



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

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**Conflict of Interest Disclosure Form**

NAME: RAFI Ahmed

AFFILIATION: Euany 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: Rafy Ahmed

Date: 12/15/23



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**Conflict of Interest Disclosure Form**

NAME: ROY ANDERSON

AFFILIATION: IMPERIAL COLLEGE, LONDON.

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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:

Leiden Laboratories, monoclonal antibody development.

Receipt of honoraria or consultation fees:

—

Participation in a company sponsored speaker's bureau:

—

Stock shareholder:

GSK, Pfizer, AstraZeneca.

Spouse/partner:

Other support (please specify):

Chairman of Orde Global Health Ltd, Consultancy Company.

Signature:

R.M. Anderson.

Date:

12/12/2023.



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**Conflict of Interest Disclosure Form**

NAME: NICK ANDREWS

AFFILIATION: UKHSA

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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: Nick Andrews

Date: 20/10/23





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**Conflict of Interest Disclosure Form**

NAME: Prof Narendra Kumar Arora  
AFFILIATION: The INCLEN Trust International,  
New Delhi - INDIA

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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):

NIL

Signature: NK Arora

Date: 15/11/2023



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

Edwin J. Asturias, MD  
NAME: .....

University of Colorado School of Medicine  
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.

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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:

Pfizer

Receipt of honoraria or consultation fees:

Moderna, Merck, Invivo

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: September 13, 2023





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**Conflict of Interest Disclosure Form**

**ADVAC Scientific Committee Member**

NAME: SABRINA BACCI

AFFILIATION: ECOC

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

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Sabrina Bacci

Date: 10/02/2024

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**Conflict of Interest Disclosure Form**

NAME: Dr. Madhava Ram Balakrishnan

AFFILIATION: WHO

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**DISCLOSURE**

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 12/12/2023

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

NAME: ANANDA S. BANDYOPADHYAY

AFFILIATION: Bill and Melinda Gates Foundation

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**DISCLOSURE**

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

*[Handwritten Signature]*

Date:

*09/13/23*





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## **Conflict of Interest Disclosure Form**

NAME: Norman W. Baylor.....

AFFILIATION: Biologics Consulting.....

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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

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:

*N. W. Baylor*

Date:

20 December 2023

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**Conflict of Interest Disclosure Form**

NAME: Arthur Berger Jr

AFFILIATION: GlaxoSmithKline; Hillevarx

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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: Glaxo SmithKline; Hillevarx

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.....

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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:** 2024-01-30





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**Conflict of Interest Disclosure Form**

NAME: CRISTINA CASSETTI

AFFILIATION: N/A/D / 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:

Date: 11/20/2023

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**Conflict of Interest Disclosure Form**

NAME: MARCO CAVALERI

AFFILIATION: EMA

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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: MC

Date: 17/11/2023



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## Conflict of Interest Disclosure Form

NAME: CHRISTOPHER CHIU

AFFILIATION: IMPERIAL COLLEGE LONDON

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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: 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):

Signature: 

Date: 30-OCT-2023

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EU Transparency Register ID 219038730914-92





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**Conflict of Interest Disclosure Form**

NAME: John Clemens

AFFILIATION: IVS

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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:

NONE

Receipt of honoraria or consultation fees:

Merck, Biatruway

Participation in a company sponsored speaker's bureau:

NONE

Stock shareholder:

NONE

Spouse/partner:

NONE

Other support (please specify):

NONE

Signature:

John Clemens

Date:

1/25/24

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VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Taxation Number: BE-0469067848

# Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: jakob cramer

AFFILIATION: CEPI, Coalition for Epidemic Preparedness Innovations

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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: Fresenius SE, BNT, Moderna, Siemens Healthineers

(very small amounts each) within a portfolio (among other support (please specify): other non-pharmaceutical titles)

Signature:

Date:

Jakob Cramer

18 / Dec / 2023



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**Conflict of Interest Disclosure Form**

**NAME:** Alejandro Cravioto

**AFFILIATION:** Facultad de Medicina, Universidad Nacional Autonoma de Mexico

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

*A Cravioto*

**Date:** October 20th, 2023

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**Conflict of Interest Disclosure Form**

NAME: Prof Nigel Curtis  
AFFILIATION: The University of Melbourne

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**DISCLOSURE**

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 7 Nov 2023

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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 report

**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 Bureau

Stock shareholder: none

Spouse/partner: no conflict of interest

Other support (please specify):

Signature: Ron Dagan

Date: 17/ Dec / 2023

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**Conflict of Interest Disclosure Form**

NAME: Maria Carolina DANOVAN

AFFILIATION: WU

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: [Signature]

Date: 21 Dec 2023

UEMS<sub>Salut</sub> – Union Européenne des Médecins Spécialistes  
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**Conflict of Interest Disclosure Form**

NAME: Dr. Defese A. A. Darko

AFFILIATION: Food and Drugs Authority - Ghana

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:

Defese A. A. Darko

Date: 12-12-2023



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## **Conflict of Interest Disclosure Form**

NAME: .....DIANA Alessandro.....

AFFILIATION: .....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 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:

Vacupdate for paediatrician and family doctors  
Vaccinology course for pharmacists- IFAK DATA

Participation in a company sponsored speaker's  
bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:** Genève, le 5 novembre 2023



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## **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

☒ 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:

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):

**Signature:**

**Date:** 02/10/2023





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**Conflict of Interest Disclosure Form**

NAME: Betty DODET

AFFILIATION: Dodet BioScience

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:

Merck/MSD

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

B. Dodet

Date: 02-11-2023



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**Conflict of Interest Disclosure Form**

NAME: EVE DUBÉ

AFFILIATION: LAVAL UNIVERSITY

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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: OCTOBER, 23, 2023

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**Conflict of Interest Disclosure Form**

NAME: DUMO LARD Laure

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:

*Laure DUMO LARD*

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 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:

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. Durbin*

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, transfer of naturally acquired

Receipt of honoraria or consultation fees: maternal anti-BSR anti-Sodier

Participation in a company sponsored speaker's bureau: /

Stock shareholder: /

Spouse/partner: /

Other support (please specify): /

Signature: [Signature]

Date: 6.2.2024

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## **Conflict of Interest Disclosure Form**

NAME: Janet A Englund, MD

AFFILIATION: Univ. Washington/Seattle Children's Hospital

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:

AstraZeneca, GSK, Merck, Moderna, Pfizer

Receipt of honoraria or consultation fees:

Abbvie, AstraZeneca, Meissa Vx, Ark Biopharma, Moderna, Sanofi Pasteur, Pfizer, GlaxoSmithKline

Participation in a company sponsored speaker's bureau: NO

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify): NO

Signature: Janet Englund

Date: 20 Oct 2023

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

NAME: EMILY ERSELDING

AFFILIATION: NIAID/NIH

In accordance with criterion 13 of document UEMS 2022/07 "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 reimbursement of expenses in relation to the LEE has been provided.

**DISCLOSURE**

☒ I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Emil Erselding

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

☒ 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, Hillevar, Imophoron,

VB Vaccines, Bionet-Asia, GSK

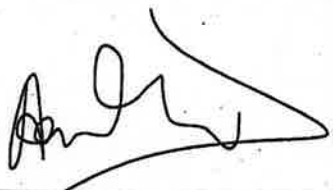
Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:



Date: 14 SEP 2023

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**Conflict of Interest Disclosure Form**

NAME: VERONICA GAMBILLARA FONCK

AFFILIATION: PUREOS PARTNER

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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: *Veronica Gambillara Fonck*

Date:

26.02.2024



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## Conflict of Interest Disclosure Form

NAME: Bradford D. Gessner

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:

As an employee of Pfizer, I may hold stock or stock options

Spouse/partner:

Other support (please specify):

Pfizer employee

Signature:

Date: October 31, 2023

UEMS<sub>a/sbl</sub> – Union Européenne des Médecins Spécialistes

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## **Conflict of Interest Disclosure Form**

**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 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:** 31/10/2023



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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 2023/07 "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:

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.

Signature:

Date: 8 January 2024

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**Conflict of Interest Disclosure Form**

NAME: ..... JAN GREYEN DONK .....

AFFILIATION: ..... WORLD HEALTH ORGANIZATION .....

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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: 9 February 2024

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**Conflict of Interest Disclosure Form**

NAME: DEBORAH HALL

AFFILIATION: NONE (CERTANCE COMMUNICATIONS TRAINING)

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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: Deborah Hall

Date: 31 Oct 2023



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**Conflict of Interest Disclosure Form**

NAME: Mary Hanel MD

AFFILIATION: Uto

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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: MH

Date: 4 Dec 2023

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**Conflict of Interest Disclosure Form**

NAME: **Robert S Heyderman**

AFFILIATION: **UCL, London, 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

☐ 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: **20/10/23**





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**Conflict of Interest Disclosure Form**

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**

☒ 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: J. Hombach

Date: 24/10/23



## Conflict of Interest Disclosure Form

NAME: Lois Jodan

AFFILIATION: Pfizer

In accordance with criterion 13 of document UEMS 202307 "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 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

Pfizer

Spouse/partner:

Other support (please specify):

Signature:

Date:

01/11/2023

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**Conflict of Interest Disclosure Form**

NAME: KARI JOHANSEN

AFFILIATION: PUBLIC HEALTH AGENCY 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**

☒ 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: [Signature]

Date: December 15, 2023

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**Conflict of Interest Disclosure Form**

NAME: PHILIPPE JUVIN

AFFILIATION: SANOFI PASTEUR

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:

Employee of SANOFI PASTEUR

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: SALARY

SANOFI PASTEUR

Participation in a company sponsored speaker's bureau:

Stock shareholder:

SANOFI PASTEUR

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 12/12/23





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**Conflict of Interest Disclosure Form**

NAME: David C. Kaslow, M.D.

AFFILIATION: US FDA

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: David C. Kaslow

Date: 11 DEC 2024

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**Conflict of Interest Disclosure Form**

**NAME:** Keith P. Klugman.....

**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

**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:** 23 October 2023

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## **Conflict of Interest Disclosure Form**

NAME: Souleymane KONE

AFFILIATION: World Health Organization (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: 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**

NAME: Paul. Henri LAMBERT

AFFILIATION: UNIGE

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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: Paul Lambert

Date: 12.10.2023



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**Conflict of Interest Disclosure Form**

NAME: **Myron M. Levine**  
AFFILIATION: **University of Maryland School of Medicine**

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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:

Pfizer (not related to ADVAC)

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

14/12/2023

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## Conflict of Interest Disclosure Form

NAME: ..... Stephan Lewandowsky

AFFILIATION: ..... University of Bristol

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### DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) 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: 19 December 2023



**EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)**  
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**Conflict of Interest Disclosure Form**

NAME: ROMINA LIBSTER

AFFILIATION: FUNDATION INFANT / ITNIALS

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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: PATH / London School of Hygiene and tropical Medicine / MSD / Pfizer

Receipt of honoraria or consultation fees: DAVENE / MSD / NOVARTIS / ABLIX / Pfizer

Participation in a company sponsored speaker's bureau: NO

Stock shareholder: ITNIALS SA / ITNIALS LLC

Spouse/partner: NO

Other support (please specify):

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

Date: 28 DEC 2023

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## Conflict of Interest Disclosure Form

NAME: Ann Lindstrand

AFFILIATION: World Health 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

☐ 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: Ann Lindstrand

Date:

3 November 2023



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**Conflict of Interest Disclosure Form**

NAME: PROF. HELEN. MCSHANE

AFFILIATION: JENNER INSTITUTE, UNIVERSITY OF OXFORD

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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:

Helen McShane

Date: 06/11/2023



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**Conflict of Interest Disclosure Form**

NAME: Prof Keymanthri Moodley

AFFILIATION: Stellenbosch University x

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:

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**

NAME: Rudzani Muloiwa

AFFILIATION: University of Cape Town

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:

· 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

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**

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

Wellcome trust

DCVMN

CR20

ADVAC

CanSino

Osivax

Arcturus

Signature:

Date: 19/12/2023

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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-imbursment 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: N/A

Stock shareholder: N/A

Spouse/partner: N/A

Other support (please specify): N/A

Signature:

Date: September 14, 2023

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## Conflict of Interest Disclosure Form

NAME: ..... Aurélia Nguyen .....

AFFILIATION: ..... Gavi, the Vaccine Alliance .....

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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:

07/11/2023



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

NAME: HANNA M. NOHYNEK

AFFILIATION: FINNISH INSTITUTE FOR HEALTH AND WELFARE

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. September 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 "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:

*Katherine O'Brien*

Date: 14 December 2023



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**Conflict of Interest Disclosure Form**

NAME: UMESH PARASHAR

AFFILIATION: CDC

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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: [Signature]

Date: 10/20/23





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**Conflict of Interest Disclosure Form**

NAME: A J BOWARD

AFFILIATION: University of Oxford

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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:

Serum Institute of India

Receipt of honoraria or consultation fees:

Shionogi

Participation in a company sponsored speaker's bureau:

N/A

Stock shareholder:

N/A

Spouse/partner:

N/A

Other support (please specify):

Signature:

Date:

25/10/23



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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 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: 02/10/2023**

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**Conflict of Interest Disclosure Form**

**ADVAC Scientific Committee Member**

NAME: SIEGIST Claire-Anne

AFFILIATION: University of Geneva

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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:

14/9/2023



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**Conflict of Interest Disclosure Form**

NAME: Dr Catherine Slack

AFFILIATION: HAVEG, CASPR

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: I am on dOMB for Clover biopharmaceuticals  
and for MinervaX  
and for NIMB

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Cat Slack

Date:

11 Jan 2024



**EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)**  
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## **Conflict of Interest Disclosure Form**

NAME: Peter Smith

AFFILIATION: London School of Hygiene & Tropical Medicine

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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:

Sanofi, Takeda, Curevac, Valneva

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 20/10/23



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**Conflict of Interest Disclosure Form**

NAME: Margaret Stanley  
AFFILIATION: University of Cambridge 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  
☐ 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:

M. A. Stanley

Date: 05 November 2023





# EUROPEAN UNION OF MEDICAL SPECIALISTS

## The European Accreditation Council for Continuing Medical Education – EACCME®

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[accreditation@uems.eu](mailto:accreditation@uems.eu)

### 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):

Signature:

Date: 31 October 2023



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**Conflict of Interest Disclosure Form**

NAME: JULIA STOWE

AFFILIATION: UK Health Security Agency

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:

30/10/23

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**Conflict of Interest Disclosure Form**

NAME: Kawsar Talaat

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.

**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:

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 speaker's bureau:

None

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

Signature:

*Kawsar Talaat*

Date: 25 October 2023

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**Conflict of Interest Disclosure Form**

NAME: Helen Keipp B. Talbot

AFFILIATION: Vanderbilt University Medical Center

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: \_\_\_\_\_

US Centers for Disease Control  
and Prevention

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Helen Keipp B. Talbot

Date: 20 Oct 2023

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

NAME: DR. NAVEEN THACKER

AFFILIATION: PRESIDENT, IPA

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**DISCLOSURE**

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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:

NIL

Receipt of honoraria or consultation fees:

DEPARTMENT OF PEDIATRICS,  
UNIVERSITY OF OXFORD FUNDED  
BY MSD

Participation in a company sponsored speaker's bureau:

NIL

Stock shareholder:

NIL

Spouse/partner:

NIL

Other support (please specify):

NIL

Signature:

Date: 14-09-2023



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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

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**Name of commercial company**

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:** Melinda Wharton

**Date:** 15 September 2023

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