

Signature:

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

Institution of the UEMSaisbi

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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

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In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

## **DISCLOSURE**

☐ I have no potential conflict of interest to report	
x I have the following potential conflict(s) of interest to report	
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	BSN Medical, Curea Medical
Receipt of honoraria or consultation fees:	APR
Participation in a company sponsored speaker's bureau:	Lohman & Rauscher, Mölnlycke, APR
Stock shareholder:	none
Spouse/partner:	none
Other support (please specify):	none
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Date: 26.06.2017