Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)


AFFILIATION: Director ADVAC, Centre of Vaccinology, University of Geneva

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

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: NA

Receipt of honoraria or consultation fees: Hookipa, DBV, GSK

Participation in a company sponsored speaker’s bureau: NA

Stock shareholder: NA

Spouse/partner: NA

Other support (please specify): NA

Signature: [Signature]

Date: 17/01/2017
NAME: Edwin J. Asturias, MD

AFFILIATION: University of Colorado Denver School of Medicine and Colorado School of Public Health

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
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<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
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<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>GlaxoSmithKline</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Takeda, Sanofi Pasteur</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>None</td>
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<tr>
<td>Stock shareholder:</td>
<td>None</td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td>None</td>
</tr>
<tr>
<td>Other support (please specify):</td>
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</tbody>
</table>

Signature: [Signature] Date: **05 Dec 2016**
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Philip Duclos

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.

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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):

Signature: ___________________________ Date: __________ 2016

UEMS® - Union Européenne des Médecins Spécialistes | Rue de l’Industrie 24, BE-1040 Bruxelles
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Adam Finn

AFFILIATION: University of Bristol

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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<tr>
<td>Receipt of grants/research supports:</td>
<td>GlaxoSmithKline, Pfizer, Alios BioPharma/Johnson &amp; Johnson</td>
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<td>Funding paid to Employers</td>
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<td>Receipt of honoraria or consultation fees:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
<td>N/A</td>
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<tr>
<td>Other support (please specify):</td>
<td>N/A</td>
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</table>
Signature: [Signature]

Date: 16th December 2016
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : ……..Neal Halsey………………

AFFILIATION: Johns Hopkins University……………

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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<td>Safety Monitoring Board  Takeda</td>
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<td>Safety Monitoring Board Merck</td>
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<td>One day Scientific Advisory Board: Valneva</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<tr>
<td>Stock shareholder:  ILiAD Biotechnologies</td>
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</table>
Spouse/partner:

Other support (please specify):

Signature:       Date: December 15, 2016
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Claudie Helman

AFFILIATION: none - independent consultant

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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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
<td></td>
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<td>Other support (please specify):</td>
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<td>Reimbursement of expenses</td>
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Signature: [signature]

Date: 12/3/16
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Kari JOHANSEN
AFFILIATION: European Centre for Disease Prevention and Control

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Signature: [Signature]
Date: Dec 16, 2016
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: LONGET christophe
AFFILIATION: Fondation Neuro

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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: 6/12/2016
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Orin Levine
AFFILIATION: Gates Foundation

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 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: [Signature]
Date: 11/10/15
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr Michael Makanga

AFFILIATION: European & Developing Countries Clinical Trials Partnership (EDCTP)

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<td>Other support (please specify):</td>
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Signature: 

Date: 06 January 2017
(to be completed by scientific/organising committee members)

NAME: Mark Miller

AFFILIATION: AMP/NIH

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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<tr>
<td>Other support (please specify):</td>
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</table>

Signature: Mark Miller

Date: 6/12/16
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Hanna Nohynek

AFFILIATION: National Institute for Health and Welfare, Finland

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<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
<td>GlaxoSmithKline, Pfizer, AstraZeneca, sanofi</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
<td></td>
</tr>
<tr>
<td>Other support (please specify): My institute THL has the strategy to</td>
<td></td>
</tr>
<tr>
<td>collaborate with industry on research and education. I personally do not</td>
<td></td>
</tr>
<tr>
<td>receive any financial</td>
<td></td>
</tr>
</tbody>
</table>
compensations for this.

Signature:  

Date: 4th December 2016
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Stanley Plotkin
AFFILIATION: Univ of Pennsylvania, Viceconsult

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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

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: Merck, Pfizer, Sanofi, Imuno, Dynavax, Hooke, CureVac

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: ____________________________ Date: 9 Jan, 2014

UEMS AISBL – Union Européenne des Médecins Spécialistes | Rue de l'Industrie 24, BE-1040 Bruxelles
IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBBE1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: ...SIEGRIST Claire-Anne....

AFFILIATION: ...UNIVERSITY OF GENEVA

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DISCLOSURE

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Sanofipasteur, DBV Technologies

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify): Industry support to a Foundation I am chairing (www.myvaccines.ch) to promote the Swiss electronic immunization record.

Signature: C. Siegrist

Date: 4.12.2016
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : H. Keipp Talbot

AFFILIATION: Vanderbilt University Medical Center

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☒ I have the following potential conflict[s] of interest to report

Type of affiliation / financial interest
Receipt of grants/research supports: Sanofi Pasteur, Gilead, and MedImmune
Receipt of honoraria or consultation fees: Safety Advisory Board for Seqirus and VaxInnate
Participation in a company sponsored speaker’s bureau: N/A
Stock shareholder: N/A
Spouse/partner: N/A
Other support (please specify): N/A

Signature: [Signature]
Date: 2 DEC 2016
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Melinda Wharton

AFFILIATION: U.S. Centers for Disease Control & Prevention

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Signature: Melinda Wharton
Date: 17 Jan 2017