

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)

NAME: Hester Lingsma

AFFILIATION: Erasmus MC

X I have no potential conflict of interest to report

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 t | the following potential confl | ct(s) of interest to report |
|------------|---------------------------------|-----------------------------|
| | | |
| Type of a | ffiliation / financial interest | Name of commercial company |
| Receipt of | f grants/research supports: | |
| Receipt of | f honoraria or consultation f | ees: |
| Participat | ion in a company sponsored | speaker's bureau: |
| Stock sha | reholder: | |
| Spouse/pa | artner: | |
| Other sup | port (please specify): | |
| | | |
| Signature: | | Date: 01-09-2020 |