

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: BASAK BALABAN

Signature:

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

J	*** 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):	
	/	

Date: 22.02.2016



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME:

BORUT KOVAČIČ

AFFILIATION:

University Medical Centre Maribor, Slovenia

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

DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 2.3.2016



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS <u>www.eaccme.eu</u> T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

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

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

Signature:

Date: 19/2/16



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Mariette Goddijn

Signature:

AFFILIATION: Academic Medical Center, Amsterdam

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

DISCLOSURE

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

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

Date: 24 February 2016

- o titia & estin. en



EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for Continuing Medical Education - EACCME®

Institution of the UEMSaisbi

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

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

Conflict of Interest Disclosure Form

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

	200	1000	
N	ΛЛ	1 E	
IV	HΙ	VII	

GUBIYERSITATSKLINIKUM Schleswig-Holsdade - Gektion für gynäkologische Endokrinologie

AFFILIATION:

Signature:

und Reproduktionsmedizin -Leiter: Prof. Dr. med. G. Griesinger

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.

☐ I have no potential conflict of interest to report☐ I have the following potential conflict(s) of interest	st 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 bur	eau:
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
gnature:	Date: 12 - Dec - 201



Institution of the UEMSaishi

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Grigoris F. Grimbizis

AFFILIATION: 1st Department of Obstetrics & Gynecology, Aristotle University of Thessaloniki

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.

$oxedsymbol{arDelta}$ 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):	
ignature:	Date: 21 January 21 2016



Institution of the UEMSaisbl

Date: 6.1.2015

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Juha Tapanainen

Signature:

AFFILIATION: University of Helsinki and Helsinki University Central 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.

X I have no potential conflict of interest to report	
O I have the following potential conflict(s) of interest to rep	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):	



Institution of the UEMSaisbl

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

T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Ketsti Lundin AFFILIATION: Reproductive Medicine, Sahlgrensten, Göteborg

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

nave no potential conflict of interest to report	
\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: 2015-02-03



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS <u>www.eaccme.eu</u> T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

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

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.

☑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):			

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

 $Association\ internationale\ sans\ but\ lucratif-International\ non-profit\ organisation$

Markl

Signature:

Date: 17/2/16



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

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

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.

Χ	I have no potential conflict of interest to report			
	I have the following potential conflict(s) of interest to	report		
Ту	pe of affiliation / financial interest	Name of commercial company		
Re	eceipt of grants/research supports:			
Re	Receipt of honoraria or consultation fees:			
Pa	articipation in a company sponsored speaker's bureau:			
St	ock shareholder:			
Sp	oouse/partner:			
0.	Other support (please specify):			
Signat	cure: lu lushup hay	Date: 19/02/2016		



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS <u>www.eaccme.eu</u> T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

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

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.

☐ I have the following potential conflict(s) of interest to report			
Name of commercial company			
Date: 22.02.2016.			



Institution of the UEMSaisbl

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

T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Petra De Sutter

AFFILIATION:

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

DISCLOSURE		
I have no potential conflict of interest to report I have the following potential conflict(s) of interest to	report	
Type of affiliation / financial interest Receipt of grants/research supports:	Name o	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:	2-2-15
JEMS _{aisbi} – Union Européenne des Médecins Spécialistes Avenu IBAN BE28 0001 3283 3820 BIC (SWIFT) BPOTBEB	ue de la Courd 1 VAT n° BE	



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS <u>www.eaccme.eu</u> T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Andres Salumets

AFFILIATION: University of Tartu, Tartu, Estonia

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

18

Signature: Date: 11.6.2015



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

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

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	
	$oldsymbol{\square}$ 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):	
	D1 0000 90	
Sign	ature:	Date: 18 March 2014

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



NAME

The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMS aisbi

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS WWW. eaccime.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

RITA VASSENA

AFFILIATION:	CYNIA ex	71.V.	
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			
, ,	ial conflict of interest to repo		
Type of affiliation /	financial interest	Name of commercial company	
Receipt of grants/re:	search 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



Institution of the UEMSaisbi

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

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

Conflict of Interest Disclosure Form

A.

(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

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?

Willer Sessions.

At least in my mind there is a difference regarding COI depending on what the session/ te topic and the audience is.

Thanks, Kersti

Kersti Lundin, Assoc. Prof.



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: SEMPRIMI AUGUSTO EMRICO	
AFFILIATION: UHIVERSITY OF MILAH, MEDICAL SCHOOL Dept. Clumal Sciences L. Sacconditation 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.	•
<u>DISCLOSURE</u>	
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: Och Sher 5, 2	315 —



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Dr Francoise Shenfield

AFFILIATION: University College Hospital London (UCLH)

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.

4+ 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: 12.2.206



Institution of the UEMSaisbi

Date: 21 January 2016

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME:

Signature:

Professor Tin Chiu LI

Litichi

AFFILIATION:

Department of Obstetrics & Gynaecology, Faculty of Medicine,

The Chinese University of Hong Kong

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):



NAME:

AFFILIATION:

Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for Continuing Medical Education - EACCME®

Institution of the UEMSaisbl

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

Uschi Vanden Beoech

UZ LEUVEN, BELGIUM

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

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

relationship, must be provided to the EACCME® upon submission o 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.	f the applicati of the LEE, on onorarium or	on. Declarations also must be r on the website of the
DISCLOSURE		
have no potential conflict of interest to report		
\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:	28151115



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

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

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	
	$oldsymbol{\square}$ 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):	
	D1 0000 90	
Sign	ature:	Date: 18 March 2014

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



NAME

The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMS aisbi

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS WWW. eaccime.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

RITA VASSENA

AFFILIATION:	CYNIA ex	71.V.	
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			
, ,	ial conflict of interest to repo		
Type of affiliation /	financial interest	Name of commercial company	
Receipt of grants/re:	search 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



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: ANNA VEGA

AFFILIATION: DIRECTOR OF BURCOLONG STEM COLURGINE CEUTER OF REGENERATIVE MEDICINE IN BURCOLONG

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

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Signature:

Other support (please specify):

Date: 19/02/2016

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



EUROPEAN UNION OF MEDICAL SPECIALISTS

The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

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

F +32 2 640 37 30

T +32 2 649 51 64

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: taken MOCALIN	. > 0 1
NAME: take Mochan AFFILIATION: Rohal tayin, Dalla In accordance with criterion 24 of document UEMS 2012/30 "Ac	1. Nelan
In accordance with criterion 24 of document UEMS 2012/30 "Ac EACCME", all declarations of potential or actual conflicts of inter- relationship, 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 feet imbursement of expenses in relation to the LEE has been provid	rest, whether due to a financial or other on of the application. Declarations also must be not the LEE, or on the website of the c, honorarium or arrangement for re-
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 burea	nu:
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: Occ	Date: 29-2-2016



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS <u>www.eaccme.eu</u> T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

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

Signature:

AFFILIATION: Radboudumc Nijmegen, 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

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):		

Date: February 2nd 2015



Institution of the UEMSalsbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Dr Ombelet Willem

AFFILIATION:

Signature:

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):	

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

Date: 21-03-14



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

AFFILIATION: UNIVERSITY OF SIZNA

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.		
DISCLOSURE		
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:	ь F.,	
Other support (please specify):	k .	
Signature:	Date: 03/06/15	

EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for ® Accreditation Council for B Accreditation Continuing Medical Education EMS Accreditation Accredita

Institution of the UEMS_{aisb}i

7 +32 2 649 51 64 F +32 2 640 37 30

BE-TO CO

AVENUE DE LA COURONNE, 20 WWW.eaccme.eu

Conflict of Interest Disclosure Form

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

NAME: Veerle Provoost

AFFILIATION: Ghent University (Bioethics Institute Ghent)

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

 \boldsymbol{X} I have no potential conflict of interest to report

☐ I have the following potential conflict(s) 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:

Ofher support (please specify):

Date: 98-01-505

Signature:



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Stobhan Quenby AFFILIATION: WIVESELY, OF WORWICK In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided. **DISCLOSURE** I have no potential conflict of interest to report ☐ I have the following potential conflict(s) of interest to report Type of affiliation / financial interest Name of commercial company Receipt of grants/research supports: Receipt of honoraria or consultation fees: Participation in a company sponsored speaker's bureau: Stock shareholder: Spouse/partner: Other support (please specify):

Signature:

Date: [2]/0] 15

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



Institution of the UEMSaisbl

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

T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

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

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.

$x\square$ 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



Signature:

c barratt

SPECIALISTS The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

Date: 16/7/15

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

NAME : _c barratt _____

T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

AFFILIATION: University of Dundee		
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 (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	



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS <u>www.eaccme.eu</u> T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: JLH Evers

AFFILIATION: Human Reproduction

1 have no potential conflict of interest to report

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.

☐ I have the following potential conflict(s) of interest to report	
Name of commercial company	
Editor, Human Reproduction	

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Signature: JLH Evers Date: 06/03/2016



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

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

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.

☐ I have no potential conflict of interest to report	
X 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:	S.I.S.Me.R. srl
Spouse/partner:	
Other support (please specify):	
Signature: w how	Date: 9th Harch 2016



Institution of the UEMSaisbi

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

W.

(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

Date: 11 MOJG 2016

BOTO CONTRACTOR OF THE PROPERTY OF THE PROPERT

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/ te topic and the audience is.

Thanks, Kersti

Kersti Lundin, Assoc. Prof.



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Gerard A.J. Dunselman

AFFILIATION:

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

DISCLOSURE

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

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: 17 5 70 11

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

tax +32.2.2 695600 Titie van Ray



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

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

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

Signature:	
4. Billito-Ales	

X I have no potential conflict of interest to report

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

Date: 27.11.2014



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS <u>www.eaccme.eu</u> T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: TİMUR GURGAN

AFFILIATION: Hacettepe University; Ankara, Turkey

X I have no potential conflict of interest to report

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.

☐ 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: Prof. Timur Gürgan MD TG	10.March.2016	



NAME:

EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaishi

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

SMITZ JOHAN

T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

AFFILIATION: V2 BANSSEL 1	VUB- Belgui
In accordance with criterion 24 of document UEMS 2012/30 "Acc EACCME", all declarations of potential or actual conflicts of inter- relationship, 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, imbursement of expenses in relation to the LEE has been provide	creditation of Live Educational Events by the est, whether due to a financial or other of the application. Declarations also must be me of the LEE, or on the website of the honorarium or arrangement for re-
DISCLOSURE	
I have no potential conflict of interest to report I have the following potential conflict(s) of interest to	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	u:
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature:	Date: 8/may/14



Institution of the UEMSaisbl

Date: 6.1.2015

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Juha Tapanainen

Signature:

AFFILIATION: University of Helsinki and Helsinki University Central 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.

X I have no potential conflict of interest to report		
O I have the following potential conflict(s) of interest to rep	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):		



EUROPEAN UNION OF MEDICAL SPECIALISTSThe European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS <u>www.eaccme.eu</u> T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

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

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

Signature: Date: 9/12/2015



EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for Continuing Medical Education — EACCME®

Institution of the UEMS aisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: KUPKA /	TARKUS
AFFILIATION: EIN	
In accordance with criterion 24 of document UEMS 2012/30 "Accreed 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	Prof. Dr. med. Markus S. Kupka Espellohweg 36 D-22607 Hamburg
have no potential conflict of interest to report	
☐ 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:	8
Receipt of honoraria or consultation fees:	for belong Fatting
Participation in a company sponsored speaker's bureau:	→
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: MA	Date: 23 - 5-15



EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for Continuing Medical Education - EACCME®

Institution of the UEMSaisbl

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

T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Ketsti Lundin AFFILIATION: Reproductive Medicine, Sahlgrensten, Göteborg

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

nave no potential conflict of interest to report	
\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: 2015-02-03



Institution of the UEMSaisht

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: MUDSE DE US SANTOS

AFFILIATION: WI VACENCY A

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

DISCLOSURE

I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Signature:

Other support (please specify):

Date: MARCH 7 2014



Signature:

The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

22.02.2016

Conflict of Interest Disclosure Form

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

NAME:	Aila li	tian	0	1111111
AFFILIATION:	Professor	University	ot	Helsinh

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.

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



Institution of the UEMSaisbl

Date: 6.1.2015

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30 accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Juha Tapanainen

Signature:

AFFILIATION: University of Helsinki and Helsinki University Central 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.

X I have no potential conflict of interest to report		
O I have the following potential conflict(s) of interest to rep	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):		



EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for Continuing Medical Education - EACCME®

Institution of the UEMSaishi

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS

www.eaccme.eu

T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Aarne Koskimies

AFFILIATION:

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

DISCLOSURE

XI have no potential o	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: 13.3.20/6



Institution of the UEMSaisbi

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Anne-Maria Suikkari

AFFILIATION: Väestöliitto Fertility Clinics

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.

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:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
~	
Signature: Allamune	Date: 4.3.2016



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

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

NAME: Timo Tuuri

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.

	☑ 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):
ie	pnature: Date: \(\lambda \) 2 (1)(6)