

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 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. Ganglon M. ADDO | |
|--|---|
| NAME: Prof Dr. med. Hangy M. ADDO AFFILIATION: University Reducal Cente Hamby-Eppe | m |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by th 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 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 | |
| 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: Date: 20.1-2015 | • |



NAME: LOSE ALCALI

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

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Conflict of Interest Disclosure Form

| AFFILIATION: /wstitulo do sulud | Carlo | | |
|--|--------------------------------|--|--|
| 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: G2EAO S | CHEVERS, BRUSTOZ NAETZS SPINBB | | |
| Receipt of honoraria or consultation fees: | - | | |
| Participation in a company sponsored speaker's bureau: | | | |
| Stock shareholder: | | | |
| Spouse/partner: | | | |
| Other support (please specify): | | | |
| Signature: JOSE AZEAU | Date: Mench the 8th 2015 | | |

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Conflict of Interest Disclosure Form

NAME: MAYOUS ATTEND

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 |
|---|--|
| V | / I have the following potential conflict(s) of interest to repo |

Type of affiliation / financial interest

Name of commercial company

Gloca, MSD, BOTS

Gilead

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Signature

Other support (please specify):

Date:

16/11/2015

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Conflict of Interest Disclosure Form

NAME: JUDIELA ANTINOPLI

AFFILIATION: NATIONAL INSTITUTE FOR INFECTIONS DISEASES "C. SPANADIZANI, IRCCS, ROMA,

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.

| ☐ I ha | ve no potential conflict of interest to report | |
|------------|---|---|
| ∑ I ha | ve the following potential conflict(s) of interest to | report |
| | | |
| Туре о | of affiliation / financial interest | Name of commercial company |
| Receip | t of grants/research supports: | Brittle Pryers Squid, Sleed, Januard of View Pryers Squid, Sleed, Janssen-Way, Virl Herck, Allise |
| Receip | t of honoraria or consultation fees: | Bestre Pryers Spuid, Seexed, Joussen-Wild, Viil |
| Particip | pation in a company sponsored speaker's bureau: | Herck, Phys. |
| Stock s | hareholder: | |
| Spouse | /partner: | |
| Other s | support (please specify): | |
| Signature: | of Artica; | Date: 27, J34, 2015 |



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Conflict of Interest Disclosure Form

NAME: Jose Roman Arribas Gpet

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| ☐ I hav | ve no potentia | l conflict of inte | erest to report | | | |
|------------|-------------------|--------------------|-----------------------|-----------|--------------------------|-------------|
| ☐ I hav | ve the followir | g potential cor | nflict(s) of interest | to report | х | |
| | | | | | | |
| Туре о | f affiliation / f | inancial intere | st | Nan | ne of commercial company | |
| Receip | t of grants/res | earch supports | : | | | |
| Receip | t of honoraria | or consultation | fees: | | | |
| Partici | pation in a con | npany sponsore | ed speaker's bure | au: | | |
| Stock s | hareholder: | | | | | |
| Spouse | e/partner: | | | | | |
| Other | support (pleas | e specify): | Advisory f | ees, spe | aker fees and grar | nt support: |
| Viiv, | Tibotec | Janssen. | Abbvie. Bl | MS, Gilea | ad, MSD , Tobira | |
| Signature: | Je | 2 Dal | h | Date: | 22/January/2014 | |



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Conflict of Interest Disclosure Form

NAME: Manuel Battegay

AFFILIATION: University Hospital Basel, Switzerland

☐ 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: | 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 | | |
| Receipt of honoraria or consultation fees: | Abbvie AG, Bristol-Myers Squibb, ViiV Healthcare, Gilead Sciences, Pfizer | | |
| Participation in a company sponsored speaker's bureau: | No | | |
| Stock shareholder: | No | | |
| Spouse/partner: | No | | |



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Conflict of Interest Disclosure Form

Prof. Georg Behrens

NAME:

Medizinische Hochschule Hannover 0E 6830 Klinik für Immunologie und Rheumatologie

AFFILIATION:

Carl-Neuberg-Straße 1 30625 Hannover

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| 1 | e no potential conflict of interest to report e 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: Vij Vi Boel | ringer, alcol, BMS, Jonssen, MSD |
| Participa | ation in a company sponsored speaker's bureau: | Gilead, BMS, MSD, Fanssen, V. "V |
| Stock sh | areholder: | |
| Spouse/ | partner: | |
| Other su | upport (please specify): | |
| Signature: | Belvin | Date: 16.1.15 |



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Conflict of Interest Disclosure Form

| NAME: TAMAS BERTCZEY | | | |
|---|--|--|--|
| AFFILIATION: EMACLEM AIDS Triadfushed Group EAGE 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: 706 × Date: 04/07/15 | | | |



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Conflict of Interest Disclosure Form

NAMEL JUAN BEREIGHET
AFFILIATION:

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

have the following potential conflict(s) of interest to report

| Type of affiliation / financial interest | Name of commercial company |
|--|----------------------------|
| Receipt of grants/research supports: | SILEAD/MSD/VIIV |
| Receipt of honoraria or consultation fees: | ABBUIE/BMS/GILELD/JONSSEN/ |
| Participation in a company sponsored spe | raker's bureau: |
| Stock shareholder: | |

Spouse/partner:

Other support (please specify):

Signature:

Date:

16/ Low / 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:

Sebhagan

Abbvie, BMS, Gilead, Jannsen, ViiV

Participation in a company sponsored speaker's bureau:

Abbvie, BMS, Gilead, Jannsen, 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: Marka Bothto | | | |
|--|---------------------------------|--|--|
| 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: | Janssen, MSD, ViiV, TeVA, Gilea | | |
| | nssen, MSD, ViiV, Gilead, BMS | | |
| Participation in a company sponsored speaker's bureau: | | | |
| Stock shareholder: | | | |
| Spouse/partner: | | | |
| Other support (please specify): | | | |
| Signature: | Date: 19.01.15 | | |



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Conflict of Interest Disclosure Form

| NAME: | KARINA | BUTLER | | |
|----------|--------------|---------------------------------------|------------|--------|
| | 1. 0 /07 | NUC CHILDRENS | HOSPITAL E | MBLIN |
| AFFILIAT | ION: UUZ - 1 | BUTLER DYS CHILDRENS UNIVERSITY | COLLEGE | DUBLIN |
| | • | , | | |

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| DISCLOSURE | |
|--|----------------------------|
| ☐ I have the following potential conflict(s) of interest to report | port |
| 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): | |
| ignature: Karna Burler | Date: 2 - 7 - 2015 |



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Conflict of Interest Disclosure Form

NAME: VINCENT Ca) VEZ AFFILIATION: Groupe Hospitalises PITE-Salpé

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DISCLOSURE

| I have no potentia | 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:

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

 $\ \square$ 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:

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



Institution of the UEMSaisbl

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Conflict of Interest Disclosure Form

| NAME: CLUTECK 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 repo | ort |
| | |
| 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: | |

Signature:

Spouse/partner:

Other support (please specify):

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:

700

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:

DAMIACI GINAG

AFFILIATION:

HOSPITAL UNIVERSFITATE MUTVA TETERASSA (BARCEZONA

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DISCLOSURE

| 國 | 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:

Janes 19th



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Conflict of Interest Disclosure Form

| NAME: Antonella d'Arminio honforte |
|--|
| 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: Abbre - BMS - Gleod-Joursen - VIV-N |
| Participation in a company sponsored speaker's bureau: |
| Stock shareholder: |
| Spouse/partner: |
| Other support (please specify): |
| Signature: Date: 1011 8 6 7 20 17 |



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu

NAME: DE WIT Stephane

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Conflict of Interest Disclosure Form

| | (ni. 1- | Pi-no- | uni reasi | 70 11. | 0.00 | P | |
|--|--|--------------------|----------------|---------|---------------|----------|--|
| AFFILIATION: | SHINI | MEKKE | UNIVERSIT | y 40 | SPITAL, | Bursels. | |
| 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. | | | | | | | |
| | | D | ISCLOSURE | | | | |
| ☑ I have no | potential co | nflict of interest | to report | | | | |
| ☐ I have th | ☐ I have the following potential conflict(s) of interest to report | | | | | | |
| | | | | | | | |
| Type of affi | liation / finar | ncial interest | | Name of | commercial co | mpany | |
| Receipt of g | rants/researc | ch supports: | | | | | |
| Receipt of h | onoraria or c | onsultation fees: | | | | | |
| Participation | n in a compar | y sponsored spe | aker's bureau: | | | | |
| Stock sharel | holder: | | | | | | |
| Spouse/part | tner: | | | | | | |
| Other suppo | ort (please spe | ecify): | | | | | |
| Signature: | 1 | A | Da Da | te: 72 | , - JAW - | 7015 | |



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

Conflict of Interest Disclosure Form

NAME:

PERE DOMINGO

AFFILIATION: HOSPITAL DE LA SANTA CREU I SANT PAU

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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, 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,

> Gilead Sciences, ViiV Healthcare, Abbvie, Boehringer Ingelheim, Janssen & Cilag, Merck Sharp & Dohme, Bristol

Participation in a company sponsored speaker's bureau:

Stock shareholder: NO

Spouse/partner: NO

Myers & Squibb, Theratechnologies, Recordati, Esteve, Ferrer International

Other support (please specify):

Signature:

Pere Domingo emai

Firmado digitalmente por Pere Nombre de reconocimiento (DN): cn=Pere Domingo, o=HSCSP, email=pdomingo@santpau.cat,

Fecha: 2015.03.11 16:35:31

Date: March 11, 2015



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Conflict of Interest Disclosure Form

NAME: Telipe Garaga Alcaide

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):

Signature:

Date: 19/01/2015



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INFECTIOUS DISCUSES

Conflict of Interest Disclosure Form

| NAME: | NINA | FR | iis-maller | - | |
|--------------|------|-----|------------|------|------|
| AFFILIATION: | ODE | NSE | ONIVERSITY | HOSP | DEP. |

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.

| have no potential conflict of interest to report I have the following potential conflict(s) of interest | t 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 burea | au: |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| Signature: Wis Moller | 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 potentia | l conflict of inter | est to report |
|--------------------|---------------------|---------------|
|--------------------|---------------------|---------------|

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

Type of affiliation / financial interest

Name of commercial company

The institution of HF has received unrestricted grant/research support from ViiV, Gilead, BMS, Janssen, AbbVie, MSD, Boehringer-Ingelheim, Roche. Receipt of grants/research supports: Janssen, Abbvie, MGD, Boothinger in School, 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:

2015.03.11 09:15:24 +01'00'

Date:

11.March 2015



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Conflict of Interest Disclosure Form

| NAME: | 2 | ose | le | C | 113T A | | |
|-----------|-----|-----|----|---|--------|---------|--------|
| AFFILIATI | ON: | Hea | lt | Ø | lewif | Hapilet | Clinic |

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

| have no potential conflict of interest to report |
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| \square I have the following potential conflict(s) of interest to report |

Receipt of honoraria or consultation fees:

Name of commercial company

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

12/3/50/2



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Conflict of Interest Disclosure Form

NAME:

Anna Maria Geretti

Signature: Ale- Per.

AFFILIATION:

University of Liverpool

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DISCLOSURE

| | ☐ I have no potential conflict of interest to report | | | | | | |
|-----|--|--------------------------|------|--|--|--|--|
| | ☑ I have the following potential confl | ict(s) of interest to re | еро | ort | | | |
| | | | | | | | |
| 2.0 | Type of affiliation / financial interest | | | Name of commercial company | | | |
| 0 | Receipt of grants/research supports: | MSD, and ViiV of which | ch A | ol is recipient of research grants from Janssen MG is the PI. AMG is the local PI of multicentr y Boehringer Ingelheim and BMS | | | |
| | Receipt of honoraria or consultation for | | | Abbott, Gilead, GSK, MSD, ViiV | | | |
| 1 | Participation in a company sponsored | speaker's bureau: | | BMS, Gilead, GSK, Janssen, Qiagen, Tobira, ViiV | | | |
| , | Stock shareholder: | | Noi | ne | | | |
| , | Spouse/partner: | | Noi | ne | | | |
| (| Other support (please specify): | | Nor | ne | | | |
| | | | | | | | |

Date: 16/01/2015



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NAME: GHOSH JAGE

T +32 2 649 51 64 F +32 2 640 37 30

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Conflict of Interest Disclosure Form

AFFILIATION: HOSTAL HOTEL DIEU - SARIS - FRANCE

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| made readily available, either in printed form, with the programme of the LEE, or on the website of the |
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| 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. |
| , and the second |
| 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: MERCK-SHARD-BARE (MSD)- Builtol Ny un dans |
| Receipt of grants/research supports: MERCK-SHARD - BOARE (MSD) - Builtol My un form. 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): |
| Spouse/partner: Other support (please specify): **Plopitally Universitaire paris Signature: **Description of the Disagnostic of the State of the |
| EMSaight — Union Furonéenne des Médecine spécialistes L Monus de la Couranne 20, p. 1050 p |

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Signature:

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

Institution of the UEMSaisbi

Date: March 12th, 2015

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Conflict of Interest Disclosure Form

NAME: Deniz Gölegin AFFILIATION: Ege University

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DISCLOSURE

| ☐ I have no potential conflict of interest to report | | | | | | |
|---|--|--|--|--|--|--|
| 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: Gilend Abbrie | | | | | | |
| Receipt of grants/research supports: Gilead, Abbrie Receipt of honoraria or consultation fees: Gilead, Abbrie, MSD, GSK | | | | | | |
| Participation in a company sponsored speaker's bureau: | | | | | | |
| Stock shareholder: | | | | | | |
| Spouse/partner: | | | | | | |
| Other support (please specify): | | | | | | |
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www.eaccme.eu

T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

NAME: FELIX GUTIERREZ

AFFILIATION: HOSPITAL GENERAL UNIVERSITARIO DE ELCHE, SPAIN

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DISCLOSURE

| | have no | notential | conflict | of interest | to report |
|---|---------|-----------|----------|--------------|-----------|
| - | nave no | potential | COMMICE | of lifterest | 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, Vit, Janssen-Cilag, 65K

Receipt of honoraria or consultation fees:

BMS, Gilead, Janssen-Citag, GSK, ViiV

Participation in a company sponsored speaker's bureau: BMS, Glead, Jansten-Cilas, GSK, ViiV

Stock shareholder:

NO

Spouse/partner:

NO

Other support (please specify): No

Date: 22 January 2015



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS

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Conflict of Interest Disclosure Form

| NAME: AMPRIET HORBI | yn. |
|---|--|
| AFFILIATION: WARSON WEDCC | AC UM-ERSIT |
| In accordance with criterion 24 of document UEMS 2012/30 "Accree EACCME", all declarations of potential or actual conflicts of interest relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, he imbursement of expenses in relation to the LEE has been provided. | editation of Live Educational Events by the t, whether due to a financial or other f the application. Declarations also must be of the LEE, or on the website of the programment for re- |
| 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 | 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: |
| Mll | 27 Jan 2015 |



NAME:

AFFILIATION:

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

Institution of the UEMSaisbl

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Conflict of Interest Disclosure Form

A. IKIBARREN

MESPITEL UNIVERSITAL

| In accordance with criterion 24 of document UEMS 2012/30 "Accredita EACCME", all declarations of potential or actual conflicts of interest, where the control of the end of the | hether due to a financial or other e application. Declarations also must be the LEE, or on the website of the | | | | |
|---|---|--|--|--|--|
| 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: 19 / 1/15 | | | | |



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NAME: WATUAMA Christine

T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

Conflict of Interest Disclosure Form

| AFFILIATION: University Paris OI - Mobile! Fite |
|--|
| 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 |
| 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: JOW HED BUS - |
| Receipt of honoraria or consultation fees: MSO_8 Travel graut |
| Participation in a company sponsored speaker's bureau: \cite{N} |
| Stock shareholder: |
| Spouse/partner: $$ |
| Other support (please specify): |
| Signature: Date: 27 January 2015 |
| UEMS _{aisbl} – Union Européenne des Médecins Spécialistes Avenue de la Couronne 20, BE-1050 Bruxelles |

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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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AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu

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Conflict of Interest Disclosure Form

| | T 1-0 | A 4 | 1.000 |
|-------|-------|-----|-------|
| NAMF. | JOSEP | 17 | LUBRE |

AFFILIATION: UNIVERSITY HOSP. GERMANS TRIPS. BORGEL

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DISCLOSURE

| ☐ I have no potential cor | iflict of interest to report |
|---------------------------|------------------------------|
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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 - Glef Viv Heelth care,

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: JANUARY 26, ZON

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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

| 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: 02MARCH2015 | | | | |

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NAME:

AFFILIATION:

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

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AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu

DR. FROMA LYONS

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

Conflict of Interest Disclosure Form

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| organiser 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. | | | | | | |
|---|--|--|--|--|--|--|
| <u>DISCLOSURE</u> | | | | | | |
| ☐ I have no potential conflict of interest to report | | | | | | |
| ☐ 1 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: Janvier, BMS, MSD Participation in a company sponsored speaker's bureau: Lansen BMS, MSD | | | | | | |
| Participation in a company sponsored speaker's bureau: Lansen, MMS, MSD | | | | | | |
| Stock shareholder: | | | | | | |
| Spouse/partner: | | | | | | |
| Other support (please specify): | | | | | | |
| Signature: Date: 4/5/1 | | | | | | |



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Conflict of Interest Disclosure Form

| NAME: | p Hullolas | | | | |
|--------------|-------------|----------|--------|-----------|--|
| AFFILIATION: | ID Service. | Hospital | Olivi. | Baneloua. | |

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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: |
| Receipt of grants/research supports: Receipt of honoraria or consultation fees: BMS, MSD, ViiV, Gilead, Abbwie, Jauren |
| Participation in a company sponsored speaker's bureau: BMS, MSD, ViV, Cilead, Abbrie, Course |
| |

Spouse/partner:

Stock shareholder:

Other support (please specify):

Signature:

Date: January 16th, 2015

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Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu

NAME: PATRICK MALLON

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

| AFFILIATION: | UMVERSITY | COLLEGE | DUBLIN | | | |
|--|--------------------------|--------------------|-------------------|---------------------|--|--|
| 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. | | | | | | |
| | | DISCLO | SURE | | | |
| ☐ I have no | potential conflict of | interest to repo | rt | | | |
| 🛛 I have the | e following potential | conflict(s) of int | erest to report | | | |
| | | | | | | |
| Type of affil | liation / financial inte | erest | Name of co | mmercial company | | |
| Receipt of g | rants/research suppo | orts: 1 | VIIV HEMTHCALE, G | ILEAD SCIENCES, BMS | | |
| Receipt of h | onoraria or consultat | ion fees: | VIIV GLUBAD AM | STANSSEN, MSD. | | |
| Participation | n in a company spons | ored speaker's | bureau: GLEAD B | | | |
| Stock sharel | holder: NIL | | MUDAD, K | sns | | |
| Spouse/part | tner: NIL | | | | | |
| Other suppo | ort (please specify): | ML | | | | |
| | | | | | | |
| Signature: | PMale | | Date: | 15th June 2015 | | |



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 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: Javier Martinez-Picado

AFFILIATION:

ICREA, irsiCaixa, UAB and UVic/UCC

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.

| | ☐ I have no potential conflict of interest to report | | | | | |
|--------------------|--|---|-------|---------------|------------|--|
| | I have the following potential conflict(s) of interest to report | | | | | |
| | | | | | | |
| | Type of affilia | tion / financial interest | Nar | ne of commerc | ial compan | |
| | Receipt of grants/research supports: Merck, ViiV, Gilead | | | | | |
| | Receipt of honoraria or consultation fees: BMS | | | | | |
| | Participation i | n a company sponsored speaker's bureau: | BMS, | Gilead, Merc | ck, ViiV | |
| Stock shareholder: | | | | | | |
| | Spouse/partne | er: | | | | |
| | Other support | (please specify): | | | | |
| Sigr | nature: | au III) | Date: | 20 Januar | y 2015 | |



NAME:

The European Accreditation Council for Continuing Medical Education – EACCME®

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu

MARZOLINI CATIA

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

| AFFILIATION: | University | Lospital | Bo | iel, | Suit zer | land | |
|--|--|-----------------|-------|---------|-----------------|------|------|
| 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. | | | | | | | |
| | DI | SCLOSURE | | | | | |
| ☐ I have no poten | itial conflict of interest | to report | | | | | |
| I have the follow | ☐ I have the following potential conflict(s) of interest to report | | | | | | |
| | | | | | | | |
| Type of affiliation | / financial interest | | Name | of comn | nercial company | • | |
| Receipt of grants/ | research supports: | | Jan. | SSCA | | | |
| Receipt of honora | ria or consultation fees | : | | | | | |
| Participation in a c | company sponsored spe | eaker's bureau: | | | | | |
| Stock shareholder | : | | | | | | |
| Spouse/partner: | | | | | | | |
| Other support (ple | ease specify): edu | cahonal | | BMS | , Gilean | d Ab | bVic |
| | gro | at | | Jan. | , Gilean | , . | |
| Signature: | alarzo (| | Date: | 18 | 8.1.201 | 5 | |



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

Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu

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

| NAME: | Station. | | | |
|---|--|---|--|---------|
| AFFILIATION: | Canhor of | a liw | I Kann Dogan Lenk tation of Live Educational Events by the | |
| relationship, mu made readily av organiser of the | eclarations of potential or actual ust be provided to the EACCME® | I conflicts of interest, w upon submission of th with the programme of whether any fee, hono | whether due to a financial or other the application. Declarations also must be the LEE, or on the website of the | j |
| | <u>ī</u> | DISCLOSURE | | |
| ☐ I have no | o potential conflict of interes | st to report | | |
| 1 have th | ne following potential conflict | t(s) of interest to repo | ort | |
| Type of affi | iliation / financial interest | | Name of commercial company | |
| Receipt of g | grants/research supports: | | | |
| Receipt of h | onoraria or consultation fee | s: Albru | Aso, Robe, Villend, S. Rober, Blis, Lilend, | in zo ~ |
| Participation | n in a company sponsored sp | eaker's bureau: | Miso, Robe, Vil | r' |
| Stock sharel | holder: | 4 |) 4// - 0. | |
| Spouse/part | iner: | | Abbria, Blis, bilend, | 14450 |
| Other suppo | ort (please specify): | | Vo he | / |
| Signature: | 2 | Da | ate: 23/1/15 | |



Signature:

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

Institution of the UEMSaisbl

Date: 10/3/2015

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS

www.eaccme.eu

T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

| ı | NAME: MOLINA Jean Mielul MOLINA | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|
| , | NAME: MOLINA Jean Mielul MOLINA AFFILIATION: Saunt-lavis Hospital | | | | | | | |
| f r r | 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: March and Gilead | | | | | | | |
| | Receipt of honoraria or consultation fees: Ad Board: Much, Glod BMS | | | | | | | |
| | Participation in a company sponsored speaker's bureau: | | | | | | | |
| | Stock shareholder: None | | | | | | | |
| | Spouse/partner: Nava | | | | | | | |
| | Other support (please specify): | | | | | | | |
| | | | | | | | | |



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 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

SANTIAGO MORENO

AFFILIATION:

HOSPITAL RAMÓN Y CAJAL.

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

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



Institution of the UEMSaisbi

AVENUE DE LA COURONNE, 20 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: FIONA MULCahy

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: |) - Viive / GSK . MSJ |
| Receipt of honoraria or consultation fees: | 1. BMS JANSERS |
| Participation in a company sponsored speaker's bureau: |) · A66-1t |
| Stock shareholder: | 10 GILEAJ |
| Spouse/partner: | λ 0 |
| Other support (please specify): | 20 |
| Signature / Julion | Date: 13/5/15 |

UEMS_{aisbl} – Union Européenne des Médecins Spécialiste∮ | Avenue de la Couronne 20, BE-1050 Bruxelles | IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



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AVENUE DE LA COURONNE, 20 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: MARIA ANGELES TURO | 2 FERNANDEZ | |
|-------------------------------|----------------------|--------------|
| AFFILIATION: HOSPITAL GENERAL | - UNIVERSITARIO EREG | orio Marañon |

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| | I have no potential conflict of interest to report | | | |
|-----|--|-------|--------------------------|---|
| | ☐ I have the following potential conflict(s) of interest to re | eport | | |
| | | | | |
| | Type of affiliation / financial interest | Nar | ne 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): | | | |
| Sig | nature: | Date: | HMHARCH 2015 | ŗ |



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AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu

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accreditation@uems.net

Conflict of Interest Disclosure Form

NAME: MUSSING
AFFILIATION:

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DISCLOSURE

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:

'R

Date: 27/1/15



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AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu

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Conflict of Interest Disclosure Form

| R I | Λ | B / | C | |
|-----|---|-----|---|--|
| IN | н | M | E | |

EUGENIA NEGREDO

AFFILIATION: GERMANS TRIAS , PUJOL HOSPITAL, BADOLONA SPAIN

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| ☐ I have r | no potential conflict of interest to | report | |
|---------------|--------------------------------------|-------------------------|-------------------|
| l have t | he following potential conflict(s) o | of interest to report | |
| | | | |
| Type of af | filiation / financial interest | Name of com | mercial company |
| Receipt of | grants/research supports: | | |
| Receipt of | honoraria or consultation fees: | Jansen, sibbre. | MSD, Glead, VIIV |
| Participation | on in a company sponsored speak | er's bureau: Janssen, A | MSD, Glead, VIIV. |
| Stock share | | Gileo | |
| Spouse/pa | rtner: | | |
| Other supp | port (please specify): | | |
| Signature: | | Date | |



Signature

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T +32 2 649 51 64 F +32 2 640 37 30

Conflict of Interest Disclosure Form

NAME: OPREA CRINTOANA

AFFILIATION: "VICTOR BABES" CLINICAL HOSPITAL FOR INFECTIOUS AND TROPICAL BIVETYES - BUCHARETT ROMANIA
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.

| ☐ 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, AMS, Abbrie |
| Participation in a company sponsored speaker's bureau: | |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| | |
| nature: | Date: 22.01.2015 |



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AVENUE DE LA COURONNE, 20 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: ALEXANDER PAMELEEV

AFFILIATION:

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| | I have no potential conflict of interest to report | | |
|------|---|-------|--------------------------|
| | ☐ I have the following potential conflict(s) of interest to r | eport | |
| | .,1 | | |
| | Type of affiliation / financial interest | Nam | ne 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): | | |
| Sigi | nature: | Date: | 19.01.2015 |



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AVENUE DE LA COURONNE, 20 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: ANTONIOS PAPADOPOULOS

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

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, Janssey

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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AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu

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

| NAME: | Rojer Parecle | | | | |
|---|---|--|---|-----------------|-------|
| AFFILIATION: | ItiV Uml & 1 | rhanxa hijt | inte, B | Sarcilina | |
| relationship, must be made readily availal organiser of the LEE | criterion 24 of document UEMS rations of potential or actual conce provided to the EACCME® upoble, either in printed form, with Declarations must include whe penses in relation to the LEE has | offlicts of interest, when on submission of the a the programme of the other any fee, honorar | ther due to a fina pplication. Decla | ancial or other | |
| | DIS | CLOSURE | | | |
| have no po | otential conflict of interest to | report | | | |
| | ollowing potential conflict(s) | | | | |
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| Type of affiliat | ion / financial interest | N | lame of comme | rcial compan | У |
| Receipt of gran | ts/research supports: | | | | |
| Receipt of hono | oraria or consultation fees: | | | | |
| Participation in | a company sponsored speak | er's bureau: | | | |
| Stock sharehold | der: | | | | |
| Spouse/partner | :: | | | | |
| Other support (| please specify): | | | | |
| | | | 121 | | 1 |
| Signature: | | Date | : 16/f | annary | /2015 |



Signature:

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AVENUE DE LA COURONNE, 20 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

PORNO CARLO FEDERICO

AFFILIATION: UNIVERSITY OF ROME "TOR JERGATA"

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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: | |
| Spouse/partner: | |
| Other support (please specify): | |
| OI. | 20/1/212 |
| gnature: | Date: 19 1 2015 |



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 **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

raniel Podrancer NAME:

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

Gilead PFizer Bochriger
Injelher Bris, viv.
Abbric Gilead, VIIV, Janssen, Bochriger
Impelheim, Drs, MSD Abbric, Sileal, VIIV, Jewson, MSD. Bochriger Engelheim, BMS, MSD.

Signature:

Date: 19 JAN 2095

UEMSaisbi - Union Européenne des Médecins Spécialistes | Avenue de la Couronne 20, BE-1050 Bruxelles IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848



Institution of the UEMSaishi

AVENUE DE LA COURONNE, 20 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:

ANTON POZNIAK

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

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, VIIV, Gilead, BMS Danssen Merck, VIIV, Gleud, BMS, Janssen

Gilead

NII

W.

Signature:

- JAN 2015.



Institution of the UEMSaisbl

AVENUE DE LA COURONNE, 20 BE- 1050 BRUSSELS www.eaccme.eu

NAME: FERMAN PUJOC ROCA

AFFILIATION: HISPANOSIDA

T +32 2 649 51 64 F +32 2 640 37 30

accreditation@uems.net

| 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. | |
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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 2 | 015 |
| UEMS _{aisbl} – Union Européenne des Médecins Spécialistes Avenue de la Couronne 20, BE-1050 Bruxelles | |



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AVENUE DE LA COURONNE, 20 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: Federico Pulido Ortega

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

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

Name of commercial company

Receipt of grants/research supports:

Type of affiliation / financial interest

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: Massimo Puoti

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 repo | ort |
| | |
| Type of affiliation / financial interest | Name of commercial company |
| Receipt of grants/research supports: GIEBAO SCIENCES | , VIIV, BMS |
| Receipt of honoraria or consultation fees: CIGAD SUERIOS | , VIIV, BMS, JANSSEM, ABBOVIE |
| Participation in a company sponsored speaker's bureau: | BBVIE, BITS, JAMSSEM, GLERD, 1750 |
| | |
| Stock shareholder: | |
| Spouse/partner: | |

Signature:

Other support (please specify):

Manu Or

Date: Marus 10 4 205



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Conflict of Interest Disclosure Form

NAME: François Routi

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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Signature:

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Conflict of Interest Disclosure Form

| EACCME", all de | with criterion 24 of doc eclarations of potentia ast be provided to the | ument UEMS I or actual con | 2012/30 "Accredit flicts of interest, w | ation of Live hether due t | Educational Eve | nts by the other | |
|-------------------------------------|---|---------------------------------|--|-------------------------------|------------------|---------------------|-------|
| made readily av organiser of the | ailable, either in print LEE. Declarations must expenses in relation t | ed form, with st include whe | the programme of ther any fee, hono | the LEE, or o | n the website of | the | |
| | | DIS | CLOSURE | | | | |
| | o potential conflict one following potenti | | • | ort | | | |
| Type of aff | iliation / financial in | nterest | | Name of | commercial co | mpany | |
| Receipt of | grants/research sup | ports: | Gilean | As I to | Gilens. | Merck, | Cipl |
| Receipt of | honoraria or consult | ation fees: | GILLA ASSOH, | ASSUR | 371, | a- 11e-1 | Uii L |
| Participatio | on in a company spo | nsored speak | ker's bureau: | , | | | |
| Stock share | eholder: | | | | | | |
| Spouse/par | tner: | | | | | | |
| Other supp | ort (please specify): | | | | | | |
| | | | | | 0 - 0 | 11 | |

Date:



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| NAME: SCENT IN SCONI | |
|--|---|
| AFFILIATION: UNIVERSITY DEGLI STUDI | di Milaro, italy |
| In accordance with criterion 24 of document UEMS 2012/30 "Accredence EACCME", all declarations of potential or actual conflicts of interest, relationship, must be provided to the EACCME® upon submission of made readily available, either in printed form, with the programme organiser of the LEE. Declarations must include whether any fee, ho imbursement of expenses in relation to the LEE has been provided. | , whether due to a financial or other the application. Declarations also must be of the LEE, or on the website of the |
| DISCLOSURE | |
| ☐ I have no potential conflict of interest to report | |
| 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: | PFIZER, JANSPEN |
| Receipt of honoraria or consultation fees: | 7 BMS MSD, ViiV, Abbrie, |
| Participation in a company sponsored speaker's bureau: | 7 BMS, MSD, ViiV, Abbrie, Sciled, Janopen |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| Signature: Curron | Date: Joh. 17, 2015 |



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Conflict of Interest Disclosure Form

NAME: CAROLINE SABIN

AFFILIATION: UNIVERSITY COLLEGE LONDON

☐ I have no potential conflict of interest to report

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| C | have the following potential conflict(s) of interest to | report |
|--------|---|---------------------------------|
| Т. | ype of affiliation / financial interest | Name of commercial company |
| R | eceipt of grants/research supports: | - |
| Re | eceipt of honoraria or consultation fees: GILEAD SCI | ENCES, JANSSEN-CILAG, VIIV, HSD |
| Pa | articipation in a company sponsored speaker's bureau: | GILEAD SCICNCES |
| St | ock shareholder: | |
| Sp | ouse/partner: | |
| Ot | her support (please specify): | |
| Signat | ure: C. a. Sabi | Date: 11/3/2015 |



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Conflict of Interest Disclosure Form

NAME:

DALIBOR SEDLACEK, M.D. PhD.

AFFILIATION: CHARLES UNIVERSITY PRAGUE, MED. FACKLTYPLZEN

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 |
|-----------------------|----------|-------------|-----------|
|-----------------------|----------|-------------|-----------|

And 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:

GS, GSK, JANASEN

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 26/39N/2015



AFFILIATION:

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

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| In accordance with criterion 24 of document UEMS 2012/30 "Accredit EACCME", all declarations of potential or actual conflicts of interest, we relationship, must be provided to the EACCME® upon submission of the made readily available, either in printed form, with the programme of organiser of the LEE. Declarations must include whether any fee, honorimbursement of expenses in relation to the LEE has been provided. | whether due to a financial or other he application. Declarations also must be |
|--|--|
| DISCLOSURE | |
| ☐ I have no potential conflict of interest to report | |
| I have the following potential conflict(s) of interest to rep | ort |
| Type of affiliation / financial interest | Name of commercial company |
| Receipt of grants/research supports: Gilead | or commercial company |
| Receipt of honoraria or consultation fees: BMS, Give | ead, MGD, VIIV |
| Participation in a company sponsored speaker's bureau: Si | lead |
| Stock shareholder: | |
| Spouse/partner: | |
| Other support (please specify): | |
| Signature: Da | ate: 210115 |



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JAN 2015

Conflict of Interest Disclosure Form

| NAME: Dr DAN TURNER | |
|--|--|
| AFFILIATION: TEL AVIV MEDILAL CTA | |
| In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events | |

EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other ts by the 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: MSD, GSK, JANSSEV Participation in a company sponsored speaker's bureau: |
| Participation in a company sponsored speaker's bureau: |
| Stock shareholder: N |
| Spouse/partner: NO |
| Other support (please specify): |
| Signature: |



Signature:

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in the tim. Oriens.net

Conflict of Interest Disclosure Form

| | NAME: | | Prof. Dr. Linos Var Atgemene inwend ge ziet en Psychoso | kten, infectieziekten | | | |
|--|---|--------------------|---|---------------------------|----|--|--|
| | AFFILIATION: | | 1-09706-0 Universitair Ziek |)1-580 | | | |
| 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 | | | | | | | |
| | | ion / financial in | | Name of commercial compar | ıy | | |
| | Receipt of gran | ts/research supp | oorts: 1151), 13175 | 181. VIV alind | | | |
| | Receipt of grants/research supports: (151), BITS, JrJ. VIIV, Geleod Receipt of honoraria or consultation fees: Geleod, BIS I VIIV. | | | | | | |
| | Participation in a company sponsored speaker's bureau: | | | | | | |
| | Stock sharehold | ler: | | | | | |
| | Spouse/partner | : | / | | | | |
| | Other support (please specify): | | | | | | |
| | | | / | | | | |

Date:

16/01/2013



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Conflict of Interest Disclosure Form

NAME:

FRANCESC VIDAL MARSAL

AFFILIATION: HOSPITAL UNIVERBITALI JOAN XXIII, TARRAGONA, SPAIN

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DISCLOSURE

A have no potential conflict of interest to report

 \Box 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: July 28th, 2011

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NAME :AMJ Wensing....

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

| AFFILIATION:UMC Utrecht | | | | | |
|--|--|--|--|--|--|
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| 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: | Investigator initiated grants from Janssen, Viiv healthcare. All paid to my institution; | | | | |
| Receipt of honoraria or consultation fees: | Janssen, BMS, Gilead, Viiv Healthcare. All paid to my institution; | | | | |
| Participation in a company sponsored speaker's bureau: | None | | | | |
| Stock shareholder: | None | | | | |
| Spouse/partner: | None | | | | |
| Other support (please specify): | Travelsupport> Gilead, MSD, Viiv Healthcare, | | | | |



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Conflict of Interest Disclosure Form

NAME:

Yazdanpanah

AFFILIATION:

Bichat Hospital, France

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DISCLOSURE

 $\ \square$ 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:

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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Conflict of Interest Disclosure Form

NAME: Mike Youle AFFILIATION: Royal Fee Hospital, 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:

1.

Date: 21/7/15