

### Conflict of Interest Disclosure Form

FIRST NAME: BAZIL LAST NAME: ATELEANU  
AFFILIATION: ESA BOARD

#### 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: <input type="checkbox"/>	
Receipt of honoraria or consultation fees: <input type="checkbox"/>	
Participation in a company sponsored speaker's bureau: <input type="checkbox"/>	
Stock shareholder: <input type="checkbox"/>	
Spouse/partner: <u>N/A</u>	
Other support (please specify): <u>—</u>	

Signature: 

Date: 2.12.19

This form is valid from the 1<sup>st</sup> of January till the 31<sup>st</sup> of December 2020.  
It is the responsibility of the signer to fill in an updated Conflict of Interest Disclosure form in the case that the Affiliation or Financial interest situation has changed.

### Conflict of Interest Disclosure Form

FIRST NAME: JLONA LAST NAME: BOBEK  
AFFILIATION: BOARD MEMBER

#### 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: Fresenius Kabi

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau: Orion Pharma, Biotest Kft.  
Kedion, Medial Kft.

Stock shareholder: —

Spouse/partner: —

Other support (please specify):

Signature: Robert Jlova

Date: 03 DEC 2019.

This form is valid from the 1<sup>st</sup> of January till the 31<sup>st</sup> of December 2020.

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### Conflict of Interest Disclosure Form

FIRST NAME: SERBAN IOXI LAST NAME: BUBENEK-TURCONI  
AFFILIATION: ESA-Board - NASE Chairman

#### 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:

02.12.2019.

This form is valid from the 1<sup>st</sup> of January till the 31<sup>st</sup> of December 2020.

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## Conflict of Interest Disclosure Form

FIRST NAME: *Stefan*

LAST NAME: *De Hert*

AFFILIATION:

### 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:

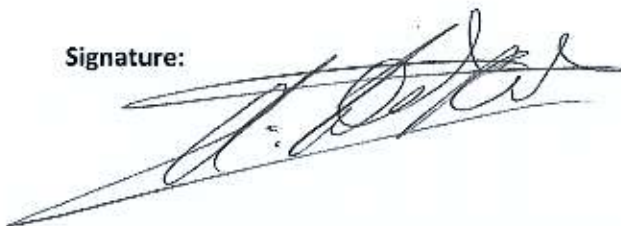
Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:



Date:

*21/12/2019*

This form is valid from the 1<sup>st</sup> of January till the 31<sup>st</sup> of December 2020.

It is the responsibility of the signer to fill in an updated Conflict of Interest Disclosure form in the case that the Affiliation or Financial interest situation has changed.

## Conflict of Interest Disclosure Form

FIRST NAME: Edoardo

LAST NAME: De Robertis

AFFILIATION:

### 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:	Aguettant
Participation in a company sponsored speaker's bureau:	MSD
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: 12.12.2019



This form is valid from the 1<sup>st</sup> of January till the 31<sup>st</sup> of December 2020.

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## Conflict of Interest Disclosure Form

FIRST NAME: MARCOLO

LAST NAME: GAMA de ARSU

AFFILIATION: DEPT. OF ANESTHESIOLOGY AND INTENSIVE CARE, UNIVERSITY HOSPITAL CARL GUSTAV CARL, TU DORTMUND

### 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: DRÄGSK MEDICAL, GE HEALTHCARE, AMBU, GSK

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 02.12.19



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### Conflict of Interest Disclosure Form

FIRST NAME: *Andreas* LAST NAME: *Hoeff*  
AFFILIATION: *Uni. of Bonn, Dept. of Anesthesiology*  
**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:

*Philips, Munich*

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:



Date:

*2.12.19*

This form is valid from the 1<sup>st</sup> of January till the 31<sup>st</sup> of December 2020.

It is the responsibility of the signer to fill in an updated Conflict of Interest Disclosure form in the case that the Affiliation or Financial interest situation has changed.

### Conflict of Interest Disclosure Form

FIRST NAME: *Rokovic* LAST NAME: *Tosunovic*  
AFFILIATION: *School of Medicine; University of Novi Sad, Serbia*

#### 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: <input checked="" type="checkbox"/>	
Receipt of honoraria or consultation fees: <input checked="" type="checkbox"/>	
Participation in a company sponsored speaker's bureau: <input checked="" type="checkbox"/>	
Stock shareholder: <input checked="" type="checkbox"/>	
Spouse/partner: <input checked="" type="checkbox"/>	
Other support (please specify):	

Signature: 

Date: *2.12.2019*

This form is valid from the 1<sup>st</sup> of January till the 31<sup>st</sup> of December 2020.

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## Conflict of Interest Disclosure Form

FIRST NAME: *Orit* LAST NAME: *Nahomi Shick*  
AFFILIATION: *Shaare Zedek Medical Center, Jerusalem*

### 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:

*ONahomi*

*3.12.2019*

This form is valid from the 1<sup>st</sup> of January till the 31<sup>st</sup> of December 2020.

It is the responsibility of the signer to fill in an updated Conflict of Interest Disclosure form in the case that the Affiliation or Financial interest situation has changed.

## Conflict of Interest Disclosure Form

FIRST NAME: KAI LAST NAME: ZACHAROWSKI  
AFFILIATION: UNIVERSITY HOSPITAL FRANKFURT

### 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):

see additional  
document

Signature:



Date: 02.12.2019

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