



**EUROPEAN UNION OF MEDICAL SPECIALISTS**  
**The European Accreditation Council for**  
**Continuing Medical Education – EACCME®**  
Institution of the UEMS<sub>aisbl</sub>

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

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## **Conflict of Interest Disclosure Form**

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

NAME : Carmen Rubio Lluesa

AFFILIATION: IGENOMIX

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:

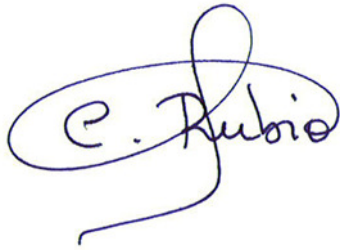
Spouse/partner:

Other support (please specify):

**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: 03-04-2017**





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## **Conflict of Interest Disclosure Form**

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

NAME : Dagan Wells

AFFILIATION: University of Oxford

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

CooperGenomics

Receipt of honoraria or consultation fees:

Illumina

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 15/02/2017



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## **Conflict of Interest Disclosure Form**

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

NAME : Christine de Die-Smulders

AFFILIATION: Dept Clinical genetics, MUMC+, Maastricht, the Netherlands

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

1/3/17



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## **Conflict of Interest Disclosure Form**

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

NAME : J.C.F.M.Dreesen

AFFILIATION: Maastricht University Medical Centre, P.Debyelaan 25, P.Box 5800, 6202 AZ Maastricht,  
The Netherlands

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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: 14-2-2017**



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## **Conflict of Interest Disclosure Form**

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

NAME: *FRANCESCO FIORANTINO*

AFFILIATION: *GEMMA – MOLECULAR GENETICS LABORATORIES*

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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:**

*23/02/2017*





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**Conflict of Interest Disclosure Form**

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NAME : Gary L Harton

AFFILIATION: Igenomix

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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:

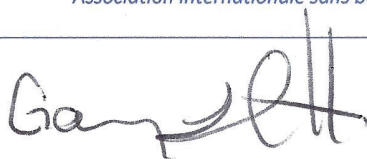
Other support (please specify):

Igenomix (my employer) is a for profit clinical laboratory

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

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

Signature:

A handwritten signature in black ink, appearing to be 'Ganzelt', written over a horizontal line.

Date:

2/13/17





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## Conflict of Interest Disclosure Form

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

NAME : Georgia Kokkali, Phd, MSc, BSc.

AFFILIATION: PGD Laboratory, Reproductive Medicine Unit, Genesis Athens Clinic, Athens Greece.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

16/February/2017



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NAME : Maria Cristina Magli

AFFILIATION: SISMER

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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: 14/02/2017



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## **Conflict of Interest Disclosure Form**

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NAME : MOUTOU Céline

AFFILIATION: Hôpitaux Universitaires de Strasbourg - FRANCE

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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: 10 Feb 2017



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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):

Chief Scientific Officer, CooperGenomics

**Signature:**

**Date:** 3/3/2017





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## **Conflict of Interest Disclosure Form**

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

NAME : Joanne Traeger-Synodinos

AFFILIATION: Associate Professor of Genetics, Department of Medical Genetics, National and Kapodistrian University of Athens

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Evolvegene

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 13<sup>th</sup> Feb, 2017**



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**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 20/04/2017**