



EUROPEAN UNION OF MEDICAL SPECIALISTS
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Conflict of Interest Disclosure Form

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

NAME : Carrol

AFFILIATION:

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

DISCLOSURE

☒ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

17/7/15



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Conflict of Interest Disclosure Form

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NAME : De Vos Michel

AFFILIATION:

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DISCLOSURE

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Cook Medical
Receipt of honoraria or consultation fees:	none
Participation in a company sponsored speaker's bureau:	none
Stock shareholder:	none
Spouse/partner:	none

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EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify):	
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Signature:



Date:

15/7/2015.

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Conflict of Interest Disclosure Form

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

NAME : A/Professor Robert B. Gilchrist

AFFILIATION: University of New South Wales (Sydney, Australia)

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Cook Medical

Receipt of honoraria or consultation fees:

Cook Medical, Ferring, Serono

Participation in a company sponsored speaker's bureau:

Cook Medical, Ferring, Serono

Stock shareholder:

Spouse/partner:

Other support (please specify):

Inventor on patent portfolio owned by the
University of Adelaide

Signature:

Date:

16/7/15.



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Conflict of Interest Disclosure Form

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

NAME : MICHAEL GRYNBERG

AFFILIATION: DEPARTMENT OF REPRODUCTIVE MEDICINE
HOPITAL JEAN VERDIER, APHP, BONDY.

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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):

Pr Michaël GRYNBERG

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Médecine de la reproduction
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Avenue du 14 Juillet
93143 Bondy cedex

Signature:

Date:

15/04/15

Titia Van Roy

Van: 曾海涛 <zenghaitao@163.com>
Verzonden: maandag 7 december 2015 7:40
Aan: Erika Mar Rodriguez
CC: Johan Smitz
Onderwerp: Re:ESHRE Campus Brussels 3-5 March 2016: invitation to speak
Bijlagen: Conflict of Interest Disclosure Form-HAITAO ZENG.jpg; business card-HAITAO ZENG.jpg

Dear Erika Mar Rodriguez,

I am very glad to accept the invitation to speak at the ESHRE Campus symposium entitled "**Oocyte maturation - from basics to clinics**" by Prof. Johan E.J. Smitz, Dr. Giovanni Coticchio and Prof. Dr. Claudia Spits. Please help me to forward my sincerely greeting to Prof. Johan E.J. Smitz, Dr. Giovanni Coticchio and Prof. Dr. Claudia Spits. I will and join the symposium from 3 to 5 March 2016.

MY ADDRESS DETAILS BELOW

Dr Zeng Haitao

REPRODUCTIVE MEDICINE RESEARCH CENTER

SIXTH AFFILIATED HOSPITAL OF SUN YAN-SEN UNIVERSITY

No.17.ShouGouLing Road, TianHe District, Guangzhou

510000 Guangzhou, Guangdong, China

E-mail: zenghaitao@163.com

I, Haitao, Z., accept the invitation to be a guest speaker at the ESHRE Campus in Brussels, Belgium, from 3 to 5 March 2016: YES

I agree with the proposed title of my lecture: YES

I will also provide a PPT presentation for the campus syllabus before 5 Feb 2016, and agree to provide my presentation on the ESHRE website after the Campus (in PDF format).

Thanks for the campus will cover my travel expenses and arrange and hotel accommodation.

Yours sincerely

Zeng Haitao

MD, Ph.D

Associate Professor

Deputy director

REPRODUCTIVE MEDICINE RESEARCH CENTER

SIXTH AFFILIATED HOSPITAL OF SUN YAT-SEN UNIVERSITY

No.17.ShouGouLing Road, TianHe District, Guangzhou

510000 Guangzhou, Guangdong, China

E-mail: zenghaitao@163.com

Website:www.newivf.org

At 2015-12-04 18:01:47, "Erika Mar Rodriguez" <erika@eshre.eu> wrote:

Dear Dr Haitao,

On behalf of Prof. Johan E.J. Smits, Dr. Giovanni Coticchio and Prof. Dr. Claudia Spits it is my pleasure to hereby invite you to speak at the ESHRE Campus symposium entitled "**Oocyte maturation - from basics to clinics**", which will be organised in Brussels, Belgium, from 3 to 5 March 2016.

This campus will be organised by the ESHRE SIG Embryology, Reproductive Genetics and Task force Basic Scientists in Reproductive Medicine.

In attachment you will find the scientific programme.

In case you agree to accept our invitation, we will be delighted to **cover your travel expenses and arrange and pay your hotel accommodation (max 3 nights)**. Speakers travelling from abroad are entitled to an economy class ticket (with a platform of 500 Euro for speakers travelling within Europe, and with a platform of 2000 Euro for non-European speakers). Obviously we invite you to attend the meeting itself and the social activities, free of charge.

PLEASE CHECK YOUR ADDRESS DETAILS BELOW (If necessary please correct this section carefully; correct address details are essential for future correspondence)

Dr Zeng Haitao
Sun Yat-Sen Memorial Hospital of Sun Yat-Sen University
107, Road Yanjiang West, Guangzhou, Guan
518000 Guangzhou, Guangdong
China

E-mail: zenghaitao@163.com

Please let me know by means of filling out and signing this e-mail below whether you can (or cannot) take part in the symposium as one of our guest speakers. **PLEASE REPLY TO THIS INVITATION BEFORE 11 Nov 2015**, so that we can finalise the programme.

We would appreciate an early reply especially in case you are not available on the proposed dates, so that we have sufficient time to find a suitable alternative speaker.

Please note that we will be putting together an **online pdf syllabus** that will be emailed to all symposium participants, and therefore we ask all the speakers to send us their Powerpoint presentation in advance. **The deadline for sending us your Powerpoint presentation is 5 Feb 2016**. Please find our syllabus guidelines enclosed.

In order to meet the requirements of European Accreditation Council for Continuing Medical Education we need you to sign and return attached "Conflict of Interest Disclosure Form" by 11 Nov 2015 at the latest. Without your signed form our application for CME credits will be rejected.

I, Haitao, Z., accept the invitation to be a guest speaker at the ESHRE Campus in Brussels, Belgium, from 3 to 5 March 2016:

YES ☐ NO ☐

I agree with the proposed title of my lecture:

YES ☐ NO ☐

(If not) other proposal:.....

I hereby declare to accept:

- to provide a PPT presentation for the campus syllabus before 5 Feb 2016
- that my presentation will be put on the ESHRE website after the Campus (in PDF format)

I look forward to hearing from you soon.

Please let me know if you have any further questions.

Yours sincerely



Erika Mar Rodriguez | Project Assistant & Registrations
European Society of Human Reproduction and Embryology
The leading society in reproductive science and medicine

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tel +32 2 263 64 66 | fax +32 2 269 56 00
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Conflict of Interest Disclosure Form

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NAME : **Ariel Hourvitz**

AFFILIATION: **Sheba Medical Center, Tel-Hashomer, ISRAEL**

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 16/7/2015



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Conflict of Interest Disclosure Form

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NAME : VUONG THI NGOC LAN

AFFILIATION: University of Medicine and Pharmacy Ho Chi Minh City, Ho Chi Minh City, Vietnam.

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 23 November 2015



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NAME : Sergio Ledda

AFFILIATION: Dipartimento di Medicina Veterinaria, Università di Sassari(Italy)

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 22/07/2015



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NAME : Petros Marangos

AFFILIATION: Department of Biological Applications and Technology, University of Ioannina, Greece

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 5/2/2016



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NAME: Yoshiharu Morimoto

AFFILIATION: HORAC Grand Front Osaka Clinic

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Spouse/partner:

Other support (please specify):

Signature:

Date:

NOV 24, 2015



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NAME :

AFFILIATION:

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Other support (please specify):

Signature:

Date:

2015/12/11



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NAME : Marie Helene Verlhac

AFFILIATION:

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

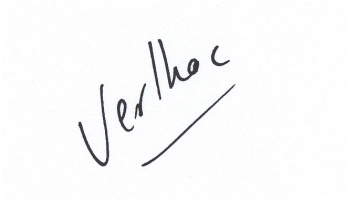
Spouse/partner:

Other support (please specify):

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Signature:



Date: 15/07/2015