

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: Barış ATA

AFFILIATION: Dept. of Obstetrics and Gynecology, Koc University School of Medicine

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

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: None relevant.

Receipt of honoraria or consultation fees: No

Participation in a company sponsored speaker's bureau: No

Stock shareholder: No

Spouse/partner: No

Other support (please specify):

Signature:

Date: 15 July 2015

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



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Conflict of Interest Disclosure Form

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

NAME: Kutay Biberoglu

AFFILIATION:

Signature:

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DISCLOSURE

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	Receipt of grants/research supports:
	Receipt of honoraria or consultation fees:
	Participation in a company sponsored speaker's bureau:
	Stock shareholder:
	Spouse/partner:
	Other support (please specify):
20	nature: Date:July 15, 2015

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Signature:

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07/09/15

Conflict of Interest Disclosure Form

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

NAME:	ANDREW H	RI	Æ
AFFILIATION:	UNIVERSITY	04	EDINBURGI

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



NAME:

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EACCME", all d	leclarations of potentia	l or actual conflicts of interest	, whether d	ue to a financial or other
relationship, m	ust be provided to the	EACCME® upon submission of	f the applica	tion. Declarations also must be
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Receipt o	f honoraria or consul	tation fees:		
Participat	tion in a company spo	onsored speaker's bureau:		
Stock sha	reholder:			
Spouse/p	artner:			
Other sup	oport (please specify)	;		
		MATERNITE UNIVERSITAIRE		
Signature:	1 Now	Prof. M. NISOLLE	Date:	27/7/15



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Conflict of Interest Disclosure Form

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

NAME: Dr. Nilufer Rahmioglu

AFFILIATION: Wellcome Trust Center for Human Genetics, University of Oxford, UK.

☑ I have no potential conflict of interest to report

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Type of af	ffiliation / financial interest	Name of commercial company
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Receipt of	f honoraria or consultation fees:	
Participati	ion in a company sponsored speaker's bureau:	
Stock shar	reholder:	
Spouse/pa	artner:	
Other sup	port (please specify):	
Signature:	Westgru	Date: 27/07/2015

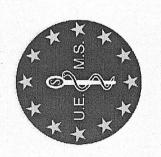
UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sons but lucratif - international non-profit organisation

Other support (please specify):

Signature:

Date: 16(31201



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Conflict of Interest Disclosure Form

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Hauttge Univ; School of Mediche; Defiof 08/64m HARAN YAMALI, MD AFFILIATION:

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Name of commercial company Merch Seron MerchSerono X X Receipt of honoraria or consultation fees: Type of affiliation / financial interest Receipt of grants/research supports:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

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July 16,2015



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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
-Research Foundation, Flanders (non-commercial)	(non-commercial)
-LUFc receives unrestricted research grants from	Ferring, Merck Serono
Receipt of honoraria or consultation fees:	Actavis
Participation in a company sponsored speaker's bureau:	,
Stock shareholder:	1
Spouse/partner:	,



NAME:

AFFILIATION:

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Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature:	Date: February, 9, 2016