



**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)

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## **Conflict of Interest Disclosure Form**

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

NAME : BARIS ATA

AFFILIATION: KOC UNIVERSITY SCHOOL OF MEDICINE

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**

- XX 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: 29.09.2016



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## Conflict of Interest Disclosure Form

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NAME : Marilyn Crawshaw

AFFILIATION: Honorary Fellow, University of York

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**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:**

M.A. Crawford  


**Date: 10.3.2016**



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## **Conflict of Interest Disclosure Form**

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NAME : Marysa EMERY

AFFILIATION: MD, psychosocial medicine, Centre for Medically Assisted Procreation CPMA

1003 Lausanne Switzerland

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### **DISCLOSURE**

I have no potential conflict of interest to report to ESHRE for Vienna Workshop October 2016

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: Dr M. Emery**

**Date: 17 February 2016**



## CONSENT TO REPRODUCE PRESENTATION

The Scientific Committee of the European Society of Human Reproduction and Embryology (ESHRE) decided to produce a webcast of the lectures presented at the **Vienna Campus meeting on 29-30 October 2016**. The presentations will be put on the ESHRE website educational platform with an audio & video recording of the presentation.

Your presentation held at the above mentioned meeting has been selected for inclusion in the website educational platform and we therefore ask you to sign this form in agreement to have your presentation made available. By signing this agreement, you also confirm that the material in your presentation is owned by you or that you have obtained the right to include the material in your presentation.

**You have the right to exclude slides that you do not wish to appear on the webcast for reasons such as publication, privacy, patient confidentiality or other reasons.** All slides that are excluded will be substituted by a slide which reads "*Slide withheld by Presenter*". Please note that the webcast can only be viewed and will not be downloadable.

**If you wish to have your presentation considered for inclusion in this project, please sign below and return it to ESHRE.** By signing this document you (i) give your consent to have your presentation webcasted, and (ii) you agree to have all the material in your presentation duplicated.

Your agreement to have your presentation webcasted **does not affect** your ownership of your presentation or your materials. ESHRE will not acquire any ownership interest in your presentation or your materials because of your consent to have your presentation included in the webcast.

- I accept, please publish my presentation<sup>1</sup>.
- I accept, however, I wish to review and possibly withhold certain slides.  
Please list the slide numbers that you would like to withhold:  
.....
- I do not want to participate in the e-learning, but I do give permission to publish my handouts only on the ESHRE website<sup>2</sup>.
- I do not accept and do not grant permission to publish my presentation.

Dated: October 4, 2016

Signature: \_\_\_\_\_

Printed Name: Brennan Petersen

<sup>1</sup> Presentations will be published on the E-Campus platform and the ESHRE website (pdf-version of PowerPoint)

<sup>2</sup> For ESHRE members and participants



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### DISCLOSURE

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Honoraria from Pharma. Companies for presentations
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:**

**2.3.16**