

### 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: Sotiris SARAVELOS** 

AFFILIATION: North West London Deanery / 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	e no potential conflict of interest to report	
☐ I have	e the following potential conflict(s) of interes	t to report
Type of	affiliation / financial interest	Name of commercial company
Type of	armation / manetar interest	Name of commercial company
Receipt	of grants/research supports:	
Receipt	of honoraria or consultation fees:	
Participa	ation in a company sponsored speaker's bure	au:
Stock sh	areholder:	
Spouse/	partner:	
Othersu	upport (please specify):	
Signature:	E. Egosher	<b>Date:</b> 19/12/2016
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(to be completed by faculty and scientific/organising committee members)

NAME: Prof Nazar N Amso

AFFILIATION: Emeritus Professor, Cardiff University

Director, MedaPhor Ltd

☐ I have no potential conflict of interest to report

NazarAmso

Signature:

Director, Advanced Medical Simulation Online Ltd (AMSO Ltd)

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### **DISCLOSURE**

$\square$ X 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				

Date: 24/01/17



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NAME: DR. R. CAMPO

AFFILIATION: LIFE EXPERT CENTRE

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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:

Other support (please specify):

Signature:

Name of commercial company

WARL STORZ

KARL STORZ

Date: 13/1/2017



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AFFILIATION: CHU & LICGE ( SITE CITADELLE)

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Stock sh	areholder:	
Spouse/	partner:	
Other su	pport (please specify):	
Signature:	Min	Date: 16/12/16