



**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)

## **Conflict of Interest Disclosure Form**

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

NAME : Martina Cornel

AFFILIATION: VU University Medical Center, Amsterdam

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 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): VU University Medical Center offers preconceptional and prenatal testing as part of its health care services.

**Name of commercial company**

ZONMW grants to VUmc department of clinical genetics for preconception testing and non-invasive testing for aneuploidies.

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
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**Signature:**

A handwritten signature in black ink, consisting of a large loop followed by a series of smaller, connected strokes.

**Date:**

27 Oct 2015



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Spouse/partner:

Other support (please specify):

Signature:

Date:

5/10/2015



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NAME : Ros Hastings

AFFILIATION: CEQAS

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**Name of commercial company**

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Receipt of honoraria or consultation fees: None

Participation in a company sponsored speaker's bureau: None

Stock shareholder: None

Spouse/partner: None

Other support (please specify): None

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**Signature:**



**Date:08/10/2015**



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## Conflict of Interest Disclosure Form

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

NAME: *Kristin Abbott*

AFFILIATION: *University Medical Center Groningen*

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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: *Kristin Abbott*

Date: *9-2-2016*



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## **Conflict of Interest Disclosure Form**

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

NAME : Marta Rodríguez de Alba, PhD

AFFILIATION: Genetics Department. Fundacion Jimenez Diaz (University Hospital). Avda. Reyes Catolicos 2. Madrid 28040. Spain

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**Signature:**



**Date: 08/10/2015**





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NAME : Thomas Eggermann, PhD

AFFILIATION: Institute of Human Genetics, Pauwelsstr. 30, D-52074 Aachen

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Oct. 7<sup>th</sup> 2015