

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

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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

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AFFILIATION: .....ASST SANTIPAOLO E CARLO MILANO

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**

xxxx🗖 I have	no potential conflict of interest to	report				
☐ I have the	following potential conflict(s) of in	terest to report				
Type of affili	ation / financial interest	Name of commercial company				
Receipt of gr	ants/research supports:					
Receipt of ho	Receipt of honoraria or consultation fees:					
Participation	Participation in a company sponsored speaker's bureau:					
Stock shareholder:						
Spouse/partr	Spouse/partner:					
Other support (please specify):						
Signature:	DAVIDE CHIUMELLO	Date: 04 09 2020				