



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

AVENUE DE LA COURONNE, 20  
BE- 1050 BRUSSELS  
[www.eaccme.eu](http://www.eaccme.eu)

T +32 2 649 51 64  
F +32 2 640 37 30  
[accreditation@uems.net](mailto:accreditation@uems.net)

## **Conflict of Interest Disclosure Form**

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

NAME: Prof Nazar N Amso

AFFILIATION: Emeritus Professor, Cardiff University  
Director, MedaPhor Ltd  
Director, Advanced Medical Simulation Online Ltd (AMSO Ltd)

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:	N/A
Receipt of honoraria or consultation fees:	N/A
Participation in a company sponsored speaker's bureau:	N/A
Stock shareholder:	MedaPhor Ltd/AMSO Ltd
Spouse/partner:	As above
Other support (please specify):	N/A

Signature: *Nazar Amso*

Date: 24/01/17



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NAME : *DR. R. CAMPO*

AFFILIATION: *LIFE EXPERT CENTRE*

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

#### **Name of commercial company**

*KARL STORZ*

*KARL STORZ*

*/*  
*/*  
*/*

Signature:

Date:

*13/11/2017*



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## Conflict of Interest Disclosure Form

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

NAME : HICKEL NISQUE

AFFILIATION: CHU OF LIEGE (SITE CITADELLE)

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

16/12/16



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## **Conflict of Interest Disclosure Form**

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

NAME : Sotiris SARAVELOS

AFFILIATION: North West London Deanery / The Chinese University of Hong Kong

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**Name of commercial company**

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:** 19/12/2016