One nights accommodation and dinner on 2 March 2015.**

Participation in a company sponsored speaker's bureau: No

Stock shareholder: No

Spouse/partner: No

Other support (please specify): None

Signature:  **Kendrew**

Date: **11. MARCH 2016**

## Titia Van Roy

---

**Van:** Kersti Lundin <kersti.lundin@vgregion.se>  
**Verzonden:** maandag 14 maart 2016 9:40  
**Aan:** Titia Van Roy  
**Onderwerp:** SV: CME credits: ESHRE 2016

Oh yes, sorry I see now that you wrote the scientific committee :-)  
So, I would say:

C. Barratt; no COI  
J Evers; no COI  
H Kendrew; no COI in this circumstance  
L. Gianaroli; no COI in this circumstance

Yours,  
Kersti

-----  
Kersti Lundin, Assoc. Prof.  
Reproductive Medicine  
Sahlgrenska University Hospital  
413 45 Gothenburg  
Sweden

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**Från:** Titia Van Roy  
**Skickat:** den 14 mars 2016 09:25  
**Till:** Kersti Lundin  
**Ämne:** RE: CME credits: ESHRE 2016  
Dear Kersti

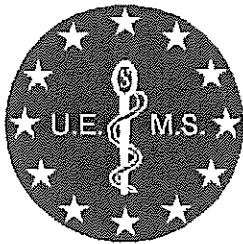
I asked these forms as their role in the "international scientific committee" of our Congress.  
Besides that they have below roles:  
Chris Barrat: Speaker at PCC 11: Academic Programme – How to survive peer review? (Editors course)  
Johannes Evers: Speaker at PCC 11: Academic Programme – How to survive peer review? (Editors course)  
Helen Kendrew: no speaker  
Luca Gianaroli: no speaker  
FYI: we don't apply for CME credits for PCC 11.  
Kind regards  
Titia

---

**Van:** Kersti Lundin [mailto:kersti.lundin@vgregion.se]  
**Verzonden:** maandag 14 maart 2016 9:12  
**Aan:** Titia Van Roy  
**Onderwerp:** SV: CME credits: ESHRE 2016

Thank you Titia,  
Could you please also tell me their tasks at the annual meeting. I guess that they are speakers, but for which sessions?  
At least in my mind there is a difference regarding COI depending on what the session/ the topic and the audience is.  
Thanks,  
Kersti

-----  
Kersti Lundin, Assoc. Prof.



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**Conflict of Interest Disclosure Form**

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

NAME: **SEMPRINI AUGUSTO ENRICO**

AFFILIATION: **UNIVERSITY OF MILAN, MEDICAL SCHOOL**  
**Dept. Clinical Sciences L. Sacco**

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:

**October 5, 2015**



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

## **Conflict of Interest Disclosure Form**

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

NAME : Dr Françoise Shenfield

AFFILIATION: University College Hospital London (UCLH)

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### **DISCLOSURE**

☒ + I have no potential conflict of interest to report

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:**

12.2.2016



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## **Conflict of Interest Disclosure Form**

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

NAME : Professor Tin Chiu LI

AFFILIATION: Department of Obstetrics & Gynaecology, Faculty of Medicine,  
The Chinese University of Hong Kong

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### **DISCLOSURE**

☒ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

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 January 2016



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## Conflict of Interest Disclosure Form

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

NAME : *Uschi Vanden Broeck*

AFFILIATION: *UZ LEUVEN, BELGIUM*

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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):

Signature:

Date:

*22/5/15*



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## **Conflict of Interest Disclosure Form**

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

NAME : Bruno Van den Eede

AFFILIATION: European Society of Human Reproduction and Embryology

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### **DISCLOSURE**

☒ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 18 March 2014



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## Conflict of Interest Disclosure Form

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

NAME : RITA VASSENA

AFFILIATION: CLINICA EUGEN

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

### DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

03.06.2015



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## Conflict of Interest Disclosure Form

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

NAME: ANNA VEIGA

AFFILIATION: DIRECTOR OF BARCELONA STEM CELL BANK  
CENTER OF REGENERATIVE MEDICINE IN BARCELONA

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### DISCLOSURE

☒ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

19/02/2016



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## **Conflict of Interest Disclosure Form**

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

NAME :

*Edgar Mocanu*

AFFILIATION:

*Rotunda Hospital, Dublin 1, Ireland*

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

*[Signature]*

Date:

*29-2-2016*



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## **Conflict of Interest Disclosure Form**

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

NAME : Dr. W.L.D.M. Nelen

AFFILIATION: Radboudumc Nijmegen, the Netherlands

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### **DISCLOSURE**

☒ I have no potential conflict of interest to report

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

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 2<sup>nd</sup> 2015



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## **Conflict of Interest Disclosure Form**

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

NAME : Dr Orbelet Willem

AFFILIATION:

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 21-03-14



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## **Conflict of Interest Disclosure Form**

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

NAME : PEUCE PETRAGLIA

AFFILIATION: UNIVERSITY OF SIENA

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

### **DISCLOSURE**

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

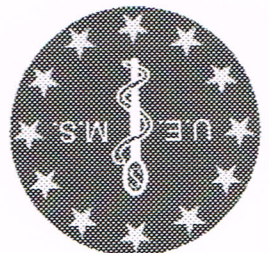
Spouse/partner:

Other support (please specify):

Signature:

Date:

03/06/15



## Conflict of Interest Disclosure Form

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

NAME : Veerle Provost

AFFILIATION: Ghent University (Bioethics Institute Ghent)

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

## DISCLOSURE

☒ I have no potential conflict of interest to report

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

Type of affiliation / financial interest  
Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

29-01-2015



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## Conflict of Interest Disclosure Form

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

NAME: *Stobhan Quenby*

AFFILIATION: *University of Warwick*

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### DISCLOSURE



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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

*Stobhan Quenby*

Date:

*12 / 10 / 15*



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## **Conflict of Interest Disclosure Form**

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

NAME : Stefan Schlatt

AFFILIATION: Centre for Reproductive Medicine and Andrology

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### **DISCLOSURE**

☒ I have no potential conflict of interest to report

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 03.02.2016



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

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## **Conflict of Interest Disclosure Form**

NAME : \_c barratt \_\_\_\_\_

AFFILIATION: University of Dundee \_\_\_\_\_.

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### **DISCLOSURE**

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

<b>Type of affiliation / financial interest</b>	<b>Name of commercial company</b>
Receipt of grants/research supports (S):	MRC
Receipt of honoraria or consultation fees (L):	EIC MHR
Participation in a company sponsored speaker's bureau (C):	0
Stock shareholder (O):	0
Spouse/partner:	0
Other support (please specify):	0

**Signature:**      **c barratt**

**Date:**    **16/7/15**



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## **Conflict of Interest Disclosure Form**

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

NAME : JLH Evers

AFFILIATION: Human Reproduction

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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:

Editor, Human Reproduction

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*

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**Signature: JLH Evers**

**Date: 06/03/2016**



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## **Conflict of Interest Disclosure Form**

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

NAME : Luca Gianaroli

AFFILIATION: S.I.S.Me.R. Reproductive Medicine Unit – Bologna, Italy

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### **DISCLOSURE**

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

S.I.S.Me.R. srl

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:**

9th March 2016



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

## **Conflict of Interest Disclosure Form**

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

NAME : Helen Kendrew

AFFILIATION: Bath Fertility Centre

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: - No

Receipt of honoraria or consultation fees: - **Nurse advisory Board Member for Finox. Attended two meetings 23 September 2014 and 3 March 2015. Honoraria = £450 for each meeting and mileage to attend. One nights accommodation and dinner on 2 March 2015.**

Participation in a company sponsored speaker's bureau: No

Stock shareholder: No

Spouse/partner: No

Other support (please specify): None

Signature:  **Kendrew**

Date: **11. MARCH 2016**

## Titia Van Roy

---

**Van:** Kersti Lundin <kersti.lundin@vgregion.se>  
**Verzonden:** maandag 14 maart 2016 9:40  
**Aan:** Titia Van Roy  
**Onderwerp:** SV: CME credits: ESHRE 2016

Oh yes, sorry I see now that you wrote the scientific committee :-)  
So, I would say:

C. Barratt; no COI  
J Evers; no COI  
H Kendrew; no COI in this circumstance  
L. Gianaroli; no COI in this circumstance

Yours,  
Kersti

-----  
Kersti Lundin, Assoc. Prof.  
Reproductive Medicine  
Sahlgrenska University Hospital  
413 45 Gothenburg  
Sweden

---

**Från:** Titia Van Roy  
**Skickat:** den 14 mars 2016 09:25  
**Till:** Kersti Lundin  
**Ämne:** RE: CME credits: ESHRE 2016  
Dear Kersti

I asked these forms as their role in the "international scientific committee" of our Congress.  
Besides that they have below roles:  
Chris Barrat: Speaker at PCC 11: Academic Programme – How to survive peer review? (Editors course)  
Johannes Evers: Speaker at PCC 11: Academic Programme – How to survive peer review? (Editors course)  
Helen Kendrew: no speaker  
Luca Gianaroli: no speaker  
FYI: we don't apply for CME credits for PCC 11.  
Kind regards  
Titia

---

**Van:** Kersti Lundin [mailto:kersti.lundin@vgregion.se]  
**Verzonden:** maandag 14 maart 2016 9:12  
**Aan:** Titia Van Roy  
**Onderwerp:** SV: CME credits: ESHRE 2016

Thank you Titia,  
Could you please also tell me their tasks at the annual meeting. I guess that they are speakers, but for which sessions?  
At least in my mind there is a difference regarding COI depending on what the session/ the topic and the audience is.  
Thanks,  
Kersti

-----  
Kersti Lundin, Assoc. Prof.



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## Conflict of Interest Disclosure Form

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

NAME : Gerard A.J. Dunselman

AFFILIATION:

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### DISCLOSURE



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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

*G. Dunselman*

Date:

13.5.2015



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---

## **Conflict of Interest Disclosure Form**

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

NAME : Prof. Dr. Ursula Eichenlaub-Ritter

AFFILIATION: Faculty of Biology, Institute of Gene Technology/Microbiology, University of Bielefeld, Bielefeld, Germany

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**Signature:**

**Date: 27.11.2014**



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## **Conflict of Interest Disclosure Form**

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

NAME : TİMUR GÜRGAN

AFFILIATION: Hacettepe University;Ankara,Turkey

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Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature: Prof. Timur Gürkan MD TG**

**10.March.2016**



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## Conflict of Interest Disclosure Form

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

NAME :

SMITZ Johan

AFFILIATION:

VZ BRUSSEL / VUB - Belgium

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Spouse/partner:

Other support (please specify):

Signature:

Date:

8 / may / 14



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## **Conflict of Interest Disclosure Form**

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

NAME : Juha Tapanainen

AFFILIATION: University of Helsinki and Helsinki University Central Hospital

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Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 6.1.2015**



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---

## **Conflict of Interest Disclosure Form**

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

NAME : Stratis Kolibianakis

AFFILIATION: Unit for Human Reproduction, Aristotle University of Thessaloniki

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☐ I have no potential conflict of interest to report

Signature:

Date: 9/12/2015



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Conflict of Interest Disclosure Form

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

NAME : KUPKA MARKUS  
AFFILIATION : EIM

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DISCLOSURE

Prof. Dr. med.  
Markus S. Kupka  
Espellohweg 36  
D-22607 Hamburg

- ☒ I have no potential conflict of interest to report  
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Stock shareholder:

Spouse/partner:

Other support (please specify):

for belang Ferring  
✓  
✓  
✓  
✓

Signature: Mh1

Date: 22-5-15



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## **Conflict of Interest Disclosure Form**

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

NAME : *Kersti Lundin*

AFFILIATION: *Reproductive Medicine, Sahlgrenska, Göteborg*

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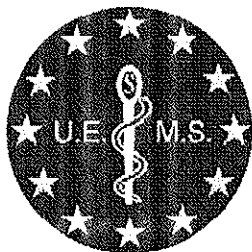
Other support (please specify):

Signature:

*Kersti Lundin*

Date:

*2015-02-03*



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NAME: JOSE DE LOS SANTOS

AFFILIATION: IVI-VALENCIA

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MARCH 7<sup>th</sup> 2014



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NAME : *Aila Tiitinen*  
AFFILIATION: *Professor, University of Helsinki*

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Date:

*22.02.2016*



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AFFILIATION: University of Helsinki and Helsinki University Central Hospital

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**Signature:**

**Date: 6.1.2015**



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NAME : Aarne Koskimies

AFFILIATION:

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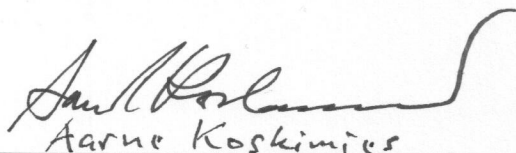
Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

  
Aarne Koskimies

Date:

13.3.2016



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## **Conflict of Interest Disclosure Form**

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

NAME : Anne-Maria Suikkari

AFFILIATION: Väestöliitto Fertility Clinics

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Signature:

Date:

4.3.2016



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NAME : Timo Tuuri

AFFILIATION:

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