

SPECIALISTS The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu accreditation@uems.net T +32 2 649 51 64 F +32 2 640 37 30

Conflict of Interest Disclosure Form

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

NAME: BOSTEELS JAN JA

AFFILIATION: IMELDAZIEKENUIS BONHEIDEN, BELGIUM

■ I have no potential conflict of interest to report

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	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:			

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Si	gnature:	Jan Bosteels	Date: 02/11/2015
	Other sup	pport (please specify):	
	Spouse/pa	artner:	

AVENUE DE LA COURONNE, 20

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Conflict of Interest Disclosure Form

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

NAME:

F.J.M. Broekmans

AFFILIATION: University Medical Center Utrecht

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DISCLOSURE

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- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Prof. dr. F.J. Broekmans receives monetary compensation:

- Member of the external advisory board for Merck Serono
- Consultancy work for Gedeon Richter, Belgium
- **Educational activities for Ferring BV**
- Strategic cooperation with Roche on automated AMH assay development
- Research cooperation with Ansh Labs, USA

Signature:

Date: 02-11-15



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NAME: Gordts Stephan

AFFILIATION: LIFE

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DISCLOSURE

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☐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:		
Receipt of honoraria or consultation fees:	Karl Storz	
Participation in a company sponsored speaker's bureau:		
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		
Signature:	Date: 03/11/15	



EUROPEAN UNION OF MEDICAL SPECIALISTS The European Accreditation Council for Continuing Medical Education – EACCME®

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Date:6-12-2015

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Conflict of Interest Disclosure Form

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

NAME: George Pados

Signature:

AFFILIATION: 1st. Dept. OB-GYN, Aristotle University, Thessaloniki, Greece

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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:

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NAME: SARAVELOS, Sotirios

AFFILIATION: The Chinese University of Hong Kong

✓ I have no potential conflict of interest to report

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///			

Date: 03/11/2015