

Institution of the UEMSaisbl

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

## **Conflict of Interest Disclosure Form**

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

NAME :	Aila	Tib	nen	1	prot			
AFFILIATION:	Univer	sily o	1 Hel	sirli	, He	/sirli	University	Hospital
NAME: At la Tribine prof.  AFFILIATION: University of Helbire Helbire University Hospital  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.								
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Type of aff	filiation / fina	ancial inter	est		N	lame of co	ommercial compan	у
Receipt of	grants/resea	rch suppor	ts:					
Receipt of	honoraria or	consultatio	n fees:					
Participation	on in a comp	any sponso	red speak	er's burea	u:			
Stock share	eholder:							
Spouse/pa	rtner:							
Other supp	ort (please s	pecify):						
Signature:	Alu	200	MOL		Date	e <b>:</b>	080115	



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## **Conflict of Interest Disclosure Form**

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NAME:

Antti Perheentupa, MD

AFFILIATION:

Head of Department, Department of Obstetrics and Gynecology,

Turku University Hospital, Finland

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ig	gnature: Jan 9 2015 Tunin



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NAME: F.J.M. Broekmans

AFFILIATION: University Medical Center Utrecht

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Name of commercial company

Member of the external advisory board

Consultancy work:

**Educational activities:** 

Strategic cooperation on automated AMH assay development:

Signature:

**Datum** 07-01-15

Association internationale sans but lucratif – International non-profit organisation



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NAME: DANGEA ROMUBUS

AFFILIATION: University Catholica dell Saco Coole

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Date: 10/7/11/4



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AFFILIATION: Aristotle University of Thessaloniki Greece

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Signature: Date: 6/01/2015



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## Conflict of Interest Disclosure Form

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

NAME: Elina Vuori-Holopainen

AFFILIATION: MD/PhD, Specialist in Obst and Gyn and Reproductive Medicine

Helsinki University Central Hospital

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 645 5264 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 relimbursement of expenses in relation to the LEE has been provided.

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Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

41

Date: 7th Jan 2015



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Date: 6.1.2015

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### **Conflict of Interest Disclosure Form**

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NAME: Juha Tapanainen

Signature:

AFFILIATION: University of Helsinki and Helsinki University Central Hospital

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Terhi Piltonen

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