

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

NAME: RAFI Phoned

AFFILIATION: ENDRY 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 the

Date:

12/15/23

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



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Conflict of Interest Disclosure Form

ANDERSON

AFFILIATION: LIVERING COLLEGE, LONG.
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.
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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, moderal enthody Receipt of honoraria or consultation focus
According to the following the constitution fees.
Participation in a company sponsored speaker's bureau:
Stock shareholder: 65k, Ifize, Astra Zenaca. Spouse/partner:
Spouse/partner:
Other support (please specify): Chairman of Onde blood Teams
Spouse/partner: Other support (please specify): Chairmon of Onde Global Health Ltd. Consultancy Congrang. Signature: Date: 12/12/2023. UEMS _{alsbi} - Union Européenne des Médecins Spécialistes
UEMS _{alsbi} – Union Européenne des Médecins Spécialistes

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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:

NUANDRUS

Date:

20/10/23



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Conflict of Interest Disclosure Form

NAME: Pre	T N	arendra	kuma	2 Azusa	Α.
AFFILIATION:	The	INCLEN	Trust-	Internati	tonal,
In accordance		N	en be	eri-IND	1A

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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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:

Name of commercial company

Date:

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Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

NAME:	, x
AFFILIATION: University of Colorado School of Medicine	e
In accordance with criterion 13 of document UEMS 2023/0 Live Educational Events (LEEs)", all declarations of perceiv years, whether due to a financial or other relationship submission of the application. COI declarations signed mor will not be accepted. Declarations must be made available Declarations must include whether any fee, honorarium or in relation to the LEE has been provided.	red 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 ble online on the event website of the LEE.
DISCLOSUR	F
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☐ I have no potential conflict of interest to report	
☑ I have the following potential conflict(s) of interest	est to report
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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):	*

Signature:

945

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.

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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: Solw websela'

Date: 10/02/2024

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Conflict of Interest Disclosure Form

NAME: D	Madhara Ram	Balakrishnan
AFFILIATION: .	WHO.	

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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: 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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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: Harmon In

Date:

19/13/23



Signature:

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

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Conflict of Interest Disclosure Form

NAME: Norman W. Baylor	**
AFFILIATION: Biologics Consulting	a_
In accordance with criterion 13 of document UEMS 2023/07 "EAC Live Educational Events (LEEs)", all declarations of perceived or a 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 only Declarations must include whether any fee, honorarium or arrange in relation to the LEE has been provided.	actual conflicts of interest for the last 3 be provided to the EACCME® upon 6 months before the date of the event ine 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
I provide regulatory advice to the regulated industry, NGOs and	d 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:	8
Stock shareholder:	2 2 2
Spouse/partner:	
Other support (please specify):	X
2 10	3 0

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

Date:

20 December 2023



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Conflict of Interest Disclosure Form

Arthur Berger Jr AFFILIATION: Glaso Smith Kline; Hillerax

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DISCLOSURE

	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:

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

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



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Conflict of Interest Disclosure Form

NAME	:Marc Brisson			10 30			
AFFILI	ATION:Laval Ur	niversity	······································				
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Re	eceipt of grants/rese	earch support	s: ·		2 .		
Re	ceipt of honoraria	or consultation	n fees:	· · · · ·	. 9		
	rticipation in a con	mpany sponso	red speaker's				
Sto	ock shareholder:						
+1	ouse/partner:		• • •	2 2 2		**	
Ot	her support (please	e specify):		2	. ·		
			* *			e 6	
Signa	ture:			Date:	2024-01-30		10



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Conflict of Interest Disclosure Form

NAME CRISTINA CASSETTI

AFFILIATION: NIAID / NIH

In accordance with criterion 13 of document UEMS 2023/07 "EACOME" 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 EACOME" 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

Al have no potential conflict of interest to report

☐ There 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

Doseus!

Date: 11/20/2023

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Date: 17/11/2023

Conflict of Interest Disclosure Form

NAME: MAKCO CAVACER	
AFFILIATION: EMA	
In accordance with criterion 13 of document UEMS 2023/07 Live Educational Events (LEEs)", all declarations of perceived 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 an in relation to the LEE has been provided.	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 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 interes	st 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:	en e
Participation in a company sponsored speaker's	-04
bureau:	
Stock shareholder:	# # # # # # # # # # # # # # # # # # #
Spouse/partner:	* * * *

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

Other support (please specify):

Signature:



Signature:

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Conflict of Interest Disclosure Form

NA	CHRISTOPHER CHIU AME:	
A.T.	FFILIATION: IMPERIAL COLLEGE LONDON	
AF	FFILIATION:	× .
Liv yea sul wil De	accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of ve Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 cars, whether due to a financial or other relationship, must be provided to the EACCME® upon bmission of the application. COI declarations signed more than 6 months before the date of the event ill not be accepted. Declarations must be made available online on the event website of the LEE eclarations 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	
	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	
(3)	Receipt of honoraria or consultation fees: Merck Vaccinology Course; Sumitomo scientific advisory con	nmittee
	Participation in a company sponsored speaker's bureau: Sanofi Infectious Respiratory Disease forum speaker	12 g
	Stock shareholder:	
	Spouse/partner:	
	Other support (please specify):	
		2.

Date: 30-OCT-2023



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Conflict of Interest Disclosure Form

NAME John Clevia			
AFFILIATION:			
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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:	NOVE		
Receipt of honoraria or consultation fees:	Merck, Hattivey		
Participation in a company sponsored speaker's bureau:	NONE		
Stock shareholder:	Nove		
Spouse/partner:	None		
Other support (please specify):	None		
Signature: Cyll Clun	None Date: 1/25/24		

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EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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T+32 2 649 51 64

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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

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DISCLOSURE

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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: Frienins SE, BNT, No (very small amounts to Other support (please specify): other mon-pho	visiona, Siemens Healthimers
ture: Date:	
	18 /1- /2023

Signature:

18/ In/2023



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Conflict of Interest Disclosure Form

Aleja NAME:	andro Cravioto	5	9
AFFILIATION: .	Facultad de Medicina,	Universidad Nacional	Autonoma de Mexico
	- 10		

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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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:

alravisto

Date: October 20th, 2023

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Conflict of Interest Disclosure Form

NAME:	Prof Nigel Cortis	
AFFILIATION:	The University	of Melbanne

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:

7 Nov 2023

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Conflict of Interest Disclosure Form

NAME: Ron Dagan	
AFFILIATION: Ben-Gurion University	# a _
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, m 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 an in relation to the LEE has been provided.	ed or actual conflicts of interest for the last 3 nust be provided to the EACCME® upon than 6 months before the date of the event conline on the event website of the LEE.
> 1	
DISCLOSURE	
☐ I have no potential conflict of interest to report	
☑ I have the following potential conflict(s) of interest	to report
T	*
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Pfizer, MSD; Grants, Consultations Fees ar 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
Štock shareholder: none	
Spouse/partner: no conflict of interest	
Other support (please specify):	
Signature: Ron Dagan	Pate: 17/16-1 (07.3

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Signature:

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Conflict of Interest Disclosure Form

NA	ME: Marie Compline DANOWIZ
AFF	ILIATION: WHO
year sub will Dec	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 rs, whether due to a financial or other relationship, must be provided to the EACCME® upon mission of the application. COI declarations signed more than 6 months before the date of the event 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 elation to the LEE has been provided.
	DISCLOSURE
	DI 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:
2	Other support (please specify):
9	

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Date: 21 Dec 2023



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Conflict of Interest Disclosure Form

NAME: Dr. Delese A. A.	Darko	-30	
AFFILIATION: Food cincle	Dorigs	Luthonty	- Chano

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

• 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:

Bourn

Date: 12-12-3023

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Signature:

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Conflict of Interest Disclosure Form

NAME: DIANA Alessandro	and the second s
AFFILIATION: UNIGE	- H
In accordance with criterion 13 of document UEMS Live Educational Events (LEEs)", all declarations of pyears, whether due to a financial or other relations submission of the application. COI declarations signwill not be accepted. Declarations must be made Declarations must include whether any fee, honorarin relation to the LEE has been provided.	perceived or actual conflicts of interest for the last 3 onship, must be provided to the EACCME® upon ed more than 6 months before the date of the event available online on the event website of the LEE.
DISCLO	OSURE
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☐ I have no potential conflict of interest to r	
a mave no potential continct of interest to i	eport
I have the following potential conflict(s) of	f 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:	Vacupdate for paediatrician and family doctors Vaccinology course for pharmacists- IFAK DATA
Participation in a company sponsored speak bureau:	xer's
Stock shareholder:	" a : "*
Spouse/partner:	a e
Other support (please specify):	
A Chart	

Date:

Genève, le 5 novembre 2023



Signature:

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Date: 02/10/2023

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Conflict of Interest Disclosure Form

(To be completed by scientific/organizing committee members)

NAME : Arnaud Didierlaurent	(9C)
NAME : Amadu Didienaurent	4
AFFILIATION:University of Geneva	
In accordance with criterion 14 of document UEMS 2016/20 "EACO Educational Events (LEEs)", all declarations of potential or actual conformation or other relationship, must be provided to the EACCME® upon submitted by must be made readily available, either in printed form, with the protection of the LEE. Declarations must include whether any imbursement of expenses in relation to the LEE has been provided.	flicts of interest, whether due to a financial nission of the application. Declarations also ogramme of the LEE, or on the website of
DISCLOSURE	
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☐ I have no potential conflict of interest to report	
XI have the following potential conflict(s) of interest to rep	port
- a	
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:	8
Spouse/partner:	Work at GSK
Other support (please specify):	, Y 4
- H A	



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Conflict of Interest Disclosure Form

NAME BRITIS DODET	
AFFILIATION: Dodet ProScience	

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

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☐ I have no potential conflict of interest to re	port
☐ I have the following potential conflict(s) 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:	Merch/MSD
Participation in a company sponsored speake bureau:	and the second s
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: Signature:	Date: 02 11 9 09 2



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Conflict of Interest Disclosure Form

NAME: EUS 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: OCHOBER, 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 Live Educational Events (LEEs)", all declarations of perceiv years, whether due to a financial or other relationship, submission of the application. COI declarations signed morwill not be accepted. Declarations must be made availab Declarations must include whether any fee, honorarium or in relation to the LEE has been provided.	red or actual conflicts of interest for the last 3 must be provided to the EACCME® upon re than 6 months before the date of the event ble online on the event website of the LEE.
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I have no potential conflict of interest to report	6 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
☐ I have the following potential conflict(s) of intere	st 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	4
bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature: ()	Date: \$ 50 n 2024



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

NAME:Anna l	Ourbin	
AFFILIATION:	Johns Hopkins Bloomberg So	chool of Public Health

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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:

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 Su

Date:

14 SEP 2023

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

NAME: Chr.S.	have EB	EPHAPI	) [
AFFILIATION:	niversity #	ospitals	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 t	ю героі	rt .			a a	
I have the following potential conflict(s)	) of inte	erest to rep	ort		i luai	
					Beza!	
Type of affiliation / financial interest			Name of cor	nmer	cial company	
Receipt of grants/research supports:	5	Pfizer,	trouvier	of	uatwall	y - aguinted
Receipt of honoraria or consultation fees:	mate	mal ov	uk-esv	du	A: Sodies	
Participation in a company sponsored spe	eaker's					
bureau:			Sec. Les			
Stock shareholder:	W					
Spouse/partner:				i		
Other support (please specify):						
Signature:	Product	Da	ite: 6.2	2. Zi	024	
UEMS _{alsbl} – Union Europée	enne de	s Médecins	Spécialistes	*		

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

Janet A Englund, MD NAME: .

Univ. Washington/Seattle Children's Hospital

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#### **DISCLOSURE**

$\square$ I have no potential conflict of interest to report	rt
--------------------------------------------------------------	----

🖵 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 NO

bureau:

Stock shareholder:

NO

Spouse/partner:

NO

Other support (please specify):

NO

Signature:

anet Englund

Date: 20 Oct 2023

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

NAME EMAILY EPEELDING

In accordance with criterion 13 of decument UEMS 2023(07 "EACCMI" Criterio for the Accordination of Live Educational Grunts (LEEAT, all declarations of perceived or actual condition of interest for the last 3 years, whether date to a financial or other relationship, seem to provided to the EACCME® upon submission of the spokeation. COI declarations signed more than 6 membre before the date of the event will rest be accepted. Declarations must be study available unline on the event website of the LEE. Declarations must include whether any lies, honorarium or arrangement for re-imburrement of expenses in relation to the LEE has been provided.

#### DISCLOSURE

X I have no potential conflict of interest to report

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honorarie or consultation fast:

Participation in a company sponsored speaker's

bureau.

Stock shareholder:

Spouse/pertner:

Other support (please specify):

Signature Chuldney

Daw 13 September 2023

UENS_{min} - Union Européanne des Médecins Spécialitas VAT n° 16: 0469.067.848 RPM Bruxelles-Brussels EU Transparency Register 40: 219038738914-93



NAME: .....Adam Finn....

AFFILIATION: ...University of Bristol, UK.....

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

**ADVAC Scientific Committee Member** 

In accordance with criterion 13 of document UEMS 2023/07 "EACCI Educational Events (LEEs)", all declarations of perceived or actual whether due to a financial or other relationship, must be provided	conflicts of interest for the last 3 years to the EACCME® upon submission of the
application. COI declarations signed more than 6 months before the Declarations must be made available online on the event websit whether any fee, honorarium or arrangement for re-imbursement been provided.	e of the LEE. Declarations must include
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DISCLOSURE	
☐ I have no potential conflict of interest to report	8
X I have the following potential conflict(s) of interest t	o report
A & 3	
The state of the s	<del></del>
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 bureau	
Stock shareholder:	* * * * * * * * * * * * * * * * * * *
Spouse/partner:	36
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

☐ 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: Hull M

Date:

26.02.2024

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Signature: / \

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

NAME. Diadioid D. Gessiler	
AFFILIATION: Pfizer, Inc.	ex
In accordance with criterion 13 of document UEMS 2023/07 "ELive Educational Events (LEEs)", all declarations of perceived of 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 arrain relation to the LEE has been provided.	or actual conflicts of interest for the last 3 ust be provided to the EACCME® upon an 6 months before the date of the event online on the event website of the LEE.
DISCLOSURE	
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☐ 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
8 U	

Date: October 31, 2023



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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**

- XI 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:

GOODE

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 31/10/2023



Signature:

NAME: Barney S. Graham, MD, PhD

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

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yea sul wii De	accordance with criterion 13 of document UEMS 20 or Educational Events (LEEs)", all declarations of pars, whether due to a financial or other relation omission of the application. COI declarations signed not be accepted. Declarations must be made a clarations must include whether any fee, honoraring relation to the LEE has been provided.	perceived or actual conflicts of in ship, must be provided to the ed more than 6 months before the evailable online on the event we	the EACCME® upon the date of the event
	i e		
	DISCLO	SURE	
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	☐ I have no potential conflict of interest to rep	port	1 4 4
	☑ I have the following potential conflict(s) of	interest to research	18.5°
	or a serior dis solution potential confinction of	unerest to report	p 7.5.5
		*	0.0
31	Type of affiliation / financial interest	Name of comm	ercial company
	Receipt of grants/research supports:		2
	Receipt of honoraria or consultation fees:	GSK, Pfizer, Janssen, Sanofi, Merc and Third Rock Ventures ad hoc co	k, AstroZeneca, Exevir, nsultation
	Participation in a company sponsored speaker	's	4
	bureau:		
E.	Stock shareholder:	Icosavax, Vaccine Company, Inc.	
	Spouse/partner:	A.1.	
	Other support (please specify):	I am an inventor on some patents monoclonal antibodies.	for antiviral vaccines and
w	7 BEV 9 B 9	F (1)	

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Date: 8 January 2024



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## **Conflict of Interest Disclosure Form**

NAME: JAN GREVEN DONG

AFFILIATION: WORLD MEALTH ORGANIZATION

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#### **DISCLOSURE**

Maye 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 jebruary 2064

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RUF DF L'INDUSTRIE 24, 86- 1040 BRUSSELS T ÷ 32 2 649 51 64 eacome.uems.eu - accreditation@uems.eu

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

NAME DESCORAH WALL	
APPILLATION: NONE (CRECEPINGE	COMMONICATIONS TRAINED

In accordance with criterion 13 of document UEMS 2023/07 "EACCMIC" 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 EACCMIC® 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 we liste 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**

All 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: Delicial Hall Date: 31 Oct 2022

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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**

NAME: MOUL	Hunel	So va
AFFILIATION: U	J-47)	

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:

DINCK STIGIT CHOICE

Spouse/partner:

Other support (please specify):

Signature:

Date: 4 Dec 7023

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## **Conflict of Interest Disclosure Form**

Robert S Heyderman

UCL, London, UK

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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: Los Haydulman

Date: 20/10/23



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

NAME: JOACHIM HOMBACH
AFFILIATION: WHO HO 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:

Date: 24/10/23

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RUE DE L'INTAUSTRIS 24, BE 1040 BALISSELS. T + 32 2 640 51 64

#### Conflict of Interest Disclosure Form

NAME LUIS Jo dar	
AFFILIATION PFIZE	

In accordance with Criterion 13 of document GEMS 2023/07 "EACCME" Criteria for the Accreditation of Live Educational Events (LIEs)", all declarations of perceived or actual condicts 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 LIE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

#### DISCLOSURE

Of have no potential conflict of interest to report

(1 have the following potential conflicts) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grant-vresearch supports

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder

PHIZER

Spouse/partner:

Other support (please specify):

Signature:

Date:

01/11/2023

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

NAME KARI DOHANSEN			
AFFILIATION: PUBLIC MORNING	Ajency	OF SWEDE	<b>E</b>

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

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NAME: PHILIPS JUVIN

AFFILIATION: SAND FI PATIEUR

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

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## **Conflict of Interest Disclosure Form**

In accordance with criterion 13 of document UEMS 2023/07 "EALive Educational Events (LEEs)", all declarations of perceived years, whether due to a fine rich and the control of the contro	OF actual conflicts of
submission of the application. COI declarations signed more th	st be provided to the EACCME® upon
The be accepted. Declarations must be made available of	mline on the arrest and are
or arra	ingement for re-imbursement of expenses
in relation to the LEE has been provided.	or expenses
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DISCLOSURE	
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- D71	
I have no potential conflict of interest to report	,
have the following potential conflict(s) of interest to	report
Employee of SANOF PASTEUN	<b>L</b>
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees: SHARY	"
or community less. 5 of the	SANDIT PASTIGUE
Participation in a company sponsored speaker's	
bureau:	
2	
Stock shareholder:	BONOF PATEUR
3 1	, injieuic
Spouse/partner:	
Otherway	
Other support (please specify):	
Sign of the sign o	14.1.1.1
Signature:	Date: 14/12/23

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NAME. ...

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

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

AFFILIATION	1 2 2 2	
ALL HIMITOM STATES AND		
In accordance with criterion 13 of document UEMS 202 Live Educational Events (LEEs)", all declarations of perceivers, whether due to a financial or other relations submission of the application. COI declarations signed in will not be accepted. Declarations must be made on	ceived or actual conflicts hip, must be provided	of interest for the last 3 to the EACCME® upon
will not be accepted. Declarations must be made available accepted beclarations must include whether any fee her are fee.	ilable entire and	re the date of the event
Declarations must include whether any fee honorestime	manie on the eve	nt website of the LEE.

### **DISCLOSURE**

Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses

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

David C. Kaslow, M.D.

in relation to the LEE has been provided.

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:

Dand CKarland.

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 Other 2013

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

NAME: Souleymane KONE

AFFILIATION: World Health Organization (WHO)

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#### **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:

I do wife

Date: 14 November 2023



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

NAME DE 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):

Date: 12.10.2023



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

Myron M. Levine	j
University of Maryland School of Medic	cine
In accordance with criterion 13 of document UEMS 2023/07 "E. Live Educational Events (LEEs)", all declarations of perceived years, whether due to a financial or other relationship, musubmission of the application. COI declarations signed more twill not be accepted. Declarations must be made available Declarations must include whether any fee, honorarium or arrain relation to the LEE has been provided.	or actual conflicts of interest for the last 3 ust be provided to the EACCME® upon han 6 months before the date of the event
DISCLOSURE	
D Thave no potential and the first	
☐ I have no potential conflict of interest to report	
I have the following potential conflict(s) of interest to	o 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 should be	. v «
Stock shareholder:	
Spouse/partner:	* * * * * * * * * * * * * * * * * * * *
Other support (please specify):	* **
Signature:	Date: 14(12) 2023

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Signature:

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## **Conflict of Interest Disclosure Form**

Stephan Lewandowsky	
NAME:	
University of Bristol AFFILIATION:	* * * * * * * * * * * * * * * * * * * *
In accordance with criterion 13 of document UEMS 2023/07 "ELive Educational Events (LEEs)", all declarations of perceived of years, whether due to a financial or other relationship, must be submission of the application. COI declarations signed more that will not be accepted. Declarations must be made available of Declarations must include whether any fee, honorarium or arrain relation to the LEE has been provided.	or actual conflicts of interest for the last 3 ust be provided to the EACCME® upon an 6 months before the date of the event
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DISCLOSURE	
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☐ I have no potential conflict of interest to report	
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Y X X	
Type of affiliation / financial interest	N
Januari Interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company	
Participation in a company sponsored speaker's bureau:	
buteau.	V.2
Stock shareholder:	2.
on one of the original origina original original original original original original original	2 34 1
Spouse/partner:	
Ser ar e	2 2 2 3
Other support (please specify):	
21.10	- 20
She landow	
Signature:	Date: 19 December 2023
	W 9



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

NAME: ROMINA LIBSTER
AFFILIATION: FUNDA GON INFANT / ITNIBLS

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: PATH / London School of trygiene and teopical

Receipt of honoraria or consultation fees: URDUEN /MID | NOJDUDK | AbITAX | PFIZER

Participation in a company sponsored speaker's

bureau: No

Stock shareholder Trials Sq STRIALS LLC

Spouse/partner:

NO

Other support (please specify):

Signature:

Date: 28 DE C2023

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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**

 $\square$  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:

delle

Date:

3 November 2023



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

NAME: PROF. HELEN. MISHAWE

AFFILIATION: JEHNER INSTITUTE, UNIVERSITY OF OXFORM.

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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:

reagnoting

Date: 06/11/2023.

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

	F
NAME: Prof Keymanthri Moodley	** · · · · · · · · · · · · · · · ·
AFFILIATION: Stellenbosch University x	*
In accordance with criterion 13 of document UEMS 2023/07 "E Live Educational Events (LEEs)", all declarations of perceived years, whether due to a financial or other relationship, musubmission of the application. COI declarations signed more to will not be accepted. Declarations must be made available Declarations must include whether any fee, honorarium or arrive stations to the LEE.	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
in relation to the LEE has been provided.	2
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DISCLOSURE	9.7
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* v	
☐ 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:	National Institutes of Health (NIH) and Botnar Foundation
Receipt of honoraria or consultation fees:	Pathcare
Participation in a company sponsored speaker's bureau:	No
Ducau.	14
Stock shareholder:	No
Spouse/partner:	N/A
Other support (please specify):	N/A
	2 2 4
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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

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:

CONTRACTOR SO

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

Wellcomite 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

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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: 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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Signature:

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## **Conflict of Interest Disclosure Form**

	1
NAME: Aurélia Nguyen	
AFFILIATION: Gavi, the Vaccine Alliance	
In accordance with criterion 13 of document UEMS 2023/07 "EAC Live Educational Events (LEEs)", all declarations of perceived or a 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 only Declarations must include whether any fee, honorarium or arrangin relation to the LEE has been provided.	be provided to the EACCME® upon 6 months before the date of the event
DISCLOSURE	
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I have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interest to r	
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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):	g 04

Date:

07/11/2023



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

HANNA MINOHYNEK FINNKH MOTIVIE FOR HEALTH 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. CQI 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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NAME. Katherine O'Brien

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

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## **Conflict of Interest Disclosure Form**

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: Latherine M

Date: 14 December 2023

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

NAME:	UMBH	PARM	SHAR
AFFILIAT	6	DC	

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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:

10/20/23



Signature:

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

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25/10/23

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

NAME: A	J POLLARD,	
	University of Oxford	
THE PROPERTY OF THE PARTY OF TH		

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#### **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  Serve institute of Ind. a
Receipt of grants/research supports:	serve institute of 12.9
Receipt of honoraria or consultation fees:	shionogi
Participation in a company sponsored speaker's bureau:	NA
Stock shareholder:	NA
Spouse/partner:	NIA
Other support (please specify):	

Date:

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## Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

NAME:Dr Kamel Senouci	, F
AFFILIATION:University of Geneva (UNIGE)	
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, is 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.	"EACCME® Criteria for the Accreditation of ed 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
DISCLOSURE	·
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☑ I have no potential conflict of interest to report	
☐ I have the following potential conflict(s) of interes	440
of theres	t to report
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	readic of commercial company
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	a
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:	SIEG148T	- Cloure-A	nne
AFFILIAT	ion: <u>Llniver</u>	sity of Gou	ova

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	repo

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 Or Cotherine Stack 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**

	harrana	notantial	conflict	of interes	st to report
j=4	Haveno	potential	COLUME	Of Hiteres	or 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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 11 Jan 2024

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Signature:

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## **Conflict of Interest Disclosure Form**

NAME: Peter Smith	X
AFFILIATION: London School of Hygiene & Tropical Medicine	
In accordance with criterion 13 of document UEMS 2023/0 Live Educational Events (LEEs), all declarations of perceiv years, whether due to a financial or other relationship submission of the application. COI declarations signed mor will not be accepted. Declarations must be made available Declarations must include whether any fee, honorarium or in relation to the LEE has been provided.	red or actual conflicts of interest for the last 3; must be provided to the EACCME® upon the than 6 months before the date of the event ble online on the event website of the LEE.
DISCLOSUR	<u>Ē</u> .
☐ I have no potential conflict of interest to report	
☑ I have the following potential conflict(s) of interest	est 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:	8
Other support (please specify):	

Date: 20/10/23



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

Margaret Stanley			
14	University of Cambridge UK		

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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:

M.a. Stanley.

Date: 05 November 2023

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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 r	eport			
	Type of affiliation / financial interest	Name	of commerci	al compa	ny
	Receipt of grants/research supports:	VI.		٠.	
	Receipt of honoraria or consultation fees:				
	Participation in a company sponsored speaker's bureau:	1)		F 8	
1	Stock shareholder:				
	Spouse/partner:			¥	
	Other support (please specify):			1	
Sig	gnature:	Date: 31	October 202	3	



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

NAME: JUU A	STOWE	(e)	
AFFILIATION:()	K 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**

1 have no potential conflict of interest to report

 $f \square$  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:

3/4000

Date:

30/10/23

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

NAME: Kawsar Talaat	
AFFILIATION: Johns Hopkins Bloomberg School of	Public Health
Live Educational Events (LEEs), all declarations of years, whether due to a financial or other rel submission of the application. COI declarations significant will not be accepted. Declarations must be made	AS 2023/07 "EACCME® Criteria for the Accreditation of of perceived or actual conflicts of interest for the last 3 ationship, must be provided to the EACCME® upon gned more than 6 months before the date of the event le available online on the event website of the LEE. arium or arrangement for re-imbursement of expenses
*	
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** * * * * * * * * * * * * * * * * * * *	
☐ I have no potential conflict of interest to	report
I have the following potential conflict(s)	of interest to report
potential commette	or interest to report
7	*
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), Taked (Zika), PATH (polio), Intralytix (bacteriophage), Moderna (COVID) vaccines
Participation in a company sponsored spe	aker's
bureau:	None
Stock shareholder:	None
Spouse/partner:	None
Other support (please specify):	in the second of the second
Signature: Tay Sar Talaat	<b>Date:</b> 25 October 2023

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

NAME: Helen Keipp B. Talbot	· ·
AFFILIATION: Vanderbill University	medical center

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#### **DISCLOSURE**

I have no potential conflict of interest to report	8	
Thave the following potential conflict(s) of interes	st to report	
* * * * * * * * * * * * * * * * * * *	B B	<u>(*</u>
Type of affiliation / financial interest	Name of commercial company	<b>4</b> 8
Receipt of grants/research supports:	- US Centers for Disease and Prevention	Car bal
Receipt of honoraria or consultation fees:	and Prevention	WICH THE
Participation in a company sponsored speaker's bureau:		
Stock shareholder:		<b>y</b>
Spouse/partner:		
Other support (please specify):	· · · · ·	
Signature: 1 CO Alak		
the salue	Date: 20 OCT 2003	
UEMS _{eisbl} – Union Européenne des Mé	decins Spécialistes	218

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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

☐ 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:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

maule

Name of commercial company

NIL

DEPARTMENT OF PEDIATRICS, UNIVERSITY OF OXFORD FUNDED

BY MSD

NIL

NIL

NIL

NIL

Date: 14-09-2023

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## Conflict of Interest Disclosure Form ADVAC Scientific Committee Member

NAME.	Melinda Wharton
TAUSTATE:	

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

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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: Meluda Went

Date: 15 September 2023