



**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  
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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: *Prof. Yung Cheng CHENG*

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):

Signature:

Date: *30/03/2014*



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## **Conflict of Interest Disclosure Form**

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

NAME : Prof.Dr. Thomas Ebner

AFFILIATION: Kepler University, Linz, Austria

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### **DISCLOSURE**

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

MSD, Merck, Gynemed

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Thomas Ebner

Date: Oct. 30<sup>th</sup>, 2016



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## **Conflict of Interest Disclosure Form**

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

NAME : Elpida Fragouli

AFFILIATION: Reprogenetics UK/ University of Oxford

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### **DISCLOSURE**

☐ I have no potential conflict 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  
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*Association internationale sans but lucratif – International non-profit organisation*

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**Signature:**



**Date:** 28/10/2016



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## **Conflict of Interest Disclosure Form**

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

NAME : *PETER HOMAIAN*

AFFILIATION: *AARHUS UNIVERSITY, DENMARK*

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### **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: MSD, MERCK, Ferring

Receipt of honoraria or consultation fees: MSD, MERCK,  
IBSA

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

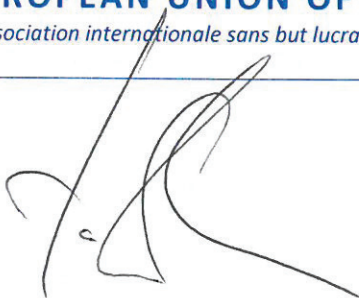
Other support (please specify):

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**EUROPEAN UNION OF MEDICAL SPECIALISTS**

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

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**Signature:**

A handwritten signature in black ink, consisting of a stylized 'J' followed by a large 'R' and a horizontal line extending to the right.

**Date:**

31/10 - 2016

Letter of acceptance

Dr. Inmaculada Moreno

Talk: "Increasing endometrial receptivity: the impact of uterine microbiome"

I, Moreno, I., accept the invitation to be a guest speaker at the ESHRE Campus in Vienna, Austria, from 15 to 16 Sep 2017:

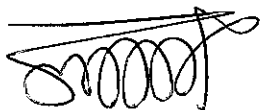
YES X NO O

I agree with the proposed title of my lecture:  
YES X NO O

(If not) other proposal:.....

I hereby declare to accept:

- to provide a PPT presentation for the campus syllabus before 21 Aug 2017
- that my presentation will be put on the ESHRE website after the Campus (in PDF format)







## Conflict of Interest Disclosure Form

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

NAME : INMACULADA MORENO GIMENO

AFFILIATION: IGENOMIX

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## 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 EMPLOYEE  
Name of commercial company IGENOMIX

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: 24<sup>th</sup> November, 2016





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## Conflict of Interest Disclosure Form

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

NAME :

LODOVICO FARMIGIANI

AFFILIATION:

SYNEPRO MEDICAL CENTERS - BOLOGNA

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☐ 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:

29/6/17



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## **Conflict of Interest Disclosure Form**

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NAME :

AFFILIATION:

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### **DISCLOSURE**

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**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: **lectures at Merck symposia (2011 and 2012) and the IBSA company in 2016.**

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

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Other support (please specify):

**Signature:**

**Kris Poppe**

**Date: 04-11-2016**



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## **Conflict of Interest Disclosure Form**

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

NAME : prof dr RPM Steegers-Theunissen

AFFILIATION: Erasmus MC, University Medical Center, Rotterdam, The Netherlands

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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
CEO	E-Health Care solutions
CSO	Slimmere Zorg BV

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**Signature:**

**Date: November 8, 2016**

A handwritten signature in black ink, appearing to be 'J. M. J.', followed by a small horizontal line.



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**Conflict of Interest Disclosure Form**

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

NAME: DOMINIC STOOP

AFFILIATION: CENTRE FOR REPRODUCTION UZ BRUSSELS, BELGIUM

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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): /

Signature: 

Date: 11/11/16

## GUEST SPEAKER STATEMENT

ESHRE Campus Vienna  
15 to 16 Sep 2017

I, Dos Santos Ribeiro, S., accept the invitation to be a guest speaker at the ESHRE Campus in Vienna, Austria, on 15 Sep 2017:

YES ☒ NO ☐

I agree with the proposed title of my lecture:


YES ☒ NO ☐

(If not) other proposal:.....

I hereby declare to accept:

- to provide a PPT presentation for the campus syllabus before 21 Aug 2017
- that my presentation will be put on the ESHRE website after the Campus (in PDF format)

Signature:



Date:

12/07/17





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## **Conflict of Interest Disclosure Form**

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

NAME: *Samuel dos Santos Ribeiro*

AFFILIATION: *Centre for Reproductive Medicine, University Hospital of Brussels.*

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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:

*12/07/17*