

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: RAFI Phoned

AFFILIATION: ENORY University

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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:

on I

Date

12/15/23

UEMSaight Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



NAME: ROY ANOERSON

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

WILL
FILIATION: IMPERIAL COLLEGE, LONDON.
accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of the Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 ars, whether due to a financial or other relationship, must be provided to the EACCME® upon to be application. COI declarations signed more than 6 months before the date of the event of land be accepted. Declarations must be made available online on the event website of the LEE. Clarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses relation to the LEE has been provided.
DISCLOSURE
☐ I have no potential conflict of interest to report
have the following potential conflict(s) of interest to report
Type of affiliation / financial interest Name of commercial company
Receipt of grants/research supports: Leiden Laboratores, mocloral entitledy Reseipt of honoraria or consultation foo:
Receipt of honoraria or consultation fees:
Participation in a company sponsored speaker's bureau:
Stock shareholder: Astra Zenaca.
Spouse/partner:
Other support (please specify): Chairman of Onde alobd
Stock shareholder: 65k, Ifize, Astra Zenaca. Spouse/partner: Other support (please specify): Chairmon of Oride Clobal Health Ltd, Consultancy Conjung. Smature: L.M. Anderson - Date: 12/12/2023.
UEMS _{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels ELL Transparency Register ID 219038730914-93



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME:	N	ICK	AND	REW	S
AFFILIAT	ION·	UK	HSA	•	

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☑ I have no potential conflict of interest to report	8
☐ 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:

NJANDRUS

Date:

20/10/23



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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Name of commercial company

Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Prop	Narendra	kumas t	2006.	Λ
AFFILIATION:	he INCLEN	Trust-Int	ernationa	4,
	N	ew belh	i-INDIA	

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

have no potential conflict of interest to report

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

Type of affiliation / financial interest

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):

Date:

Signature:



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

Edwin J. Asturias, MD NAME:		
AFFILIATION:		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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	
= 1 mayo the following potential continuit(e) of interest to	10,001	
Type of affiliation / financial interest	Name of commercial company	
Receipt of grants/research supports:	Pfizer	
Receipt of honoraria or consultation fees:	Moderna, Merck, Invio	
Participation in a company sponsored speaker's bureau:		
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		

Date: September 13, 2023



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: SABRINA BACCI
AFFILIATION: ECOC

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: SOW Mother!

Date: 10/02/2024



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Dr Madhara Ram Balakrishnan		
AFFILIATION: WHO		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: 12/12/2523.		
Signature: Date: 12/12/2023.		



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

ANANDA S. BANDYOPADHYAY

NAME:
AFFILIATION: Bill and Melinda Godes Foundation
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: 09/13/23



NAME: Norman W. Baylor

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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

AFFILIATION: Biologics Consulting
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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
I provide regulatory advice to the regulated industry, NGOs and academia.
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: TUBuy Date: 20 December 2023



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: ArThur Berger Jr	
AFFILIATION: GlaxoSmiMkline; Hillero	×

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: Glaxo SmiThKline; Hillerax

Spouse/partner:

Other support (please specify):

Signature:

Date: 13 Dec 2023

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Conflict of Interest Disclosure Form

NAME:Marc Brisson		
AFFILIATION:Laval University		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: 2024-01-30	



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

NAME : PR	ASTINA	CASSETT
AFFILIATION:	NIH	NIAID

I have no potential conflict of interest to report

Croselt

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

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", 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 re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

Name of commercial company

Date:



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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

NAME: MARCO CAVALERI
AFFILIATION: EMA
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: 17/11/2023

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Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

CHRISTOPHER CHIU NAME:
AFFILIATION:
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: Merck MSD investigator-led grant; MRC/GSK co-funding
Receipt of honoraria or consultation fees: Merck Vaccinology Course; Sumitomo scientific advisory committee
Participation in a company sponsored speaker's bureau: Sanofi Infectious Respiratory Disease forum speaker
Stock shareholder:
Spouse/partner:
Other support (please specify):

Date: 30-OCT-2023



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Conflict of Interest Disclosure Form

NAME: John Clemens		
AFFILIATION: 151		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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:	NOVE	
Receipt of honoraria or consultation fees:	Merck, Matiliay	
Participation in a company sponsored speaker's bureau:	NONE	
Stock shareholder:	NOY	
Spouse/partner:	None	
Other support (please specify):	None	
Signature: Ch Clun	None None Date: 1/25/24	
UEMS _{aisbl} – Union Européenne des Mé VAT n° BE 0469.067.848 RPM Bru		

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

RUE DEL'INDUSTRIE 24, BE - 1040 Brussels

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: jakob cramer

AFFILIATION: CEPI, Coalition for Epidemic Preparedness Innovations

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☐ I have no potential conflict of interest to repor	
I have the following potential conflict(s) of inte	erest 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 bure	au:
Stock shareholder: Frienins SE, BN (very small amnum	T, Moderna, Siemens Healthine to each) within a portfolio (and n-pharmacentical titles)
Other support (please specify): other wor	n-pharmacentical titles)
turo	Date:
ture:	18/ Dec/2023



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

Alejandro Cravioto
AFFILIATION: Facultad de Medicina, Universidad Nacional Autonoma de Mexico
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.
DISCLOSURE
ズ 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):
ature: alravió Date: October 20th, 2023

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME:	Prof Nigel Cortis	
AFFILIATION:	The University	g of Melbourne

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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 r	eport
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:	

Signature:

Spouse/partner:

Other support (please specify):

Date: 7 Nov 2023

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Signature:

Ron Dagan

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Conflict of Interest Disclosure Form

NAME: Ron Dagan		
AFFILIATION: Ben-Gurion University		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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 rep	port	
Type of affiliation / financial interest	Name of commercial company	
Receipt of grants/research supports:	Pfizer, MSD; Grants, Consultations Fees and Speaker's Bureau	
Receipt of honoraria or consultation fees:	Medimmune/AstraZeneca: Grant	
Participation in a company sponsored speaker's bureau:	Sanofi Pasteur; Speaker's Brueau	
Stock shareholder: none		
Spouse/partner: no conflict of interest		
Other support (please specify):		

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Date:



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Conflict of Interest Disclosure Form

NAME Morie Carolina DANOVAIL
AFFILIATION: WHO
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.
<u>DISCLOSURE</u>
☐ 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: Law Date: 21 Dec 2023



NAME: DIANA Alessandro.

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

AFFILIATION: UNIGE	
In accordance with criterion 13 of document UEMS 2 Live Educational Events (LEEs)", all declarations of per years, whether due to a financial or other relation submission of the application. COI declarations signed will not be accepted. Declarations must be made at Declarations must include whether any fee, honorarium in relation to the LEE has been provided.	rceived or actual conflicts of interest for the last 3 aship, must be provided to the EACCME® upon I more than 6 months before the date of the event vailable online on the event website of the LEE.
<u>DISCLO</u>	<u>SURE</u>
☐ I have no potential conflict of interest to re	port
☑ 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:	Vacupdate for paediatrician and family doctors Vaccinology course for pharmacists- IFAK DATA
Participation in a company sponsored speake bureau:	r's
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature:	Date: Genève, le 5 novembre 2023



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Date: 02/10/2023

https://eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : Arnaud Didierlaurent		
AFFILIATION:University of Geneva		
In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", 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		
X I have the following potential conflict(s) of interest to repo	ort	
Type of affiliation / financial interest	Name of commercial company	
Receipt of grants/research supports:	Moderna, Roche, GSK	
Receipt of honoraria or consultation fees:	Sanofi, Roche, Speransa, ACM Biologicals Botanical Solutions	
Participation in a company sponsored speaker's bureau:	Roche, Merck, GSK, Sanofi	
Stock shareholder:		
Spouse/partner:	Work at GSK	
Other support (please specify):		
- 0		



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Betty DO	DET
9	
AFFILIATION:D.Ode.	- Prio Science

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

	no potential conflict of interest to report the following potential conflict(s) of inter	rest to report
Type of a	affiliation / financial interest	Name of commercial company
Receipt o	f grants/research supports:	
Receipt o	f honoraria or consultation fees:	Merck/MSD
Participa bureau:	tion in a company sponsored speaker's	
Stock sha	reholder:	
Spouse/p	artner:	
Other su	pport (please specify):	
Signature:	B Dead	Date: 02-11-2023



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: EVE DUBE
AFFILIATION: LAVAL UNIVERSITY

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: OCTOBER, 23, 2023

UE MS_{aisbl} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



NAME DUMO LARD Laure

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Conflict of Interest Disclosure Form

AFFILIATION: WHO		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: Wol' Date: 8 Jan 2024.		



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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

NAME: Anna Durbin	
AFFILIATION: Johns Hopkins Bloomberg School of Public Heal	th
In accordance with criterion 13 of document UEMS 2023/07 "E Live Educational Events (LEEs)", all declarations of perceived o years, whether due to a financial or other relationship, musubmission of the application. COI declarations signed more the will not be accepted. Declarations must be made available of Declarations must include whether any fee, honorarium or arratin relation to the LEE has been provided.	or actual conflicts of interest for the last 3 cust be provided to the EACCME® upon an 6 months before the date of the event conline on the event website of the LEE.
DISCLOSURE	
☐ I have no potential conflict of interest to report	
፟ I have the following potential conflict(s) of interest t	to report
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	Merck & Co. I lectured at their vaccine course
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: Anna P. Auber	Date: 14 SEP 2023

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Conflict of Interest Disclosure Form

NAME Christiane EBERHARDT

AFFILIATION: University Hospitals Geneva

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: 115 Pfizer, trouvier of naturally - aguster Receipt of honoraria or consultation fees: maternal out k-RSV out Sodies
Participation in a company sponsored speaker's
bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):
Signature: Date: 6.2.2024

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME:	Janet A Englund, MD
	ON: Univ. Washington/Seattle Children's Hospital

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DISCLOSURE

☐ I have no potential conflict of interest to report	

 $\ensuremath{\overline{\mathbf{X}}}\xspace I$ have the following potential conflict(s) of interest to report

Type of affiliation / financial interestName of commercial companyReceipt of grants/research supports:AstraZeneca, GSK, Merck, Moderna, PfizerReceipt of honoraria or consultation fees:Abbvie, AstraZeneca, Meissa Vx, Ark Biopharma, Moderna, Sanofi Pasteur, Pfizer, GlaxoSmithKlineParticipation in a company sponsored speaker's bureau:NOStock shareholder:NOSpouse/partner:NOOther support (please specify):NO

Signature: Date: 20 Oct 2023



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: EMILY ERSELDING AFFILIATION: NIAID/NIH

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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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's

bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Wellderfor

Date: 13 September 2023

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME:Adam Finn		
AFFILIATION:University of Bristol, UK		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.		
DISCLOSURE		
☐ I have no potential conflict of interest to report		
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:	Pfizer, GSK, Sanofi,	
Receipt of honoraria or consultation fees:	RQ Bio, Hillevax, Imophoron,	
	VB Vaccines, Bionet-Asia, GSK	
Participation in a company sponsored speaker's bure	eau:	
Stock shareholder:		
Spouse/partner:		
Other support (please specify):		

Signature:

Date: 14 SEP 213

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Conflict of Interest Disclosure Form

NAME: VERONICA GAMBILLARA	FONCK
AFFILIATION: PUREOS PARTVER	

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report	
\square 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: Gull M	Date: 26.02.2024

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NAME: Bradford D. Gessner

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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

AFFILIATION: Pfizer, Inc.	
In accordance with criterion 13 of document UEMS 2023/07 Live Educational Events (LEEs)", all declarations of perceive years, whether due to a financial or other relationship, submission of the application. COI declarations signed more will not be accepted. Declarations must be made availabl Declarations must include whether any fee, honorarium or a in relation to the LEE has been provided.	d or actual conflicts of interest for the last 3 must be provided to the EACCME® upon than 6 months before the date of the event e online on the event website of the LEE.
DISCLOSURE	
☐ I have no potential conflict of interest to report I have the following potential conflict(s) of interest to report	st 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:	As an employee of Pfizer, I may hol stock or stock options
Spouse/partner:	
Other support (please specify):	Pfizer employee
Signature:	Date: October 31, 2023



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: David Goldblatt

AFFILIATION: University College London

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

X I have no potential of	conflict of interest t	o report
--------------------------	------------------------	----------

 \square 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: 31/10/2023



Signature:

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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Conflict of Interest Disclosure Form

NAME: Barney S. Graham, MD, PhD	
AFFILIATION: Morehouse School of Medicine	
In accordance with criterion 13 of document UEMS 2023 Live Educational Events (LEEs)", all declarations of per years, whether due to a financial or other relationsh submission of the application. COI declarations signed will not be accepted. Declarations must be made ava Declarations must include whether any fee, honorarium in relation to the LEE has been provided.	ceived or actual conflicts of interest for the last 3 ip, must be provided to the EACCME® upon more than 6 months before the date of the event ilable online on the event website of the LEE.
DISCLOSU	<u>JRE</u>
☐ I have no potential conflict of interest to repo	rt
	erest to report
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	GSK, Pfizer, Janssen, Sanofi, Merck, AstroZeneca, Exevir, and Third Rock Ventures ad hoc consultation
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	Icosavax, Vaccine Company, Inc.
Spouse/partner:	
Other support (please specify):	I am an inventor on some patents for antiviral vaccines and monoclonal antibodies.

Date: 8 January 2024



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Date: g february 2064

Conflict of Interest Disclosure Form

NAME: JAN GREVEN DONG
AFFILIATION: WORLD MEALTH ORGANIZATION
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.
DISCLOSURE
☐ I have no potential conflict of interest to report
\square 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: 9 february 20

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: DESORAH HALL
ATTILIATION: NONE (CREEZANCE COMMUNICATIONS NRAIN
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: Delival Hall Date: 31 Oct 2023



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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

NAME: mary Hanel MD
AFFILIATION: UTO
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditate Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the years, whether due to a financial or other relationship, must be provided to the EACCME® and the before the date of the

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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: 4 Dec 7023

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Robert S Heyderman

UCL, London, UK

AFFILIATION:

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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:

Spouse/partner:

Other support (please specify):

Signature: July Hydlimin Date: 20/10/23



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: JOACHIM HOMBACH
AFFILIATION: WHO HQ GENEVA

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

X	Ι	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: // Which

Date: 24/10/23

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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

NAME: Luis Jodar
AFFILIATION: PF(ZE)

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

☐ I have no potential conflict of interest to repor	t	
I have the following potential conflict(s) of inte	erest 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:		Pfizer
Spouse/partner:		
Other support (please specify):		
Signature:	Date:	01/11/2023

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Conflict of Interest Disclosure Form

NAME KARI JOH	ANSEN			
AFFILIATION: PUBLIC	MARTH	Ajency	OF	SWEDEN

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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: December 15, 2023

UEMS_{aisb} – Union Européenne des Médecins Spécialistes VAT n° BE 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register ID 219038730914-92



NAME PHILIPPE JUVIN

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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Conflict of Interest Disclosure Form

AFFILIATION: SAND FI PASTEUR	
In accordance with criterion 13 of document UEMS 2023/07 "EA Live Educational Events (LEEs)", all declarations of perceived of years, whether due to a financial or other relationship, must submission of the application. COI declarations signed more the will not be accepted. Declarations must be made available of Declarations must include whether any fee, honorarium or arrangin relation to the LEE has been provided.	or actual conflicts of interest for the last 3 t be provided to the EACCME® upon an 6 months before the date of the event nline on the event website of the LEE.
DISCLOSURE	
☐ I have no potential conflict of interest to report	
have the following potential conflict(s) of interest to	
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees: Stuffy	SANOTI NASTICIAN
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	SMOTI PATTEUR
Spouse/partner:	
Other support (please specify):	
to the state of th	14 1 10 0

Date:



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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

. David C. Kaslow, M.D.	
AFFILIATION	
In accordance with criterion 13 of document UEMS 2023/07 Live Educational Events (LEEs)", all declarations of perceive years, whether due to a financial or other relationship, submission of the application. COI declarations signed more will not be accepted. Declarations must be made available Declarations must include whether any fee, honorarium or a in relation to the LEE has been provided.	d or actual conflicts of interest for the last 3 must be provided to the EACCME® upon than 6 months before the date of the event e online on the event website of the LEE.
DISCLOSURE	
I have no potential conflict of interest to report □ I have the following potential conflict(s) of interests	est 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: Vand Karlow	Date: 11 DEC 2024



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Kelin P. Kugman	
AFFILIATION: Bill & Melinda Gates Foundation	
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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	13
Type of affiliation / financial interest Name of comme	rcial 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: Vitt (), Date: 23 05	tales 2023

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Conflict of Interest Disclosure Form **ADVAC Scientific Committee Member**

NAME:	Souleymane KONE

AFFILIATION: World Health Organization (WHO)

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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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's

bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

I do way

Signature:

Date: 14 November 2023



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Conflict of Interest Disclosure Form

NAME DR SHAMEZ LADHANI
AFFILIATION: UK HEALTH SECURITY AGENCY

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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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's

bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date

12/02/2024



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

AFFILIATION: UNIGE
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Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last
years, whether due to a financial or other relationship, must be provided to the EACCME® upon
submission of the application. COI declarations signed more than 6 months before the date of the even

will not be accepted. Declarations must be made available online on the event website of the LEE.

Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

NAME: Paul. Henri LAMBERT

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):

Tago It tam or

Date: 12.10.2023



Myron M. Levine

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Conflict of Interest Disclosure Form

NAME:				
University of Maryland School of Medicine	e			
AFFILIATION:				
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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:	Pfizer (not related to ADVAC)			
Participation in a company sponsored speaker's bureau:				
Stock shareholder:				
Spouse/partner:				
Other support (please specify):				
	Date: 14(12) 2023			
UEMS _{aisbl} – Union Européenne des Médeo	ans specialistes			

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME:		
University of Bristol AFFILIATION:		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.		
DISCLOSURE		
☐ I have no potential conflict of interest to report		
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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: 19 December 2023	



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Conflict of Interest Disclosure Form

NAME: ROMINA LIBSTER	
AFFILIATION: FUNDAGON INFANT	TribLS

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DISCLOSURE

☐ I have no	potential	conflict	of interest	to report
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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: PATH / London School of tyglene and tropical

Receipt of honoraria or consultation fees: DEDUEN /MED | NOJONDX / AbIMAX / PFIZER

Participation in a company sponsored speaker's

bureau:

Stock shareholder: ITMALS SA ITMALS LLC

Spouse/partner:

Other support (please specify):

Signature:

Date: 28 DEC2023

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3 November 2023

Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Ann Lindstrand	
AFFILIATION: World Health Organization	
In accordance with criterion 13 of document UEMS 2023/07 "EACO Live Educational Events (LEEs)", all declarations of perceived or ac years, whether due to a financial or other relationship, must submission of the application. COI declarations signed more than 6 will not be accepted. Declarations must be made available onlind Declarations must include whether any fee, honorarium or arrange in relation to the LEE has been provided.	tual conflicts of interest for the last 3 be provided to the EACCME® upon 6 months before the date of the event ne on the event website of the LEE.
DISCLOSURE	
☑ I have no potential conflict of interest to report	
$f\square$ I have the following potential conflict(s) of interest to re	eport
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):	
SLLLI	3 November 202

Date:



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: PROF. HELEN. MCSHANE

AFFILIATION: JENNER INSTITUTE, UNIVERSITY OF OXFORD.

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DISCLOSURE

Thave 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: 06/11/2023.



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Jennifer Moïsi		
AFFILIATION: Pfizer Inc		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: current employee and holds company stock at Pfizer		
Spouse/partner:		
Other support (please specify):		
Signature: Jennifer Moisi Date: 10/4/2024		



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Conflict of Interest Disclosure Form

NAME: Prof Keymanthri Moodley			
AFFILIATION: Stellenbosch University x			
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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:	National Institutes of Health (NIH) and Botnar Foundation		
Receipt of honoraria or consultation fees:	Pathcare		
Participation in a company sponsored speaker's bureau:	No		
Stock shareholder:	No		
Spouse/partner:	N/A		
Other support (please specify):	N/A		
Signature:	Date: 9 February 2024		

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Rudzani Muloiwa

AFFILIATION: University of Cape Town

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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:

·Sanofi

Receipt of honoraria or consultation fees:

· Sanofi, MSD

Participation in a company sponsored speaker's

bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 12th November 2023

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Conflict of Interest Disclosure Form

NAME: Pieter Neels

AFFILIATION: Vaccine Advice BV - IABS chair of Human Vaccine Committee

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DISCLOSURE

☐ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: X

Participation in a company sponsored speaker's

bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company

Pfizer

GSK

Sanofi Pasteur

MSD

Curevo

Curevac Icosavac

Bill and Melinda Gates foundation

WHO

Wellcomùe trust

DCVMN CR2O

ADVAC

CanSino

Osivax

Arcturus

•••

Date: 19/12/2023

Signature:

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Dr. Kathleen Neuzil		
AFFILIATION: University of Maryland School of Medicine Center for Vaccine Development and Global Health		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: Phase 1 trial of a ferritin nanoparticle COVID vaccine. Company: VaxCo		
Receipt of honoraria or consultation fees: N/A		
Participation in a company sponsored speaker's bureau: №/#		
Stock shareholder: N/A		
Spouse/partner: ρ/A		
Other support (please specify): N/A		
Signature: Date: September 14, 2023		

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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

NAME: Aurélia Nguyen			
AFFILIATION:Gavi, the Vaccine Alliance			
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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):			

Date:

07/11/2023



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: 1737	JAK MIX	MYNOK			
AFFILIATION:	FINNISH	MMMETO	e Herry	AND	WELFRE

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: 14. Septembr 2023

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Conflict of Interest Disclosure Form

NAME: Katherine O'Brien	
AFFILIATION: World Health Organization	
In accordance with criterion 13 of document UEMS 2023/07 "ELive Educational Events (LEEs)", all declarations of perceived years, whether due to a financial or other relationship, musubmission of the application. COI declarations signed more will not be accepted. Declarations must be made available Declarations must include whether any fee, honorarium or arrin relation to the LEE has been provided.	d or actual conflicts of interest for the last 3 ust be provided to the EACCME [®] upon than 6 months before the date of the event online on the event website of the LEE.
DISCLOSURE	
☑ I have no potential conflict of interest to report	
$\hfill \square$ 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: Latherine Min	Date: 14 December 2023



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: UMBH PARASHAR
AFFILIATION: CDC

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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:

10/20/23



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

AFFILIATION: University of Oxfor

submission of the application. COI declarations signed more than 6 months before the date of the event years, whether due to a financial or other relationship, must be provided to the EACCME® in relation to the LEE has been provided. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses will not be accepted. Declarations must be made available online on the event website of the LEE. Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of npon

DISCLOSURE

☐ I have no potential conflict of interest to report

☐ Thave the following potential conflict(s) of interest to report

Spouse/partner:	Stock shareholder:	Participation in a company sponsored speaker's bureau:	Receipt of honoraria or consultation fees:	Receipt of grants/research supports:	Type of affiliation / financial interest
N/A	NA	AS	·Borains.	serva lastite of 10.	Name of commercial company

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Date:

Signature:

Other support (please specify):



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME:Dr Kamel Senouci		
AFFILIATION:University of Geneva (UNIGE)		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.		
DISCLOSURE		
☐ I have the following potential conflict(s) of interest to re	eport	
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:	Pate: 02/10/2023	



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME:	SIE610	(87 (laire-	Anne
AFFILIAT	ION: LLNI	MISNEY	Of Ut	morri
			1)	

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflic	ct of interest to report
☐ I have the following poter	ntial 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:

14/9/2023

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Conflict of Interest Disclosure Form

NAME: Pr	Cotterire	Stack
AFFILIATION:	HAVEG,	CASPR

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DISCLOSURE

have no potential conflict of interest to report 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: / am or Participation in a company sponsored speaker's bureau:	and for Clover biopharmaceuticals
Participation in a company sponsored speaker's bureau:	and for NIMIO
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature:	Date: 11 Jan 2024

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EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

AFFILIATION: London School of Hygiene & Tropical Medicine

NAME: Peter Smith

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

\square 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:	Sanofi, Takeda, Curevac, Valneva			
Participation in a company sponsored speaker's bureau:				
Stock shareholder:				
Spouse/partner:				
Other support (please specify):				

Date: 20/10/23



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

Margaret Stanley				
University of Cambridge UK AFFILIATION:				
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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: N. Q. Stanley. Date: 05 November 2023				



The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: STEFFEN Christoph

AFFILIATION: WHO

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):				
Sig	nature:	Date: 31 October 2023			



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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

NAME: JULIA STOWE
AFFILIATION: OK Health Security Agency
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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:
Spouse/partner:
Other support (please specify):
Signature: Date: 30/16/23



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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

NAME:Kawsar.Talaat			
AFFILIATION: Johns Hopkins Bloomberg School of	AFFILIATION: Johns Hopkins Bloomberg School of Public Health		
In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.			
DISC	LOSURE		
☐ 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:	Pfizer- I am the site PI for adult (completed) and pediatric COVID vaccine trials. Sanofi- I am the site PI for a trial of cell-culture based Yellow Fever vaccine. Scandinavian BioPharma:I am the PI of a controlled human infection study		
Receipt of honoraria or consultation fees:	I serve on safety monitoring committees for Merck (RSV mAB, Gardasil), Takeda (Zika), PATH (polio), Intralytix (bacteriophage), Moderna (COVID) vaccines		
Participation in a company sponsored speabureau:	aker's None		
Stock shareholder:	None		
Spouse/partner:	None		
Other support (please specify):			
Signature: An Sylvan Cook	Date: 25 October 2023		



NAME: Helen Keipp B. Talbot

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Conflict of Interest Disclosure Form

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3

ADVAC Scientific Committee Member

AFFILIATION: Vanderbilt University Medical Center

years, whether due to a financial or other relationship, must submission of the application. COI declarations signed more than will not be accepted. Declarations must be made available on Declarations must include whether any fee, honorarium or arrang in relation to the LEE has been provided.	6 months before the date of the event line on the event website of the LEE.
DISCLOSURE	
☐ I have no potential conflict of interest to report ☐ Thave the following potential conflict(s) of interest to	report
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	US Centers for Disease Control and Prevention
Receipt of honoraria or consultation fees:	and Prevention
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Date:

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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: DR NAVEEN THACKER AFFILIATION: PRESIDENT, IPA

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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

T	- C - CCT		10		
IVne	от атпі	iamon	/ financ	16101	nterest

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):

Name of commercial company

NIL

DEPARTMENT OF PEDIATRICS, UNIVERSITY OF OXFORD FUNDED

BY MSD

NIL

NIL

NIL

NIL

Date: 14-09-2023

made



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Conflict of Interest Disclosure Form

ADVAC Scientific Committee Member

NAME: Melinda wharton	
AFFILIATION: U.S. Centers for Disease Control and Prevention	
In accordance with criterion 13 of document UEMS 2023/07 "EACO Live Educational Events (LEEs)", all declarations of perceived or ac years, whether due to a financial or other relationship, must submission of the application. COI declarations signed more than will not be accepted. Declarations must be made available onlind Declarations must include whether any fee, honorarium or arrange in relation to the LEE has been provided.	tual conflicts of interest for the last 3 be provided to the EACCME® upon 6 months before the date of the event ne on the event website of the LEE.
DISCLOSURE	
☑ I have no potential conflict of interest to report ☐ I have the following potential conflict(s) of interest to re	eport
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):	

Date: 15 September 2023

Signature: Melinda Weath