



**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 : Ellen Goossens

AFFILIATION: Biology of the testis, Vrije Universiteit Brussel, Laarbeeklaan 103, 1090 Brussels, Belgium

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*

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**Signature:**

**Date: 07/08/2015**



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NAME : Guido Pennings

AFFILIATION: Ghent University

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# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

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**Signature:**

**Date: 08/12/2015**



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## **Conflict of Interest Disclosure Form**

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

**NAME :** RIVES Nathalie

**AFFILIATION:** Rouen University Hospital / French CECOS network

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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:** 1<sup>st</sup> February 2015



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## Conflict of Interest Disclosure Form

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

NAME : *TOURNAYE Herman*

AFFILIATION: *Centre for Reproductive Medicine Brussels*

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

*for Fekherden stem cell research by Ferring company*

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

*August 20, 2015*



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## **Conflict of Interest Disclosure Form**

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NAME : **WYNS**

AFFILIATION:

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date: 18.08.2015**





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## **Conflict of Interest Disclosure Form**

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NAME : Kirsi Jahnukainen

AFFILIATION: Children's Hospital, Helsinki University Central Hospital

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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: 27.8.2015**