



**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 : David Albertini

AFFILIATION: Center for Human Reproduction

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: Springer/Nature publishing;

Participation in a company sponsored speaker’s bureau:  
EMD Serono, Cook Medical

Stock shareholder: OvaScience

Spouse/partner:none

Other support (please specify):

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

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

---

**Signature:**

**Date: SEP 29,**

A handwritten signature in black ink, appearing to read 'David H. M...', is centered within a light gray rectangular box.

**2016**



**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 : Keith T Jones

AFFILIATION: University of Southampton

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*

---



**Signature:**

**Date: 15/11/2016**



**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 : M. Cristina Magli

AFFILIATION: SISMER

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 re-imbursment 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): honorarium and re-imbursment of expenses for a meeting held in Sep 2016 in Lugano IBSA

Signature:

Date: 14/10/2016



**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 : MARCOS MESEGUER

AFFILIATION: SCIENTIFIC MANAGER, IVI VALENCIA, SPAIN

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):

**Signature:**

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

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

---

**Date: 04/10/2016**



**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 : Dr. Markus Montag

AFFILIATION: ilabcomm GmbH, Eisenachstr. 34, 53757 Sankt Augustin, Germany

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:

Vitrolife, Merck, OvaScience

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 30-09-2016



**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 : Dean E. Morbeck, Ph.D.

AFFILIATION: Fertility Associates

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):

Signature:  Date: 27-10-2016



**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 : **Carlos E. Plancha**

AFFILIATION: **Faculdade de Medicina, Universidade de Lisboa**

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):

Signature:

Date: **1 October 2016**



**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

NAME : SOMIGLIANA Edgardo

AFFILIATION: Fondazione Ca' Granda, Ospedale Maggiore Policlinico and Università degli Studi, Milan, Italy

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:                   | Serono , Ferring and IBSA  |
| Receipt of honoraria or consultation fees:             | None                       |
| Participation in a company sponsored speaker's bureau: | No                         |
| Stock shareholder:                                     | No                         |
| Spouse/partner:  | No                         |
| Other support (please specify):                        | None                       |

Signature:

Date: September 27<sup>th</sup>, 2016