



EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®

Institution of the UEMS_{asbl}

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BE- 1050 BRUSSELS
www.eaccme.eu

T +32 2 649 51 64
F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

NAME:

Prof Dr. med. Hansjo M. ADDO

AFFILIATION:

University Medical Centre Hamburg-Eppendorf,

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.

Smay

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] ADDO

Date:

20.1.2015



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Conflict of Interest Disclosure Form

NAME: *Jose Alcani*

AFFILIATION: *Instituto do Salud Carlos III*

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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: *GRAO SCIENCES, BRISTOL MYERS SQUIBB*

Receipt of honoraria or consultation fees: _____

Participation in a company sponsored speaker's bureau: _____

Stock shareholder: _____

Spouse/partner: _____

Other support (please specify): _____

Signature:

Jose Alcani

Date:

March the 8th 2015



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Conflict of Interest Disclosure Form

NAME: *Marcus Hiltfeld*

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:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Gilead
Gilead, MSD, BMS

Signature:

Date:

16/11/2015



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Conflict of Interest Disclosure Form

NAME: *ANDREA ANTINORI*

AFFILIATION: *NATIONAL INSTITUTE FOR INFECTIOUS DISEASES "L. SRAUWAZANI", IRCCS, ROMA, ITALY.*

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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:

Baxter Bayer, Glaxo, Janssen-Cilag, Viiv.

Receipt of honoraria or consultation fees:

Baxter Bayer, Glaxo, Janssen-Cilag, Viiv, Herck, Abbvie.

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Andrea Antinori

Date:

27, Jan, 2015



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Conflict of Interest Disclosure Form

NAME:

Jose Ramon Arribas Lopez

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 x

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): Advisory fees, speaker fees and grant support:
Viiv, Tibotec, Janssen, Abbvie, BMS, Gilead, MSD, Tobira

Signature:

Jose R Arribas Lopez

Date: 22/January/2014



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Conflict of Interest Disclosure Form

NAME: Manuel Battegay

AFFILIATION: University Hospital Basel, Switzerland

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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:

Name of commercial company

Abbvie AG, Astellas Pharma AG, Boehringer Ingelheim (Schweiz) GmbH, Bristol-Myers Squibb GmbH, F. Hoffmann – La Roche Ltd, Gilead Sciences Switzerland, Janssen-Cilag AG, MSD Merck Sharp Dohme, Novartis Pharma Schweiz AG, Pfizer Deutschland, Sandoz Pharmaceuticals AG, ViiV Healthcare

Abbvie AG, Bristol-Myers Squibb, ViiV Healthcare, Gilead Sciences, Pfizer

No

No

No



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Conflict of Interest Disclosure Form

NAME: Prof. Georg Behrens
Medizinische Hochschule Hannover OE 6830
Klinik für Immunologie und Rheumatologie
AFFILIATION: Carl-Neuberg-Straße 1
30625 Hannover

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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: V.I.V., Boehringer, Gilead, BMS, Janssen, MSD

Participation in a company sponsored speaker's bureau: Gilead, BMS, MSD, Janssen, V.I.V.

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 16.1.15



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Conflict of Interest Disclosure Form

NAME: TAMAS BERECZKY

AFFILIATION: European AIDS Treatment Group EATG

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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:

04/07/15



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Conflict of Interest Disclosure Form

NAME:

Juan Berenguer

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:

GILEAD / MSD / VIIV

Receipt of honoraria or consultation fees:

ABBVIE / BMS / GILEAD / JANSSEN

Participation in a company sponsored speaker's bureau:

MSD / VIIV

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

J. Berenguer

Date:

16 / JAN / 2015



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Sanjay Bhagani

AFFILIATION: Royal Free London and UCL

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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:

Gilead, Abbvie

Receipt of honoraria or consultation fees:

Abbvie, BMS, Gilead, Janssen, ViiV

Participation in a company sponsored speaker's bureau:

Abbvie, BMS, Gilead, Janssen, ViiV

Stock shareholder:

Spouse/partner:

Spouse – employee of Abbvie

Other support (please specify):

Signature:

Date: 12/05/2015



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Conflict of Interest Disclosure Form

NAME:

Maria Boffito

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:

Janssen, MSD, ViiV, TEVA, Gilead

Receipt of honoraria or consultation fees:

Janssen, MSD, ViiV, Gilead, BMS

Participation in a company sponsored speaker's bureau:

Gilead

Stock shareholder:

—

Spouse/partner:

—

Other support (please specify):

—

Signature:

[Handwritten signature]

Date: *19.01.15*



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Conflict of Interest Disclosure Form

NAME: *KARINA BUTLER*

AFFILIATION: *OUR LADY'S CHILDREN'S HOSPITAL DUBLIN*
+ UNIVERSITY COLLEGE DUBLIN

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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: *Karina Butler*

Date: *2 - 7 - 2015*



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Conflict of Interest Disclosure Form

NAME: Vincent Calvez
AFFILIATION: Groupe Hospitalier Pitié-Salpêtrière

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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: MSD, BMS, ViiV, Gilead, JNJ, ABBVIE

Receipt of honoraria or consultation fees: MSD, BMS, ViiV, Gilead, JNJ, ABBVIE

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 3rd July 2015



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Conflict of Interest Disclosure Form

NAME: Bonaventura Clotet

AFFILIATION: Head of HIV Section and Director of irsiCaixa 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:

MSD, Gilead and ViiV

Receipt of honoraria or consultation fees:

Janssen, Abbott, Gilead, MSD

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 21 January 2015



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Conflict of Interest Disclosure Form

NAME: *CLUYECK Nathan*

AFFILIATION: *SAINT-PIERRE UNIVERSITY HOSPITAL, BRUSSELS -*

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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:

20/01/2015



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Costagliola Dominique

AFFILIATION: Institut Pierre Louis d'Epidémiologie et de Santé Publique, UMR-S 1136, INSERM and Sorbonne Universities Paris Univ 06

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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:

ViiV, Janssen, MSD

Receipt of honoraria or consultation fees:

Gilead

Participation in a company sponsored speaker's bureau:

Janssen, ViiV, MSD

Stock shareholder:

Spouse/partner:

Other support (please specify):

Travel and accommodation to attend international conferences from Gilead, Janssen, ViiV

Signature:

Date: May 12, 2015



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Conflict of Interest Disclosure Form

NAME: DAVID DALMAU

AFFILIATION: HOSPITAL UNIVERSITARI MÚTUA TERRASSA (BARCELONA)

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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:

January 19th 2015



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Conflict of Interest Disclosure Form

NAME: *Antonella d'Arminio Monforte*
AFFILIATION: *Italy*

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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:

Abbvie - BMS - Gilead - Janssen - KIV - NIS

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

[Handwritten signature]

Date:

Jan 24, 2015



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Conflict of Interest Disclosure Form

NAME: *DE WIT Stéphane*

AFFILIATION: *SAINT PIERRE UNIVERSITY HOSPITAL, Brussels.*

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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:

20 - JAN - 2015



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Conflict of Interest Disclosure Form

NAME: PERE DOMINGO

AFFILIATION: HOSPITAL DE LA SANTA CREU I SANT PAU

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: Gilead Sciences, ViiV Healthcare, Abbvie, Boehringer Ingelheim, Janssen & Cilag

Receipt of honoraria or consultation fees: Gilead Sciences, ViiV Healthcare, Abbvie, Boehringer Ingelheim, Janssen & Cilag, Merck Sharp & Dohme, Bristol Myers & Squibb, Theratechnologies, Recordati, Esteve,

Participation in a company sponsored speaker's bureau: Ferrer International

Stock shareholder: NO

Spouse/partner: NO

Other support (please specify):

Gilead Sciences, ViiV Healthcare, Abbvie, Boehringer Ingelheim, Janssen & Cilag, Merck Sharp & Dohme, Bristol Myers & Squibb, Theratechnologies, Recordati, Esteve, Ferrer International

Signature:

**Pere
Domingo**

Firmado digitalmente por Pere Domingo
Nombre de reconocimiento (DN):
cn=Pere Domingo, o=HSCSP,
ou=MI,
email=pdomingo@santpau.cat,
c=ES
Fecha: 2015.03.11 16:35:31
+01'00'

Date: March 11, 2015



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F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

NAME:

Felipe Garcia Alcaide

AFFILIATION:

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: 19/01/2015



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Conflict of Interest Disclosure Form

NAME: *Nina Friis-Møller*
AFFILIATION: *ODENSE UNIVERSITY HOSP, DEP. INFECTIOUS DISEASES*

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:

Nina Friis-Møller

Date:

26. Jan 2015



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Conflict of Interest Disclosure Form

NAME: Hansjakob Furrer

AFFILIATION: Bern University Hospital and University of Bern, Switzerland

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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:

The institution of HF has received unrestricted grant/research support from ViiV, Gilead, BMS, Janssen, AbbVie, MSD, Boehringer-Ingelheim, Roche.
The research of HF is supported by the Swiss National Science Foundation

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

I0022172
2015.03.11
09:15:24 +01'00'

Date:

11.March 2015



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Conflict of Interest Disclosure Form

NAME: JOSE DE CATELL

AFFILIATION: Head of Unit Hospital Clinic

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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:

} Abbvie, BMS, MSD, Pilear,
Tasseea, UiiV

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

15/3/2015



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Conflict of Interest Disclosure Form

NAME: Anna Maria Geretti

AFFILIATION: University of Liverpool

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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: The University of Liverpool is recipient of research grants from Janssen, MSD, and ViiV of which AMG is the PI. AMG is the local PI of multicentre clinical trials sponsored by Boehringer Ingelheim and BMS

Receipt of honoraria or consultation fees:

Abbott, Gilead, GSK, MSD, ViiV

Participation in a company sponsored speaker's bureau:

BMS, Gilead, GSK, Janssen, Qiagen, Tobira, ViiV

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

Signature:

Date: 16/01/2015



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Conflict of Interest Disclosure Form

NAME: GHOSN JANE

AFFILIATION: HOPITAL HOTEL DIEU - PARIS - FRANCE

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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: MEACK-SHAR-DARE (MSD) - Bristol
Myers Squibb

Receipt of honoraria or consultation fees: MSD - GILEAD - ViiV Healthcare - BMS

Participation in a company sponsored speaker's bureau: _____

Stock shareholder: _____

Spouse/partner: _____

Other support (please specify): _____

Signature: _____

Date: JAN 15 - 2015

Hôpitaux Universitaires Paris Centre
Site Hôtel Dieu
Dr Jade GHOSN
N° RPPS 100 015 818 33
Centre de Diagnostic et de Thérapeutique
1 Place du Parvis Notre Dame
75181 PARIS Cedex 04
Tél : 01 42 34 88 04



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Conflict of Interest Disclosure Form

NAME: Deniz Gökegin

AFFILIATION: Ege 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:

Gilead, Abbvie

Receipt of honoraria or consultation fees:

Gilead, Abbvie, MSD, GSK

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

March 12th, 2015



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Conflict of Interest Disclosure Form

NAME: FELIX GUTIERREZ

AFFILIATION: HOSPITAL GENERAL UNIVERSITARIO DE ELCHE, SPAIN

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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, ViiV, Janssen-Cilag, GSK

Receipt of honoraria or consultation fees:

BMS, Gilead, Janssen-Cilag, GSK, ViiV

Participation in a company sponsored speaker's bureau:

BMS, Gilead, Janssen-Cilag, GSK, ViiV

Stock shareholder:

NO

Spouse/partner:

NO

Other support (please specify):

NO

Signature:

Date:

22 January 2015



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Conflict of Interest Disclosure Form

NAME: *AMIRREY HORBIAN*

AFFILIATION: *WARSAW MEDICAL 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: *no*

Other support (please specify):

Signature:

Date:

27 Jan 2015



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Conflict of Interest Disclosure Form

NAME: J O S E A. I R I B A R R E N

AFFILIATION: HOSPITAL UNIVERSITARI DONOSTIA

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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:

19 / 1 / 15



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Conflict of Interest Disclosure Form

NAME: KATIAMA Christine

AFFILIATION: University Paris VI - Hôpital Pitié Salpêtrière

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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:

JAHREN BUS

Receipt of honoraria or consultation fees:

MSO - Travel grants

Participation in a company sponsored speaker's bureau:

NO

Stock shareholder:

NO

Spouse/partner:

NO

Other support (please specify):

Signature:

Date:

27 January 2015

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Accreditation Council for Continuing Medical Education –**

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Bruxelles IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848

Conflict of Interest Disclosure Form

NAME: Hernando Knobel

AFFILIATION: Hospital del Mar, Barcelona

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DISCLOSURE

- ☐ I have no potential conflict of interest to report
☒ I have the following potential conflict
of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Abbott, Boehringer Ingelheim, Gilead Sciences,
Glaxo Smith-Kline, ViiV Healthcare

Receipt of honoraria or consultation fees: Abbott, Boehringer Ingelheim, Gilead Sciences,
Glaxo Smith-Kline, Janssen-Cilag, Bristol-Myers Squibb, ViiV Healthcare, Merck Sharp
Dome

Participation in a company sponsored speaker's bureau: Boehringer Ingelheim, Gilead
Sciences, Bristol-Myers Squibb, Merck Sharp Dome

Stock shareholder: No

Spouse/partner: No

Other support (please specify): No



Signature:

Date: 20-Jan-2015



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Conflict of Interest Disclosure Form

NAME: JOSEP M LUBRE

AFFILIATION: UNIVERSITY HOSP. GERMANS TRIAS. BARCELONA.
SPAIN

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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:

- No

Receipt of honoraria or consultation fees:

- Janssen - Gilap, Viv Healthcare,
MSD, Gilead Sciences
The same.

Participation in a company sponsored speaker's bureau:

Stock shareholder:

- No

Spouse/partner:

- No

Other support (please specify):

Signature:

Date: JANUARY 26, 2015



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Jens Dilling Lundgren

AFFILIATION: MD, DMSc. Professor, Director

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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: 02MARCH2015



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Conflict of Interest Disclosure Form

NAME: DR. FRANK LYONS

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:

Receipt of honoraria or consultation fees:

Janssen, BMS, MSD

Participation in a company sponsored speaker's bureau:

Janssen, BMS, MSD

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

4/5/15



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Conflict of Interest Disclosure Form

NAME: *Josep Mallolas*
AFFILIATION: *ID Service. Hospital Clinic. Barcelona.*

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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: *BMS, MSD, ViiV, Gilead, Abbvie, Janssen*

Participation in a company sponsored speaker's bureau: *BMS, MSD, ViiV, Gilead, Abbvie, Janssen*

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

January 16th, 2015



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Conflict of Interest Disclosure Form

NAME: PATRICK MALLON

AFFILIATION: UNIVERSITY COLLEGE DUBLIN

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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: — ViiV HEALTHCARE, GILEAD SCIENCES, BMS,

MSD, JANSSEN

Receipt of honoraria or consultation fees: — ViiV, GILEAD, BMS, JANSSEN, MSD,

Participation in a company sponsored speaker's bureau:

— GILEAD, BMS

Stock shareholder: NIL

Spouse/partner: NIL

Other support (please specify): NIL

Signature:

PM

Date:

15th June 2015



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Conflict of Interest Disclosure Form

NAME: Javier Martinez-Picado

AFFILIATION: ICREA, irsiCaixa, UAB and UVic/UCC

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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: Merck, ViiV, Gilead

Receipt of honoraria or consultation fees: BMS

Participation in a company sponsored speaker's bureau: BMS, Gilead, Merck, ViiV

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 20 January 2015



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accreditation@uems.net

Conflict of Interest Disclosure Form

NAME: MARZOLINI CATIA

AFFILIATION: University Hospital Basel, Switzerland

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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:

Janssen

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify): educational grant

BMS, Gilead, AbbVie
Janssen

Signature:

Marzolini

Date:

18.1.2015



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Conflict of Interest Disclosure Form

NAME:

Stefan Mann

AFFILIATION:

Center for HIV and Hepatology Research

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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:

Abbott, BMS, Glaxo, Janssen

Participation in a company sponsored speaker's bureau:

Abbott, Roche, ViiV

Stock shareholder:

Spouse/partner:

Other support (please specify):

Abbott, BMS, Glaxo, Janssen, Roche

Signature:

[Handwritten Signature]

Date:

22/11/15



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Conflict of Interest Disclosure Form

NAME: *MOLINA Jean-Michel MOLINA*

AFFILIATION: *Saint-Louis Hospital*

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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):

Name of commercial company

Merck and Gilead

Ad Board: Merck, Gilead, BMS

Janssen, UiiV

Gilead

None

None

None

Signature:

Date:

10/3/2015



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Conflict of Interest Disclosure Form

NAME: **SANTIAGO MORENO**

AFFILIATION: **HOSPITAL RAMÓN Y CAJAL MADRID.**

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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:

March 12, 2015



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Conflict of Interest Disclosure Form

NAME: **FIONA MULCAHY**

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

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):

Name of commercial company

• ViiVe / GSK • MSD
• BMS • JANSSEN
• Abbott
• GILEAD
No
No
No

Signature:

Fiona Mulcahy

Date:

13/5/15



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Conflict of Interest Disclosure Form

NAME: MARIA ANGELES TUDÓZ FERNÁNDEZ

AFFILIATION: HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN

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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: 11th MARCH 2015



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Conflict of Interest Disclosure Form

NAME:

Mussini

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:

Glaxo

Receipt of honoraria or consultation fees:

Glaxo

Participation in a company sponsored speaker's bureau:

Glaxo, VIV, MSD, Abbvie, Johnson & Johnson

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

he

Date:

27/1/15



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Conflict of Interest Disclosure Form

NAME: EUGENIA NEGREDO

AFFILIATION: GERMANS TRIAS I PUJOL HOSPITAL, BADALONA
SPAIN

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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: Janssen, Abbvie, MSD, Gilead, VIV.

Participation in a company sponsored speaker's bureau: Janssen, Abbvie, MSD, VIV.

Stock shareholder:

Gilead

Spouse/partner:

Other support (please specify):

Signature:

Date:

19/1/15



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Conflict of Interest Disclosure Form

NAME: *OPREA CRISTIANA*

AFFILIATION: *"VICTOR BABES" CLINICAL HOSPITAL FOR INFECTIOUS AND
TROPICAL DISEASES - BUCHAREST ROMANIA*

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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:

MSD, Janssen, BMS, Abbvie

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

22.01.2015



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Conflict of Interest Disclosure Form

NAME: **ALEXANDER PANTELEEV**

AFFILIATION:

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DISCLOSURE



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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:

19.01.2015



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Conflict of Interest Disclosure Form

NAME: ANTONIUS PAPADOPOULOS

AFFILIATION: UNIVERSITY OF ATHENS MEDICAL SCHOOL,
UNIVERSITY GENERAL HOSPITAL "ATTIKON" - Chaidari, Athens

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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:

GILEAD, BMS, Janssen

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: JAN 26, 2015



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Conflict of Interest Disclosure Form

NAME:

Roger Parada

AFFILIATION:

IV Unit & Research Institute, Barcelona

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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:

16 / January / 2015



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Conflict of Interest Disclosure Form

NAME: **PERNO CARLO FEDERICO**

AFFILIATION: **UNIVERSITY OF ROME "TOR VERGATA"**

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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:

19/1/2015



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Conflict of Interest Disclosure Form

NAME:

Daniel Podzamer

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:

*Gilead, Pfizer, Boehringer
Ingelheim, BMS, viiv.*

Receipt of honoraria or consultation fees:

*Abbvie, Gilead, viiv, Janssen, Boehringer
Ingelheim, BMS, MSD*

Participation in a company sponsored speaker's bureau:

*Abbvie, Gilead, viiv, Janssen,
Boehringer Ingelheim, BMS, MSD.*

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

19 JAN 2015



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Conflict of Interest Disclosure Form

NAME:

Antoni Pozniak

AFFILIATION:

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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

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):

Name of commercial company

Merck, Uiv, Gilead, BMS, Janssen
Merck, Uiv, Gilead, BMS, Janssen

Gilead

nil

nil

nil

Signature:

[Handwritten signature]

Date:

17 JAN 2015



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Conflict of Interest Disclosure Form

NAME: *FERNAN PUJOL ROCA*

AFFILIATION: *HISPANOSIDA*

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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:

27 - JANUARY 2015



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Conflict of Interest Disclosure Form

NAME: Federico Pulido Ortega

AFFILIATION: HIV Unit. Hospital 12 de Octubre, i+12, Madrid, Spain.

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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:

Abbvie, Gilead, Janssen, MSD, Viiv

Participation in a company sponsored speaker's bureau:

BMS, Gilead, Janssen, MSD, Viiv

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 18 Jan 2015



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Conflict of Interest Disclosure Form

NAME:

Nassimo Puoti

AFFILIATION:

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: *GILEAD SCIENCES, ViiV, BMS*

Receipt of honoraria or consultation fees: *GILEAD SCIENCES, ViiV, BMS, JANSSEN, ABBVIE*

Participation in a company sponsored speaker's bureau: *ABBVIE, BMS, JANSSEN, GILEAD, MSD*

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Nassimo Puoti

Date: *March 10th 2015*



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Conflict of Interest Disclosure Form

NAME: *François Raffi*

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: Gilead, Janssen

Receipt of honoraria or consultation fees: Abbvie, BMS, Gilead, Janssen, Merck, ViiV Healthcare

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *François raffi*

Date: Jan 17th, 2015



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Conflict of Interest Disclosure Form

NAME: Peter Reiss

AFFILIATION: Academic Medical Center, University of Amsterdam & Stichting HIV Monitoring

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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: Gilead Sciences, ViiV Healthcare, Merck,
Janssen Pharmaceutica, Bristol Myers Squibb

Receipt of honoraria or consultation fees: Gilead Sciences, Janssen
Pharmaceutica

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 19-1-2015

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F +32 2 640 37 30
accreditation@uems.net

Conflict of Interest Disclosure Form

NAME:

Jürgen Rockstuhl

AFFILIATION:

Dep of Med I, Univ of Bonn

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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:

Gilead

Receipt of honoraria or consultation fees:

ASSH, ASSUE, Gilead, Merck, Cipla, Bionor, BMS, Sanofi, UCB

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

J. Rockstuhl

Date:

29.7.15



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Conflict of Interest Disclosure Form

NAME: STEFANO RUSCONI

AFFILIATION: UNIVERSITÀ DEGLI STUDI DI MILANO, ITALY

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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:

PFIZER, JANSSEN

Receipt of honoraria or consultation fees:

BMS, MSD, ViiV, Abbvie,
Gilead, Janssen

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

[Handwritten Signature]

Date:

Jan. 17, 2015



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Conflict of Interest Disclosure Form

NAME: CAROLINE SABIN

AFFILIATION: UNIVERSITY 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:

Receipt of honoraria or consultation fees: GILEAD SCIENCES, JANSSEN-CILAG, VIV, MSD

Participation in a company sponsored speaker's bureau: GILEAD SCIENCES

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

C. A. Sabin

Date:

11/3/2015



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Conflict of Interest Disclosure Form

NAME: DALIBOR SEDLAČEK, M.D., PH.D.

AFFILIATION: CHARLES UNIVERSITY PRAQUE, MED. FACULTY/PLZEN
CZ.

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

GS, GSK, JANSEN

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 26 / JAN / 2015



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Conflict of Interest Disclosure Form

NAME:

Anders Sommerburg

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: *Gilead, BMS*

Receipt of honoraria or consultation fees: *BMS, Gilead, MSD, Viiv*

Participation in a company sponsored speaker's bureau: *Gilead*

Stock shareholder: —

Spouse/partner: —

Other support (please specify):

Signature:

AS

Date:

21/11/15



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Conflict of Interest Disclosure Form

NAME: *Dr DAN TURNER*

AFFILIATION: *TEL AVIV MEDICAL LTD.*

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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: *no*

Receipt of honoraria or consultation fees: *MSD, GSK, JANSSEN*

Participation in a company sponsored speaker's bureau: *IMS*

Stock shareholder: *no*

Spouse/partner: *no*

Other support (please specify): *no*

Signature:

Date:

18 JAN 2015



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Conflict of Interest Disclosure Form

NAME:



Prof. Dr. Linos Vandekerckhove

Algemene Inwendige Ziekten, Infectieziekten

en Psychosomatiek

1-09706-01-580

Universitair Ziekenhuis Gent

AFFILIATION:

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: *NSD, BRTS, JRG, VIV, Ghebo*

Receipt of honoraria or consultation fees: *Ghebo, BRTS, VIV*

Participation in a company sponsored speaker's bureau: *BRTS*

Stock shareholder: */*

Spouse/partner: */*

Other support (please specify): */*

Signature:

Date:

16/01/2015



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Conflict of Interest Disclosure Form

NAME: *FRANÇOIS VIDAL MARTEL*

AFFILIATION: *HOSPITAL UNIVERSITARI JOAN XXIII, TARRAGONA, SPAIN*

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DISCLOSURE

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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:

July 28th, 2011



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME :AMJ Wensing.....

AFFILIATION: ...UMC Utrecht.....

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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):

Name of commercial company

Investigator initiated grants from Janssen, Viiv healthcare. All paid to my institution;

Janssen, BMS, Gilead, Viiv Healthcare. All paid to my institution;

None

None

None

Travelsupport> Gilead, MSD, Viiv Healthcare,



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NAME: Yazdanpanah
AFFILIATION: Bichat Hospital, France

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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: Abbvie, BMS, Gilead, MSD, Pfizer, Roche, Tibotec, and ViiV Healthcare

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

honoraria for development of educational presentations from Abbott, BMS, Gilead, Tibotec and ViiV Healthcare

Signature:

Date: 28/07/2015



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NAME:

Mike Youle

AFFILIATION:

Royal Free Hospital, UK

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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: 29/7/15