Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Andreas Hoefl

AFFILIATION: University of Bonn, Germany

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

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<tr>
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<th>Name of commercial company</th>
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<td>Receipt of grants/research supports:</td>
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<td>Receipt of honoraria or consultation fees:</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</tbody>
</table>

Signature: [Signature]

Date: 19.1.2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Massimo Lamperti

AFFILIATION: Cleveland Clinic Abu Dhabi

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: None
Receipt of honoraria or consultation fees: None
Participation in a company sponsored speaker’s bureau: None
Stock shareholder: None
Spouse/partner: None
Other support (please specify): None

Signature: Massimo Lamperti
Date: January 28, 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Anthony Absalom

AFFILIATION: University Medical Center Groningen

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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<td>Participation in a company sponsored speaker’s bureau:</td>
<td>Consultant Janssen Pharma</td>
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<tr>
<td>Stock shareholder:</td>
<td>Drager; Carefusion</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 3 februari 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prof. Radmila Jankovic; MD, PhD

AFFILIATION: MD., Ph.D.; Dpt. for Anesthesiology and Intensive Care, University of Nis, Serbia

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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Signature: [Signature]
Date: 28.01.2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Keira P. Mason, MD

AFFILIATION: Associate Professor of Anaesthesia, Harvard Medical School, Boston Children’s Hospital

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 re-imbursement of expenses in relation to the LEE has been provided.

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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: Keira P. Mason Date: January 28, 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Thomas Fuchs-Buder

AFFILIATION: CHU Nancy

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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

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau: yes

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 20 February 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Metha Brattwall

AFFILIATION: Sahlgrenska University Hospital (Molndal - SE)

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: Metha Brattwall
Date: 02/02/2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Meistelman Claude

AFFILIATION: CHU de Brabois, Faculté de Médecine, Université de Lorraine

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

X 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: MSD and Baxter for lectures

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Date: 21/04/2015
**Conflict of Interest Disclosure Form**

*(to be completed by scientific/organising committee members)*

**NAME:**  Mark Skues  

**AFFILIATION:**  Countess of Chester Hospital NHS Foundation Trust  

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 re-imbursement of expenses in relation to the LEE has been provided.

**DISCLOSURE**

- [ ] I have no potential conflict of interest to report  
- [x] I have the following potential conflict(s) of interest to report

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<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>Honorarium for MS&amp;D Industry Symposium</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
<td>J&amp;J (Ethicon) Sponsored Meetings</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>

**Signature:**  MA Skues  

**Date:**  30/1/15
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Gabriella Iohom

AFFILIATION: Cork University Hospital and University College Cork, Cork, Ireland

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 re-imbursement of expenses in relation to the LEE has been provided.

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: Gabriella Iohom

Date: 22/01/2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Eric Albrecht

AFFILIATION: Program Director, Regional Anaesthesia, Department of Anaesthesia, Lausanne University Hospital

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 re-imbursement 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: I received grants from the Swiss Academy for Anaesthesia Research (no grant number)

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 28, 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ali Erslan Apan

AFFILIATION: Giresun University Faculty of Medicine Department of Anaesthesiology and Intensive Care

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 re-imbursement of expenses in relation to the LEE has been provided.

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Signature: [Signature] Date: 27.01.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ...PD Dr. med. Jens Kessler..............................

AFFILIATION: Department of Anaesthesiology, University Hospital Heidelberg, Im Neuenheimer Feld 110, 69120 Heidelberg

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**DISCLOSURE**

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**Type of affiliation / financial interest** | **Name of commercial company**
---|---
Receipt of grants/research supports: research support by Philips
Receipt of honoraria or consultation fees: honoraria for lectures from MSD, Mundipharma, Pajunk
Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify): medical advisor for Smiths Medical

Signature: ___________________ Date: 30.01.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Philipp Lirk MD PhD

AFFILIATION: Dept. of Anesthesiology, Academic Medical Center, University of Amsterdam, NL

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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: Sono Site speakers honoraria twice for participation in workshops in 2008 and 2012

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 27.01.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: MARCEL VERCAUTEREN

AFFILIATION: ANTWERP UNIVERSITY HOSPITAL

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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: JANSSEN-CILAG, MSD & ABVIE

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:  Date: 14/01/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Professor Peter Kranke

AFFILIATION: Department of Anaesthesia and Critical Care, University Hospital of Würzburg, Germany

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 re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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Type of affiliation / financial interest Name of commercial company

Receipt of grants/research supports: Acacia Pharma Ltd, GlaxoSmithKline

Receipt of honoraria or consultation fees: FreseniusKabi

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:  

Date: 27 January, 2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Emilia Guasch Arévalo

AFFILIATION: Department of Anesthesia Hospital Universitario La Paz. Madrid. Spain

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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: CSL Behring

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Guasch

Date: 27-01-2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Van de Velde Marc


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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Signature: ___________________________ Date: 3/2/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr. Karin Becke

AFFILIATION: Dept of Anesthesia and Intensive Medicine, Cnopf Children's Hospital Nuernberg

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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<td>Other support (please specify):</td>
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Signature: Becke  Date: 14.01.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Nicola Disma

AFFILIATION: Dept. of Anesthesia, Istituto Giannina Gaslini, Genoa, Italy

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<td>Other support (please specify):</td>
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</table>

Signature: Nicola Disma

Date: 27-01-2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Dr. Thomas Engelhardt

AFFILIATION: Royal Aberdeen Children’s Hospital

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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: 27 January 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Tom G. Hansen

AFFILIATION: Department of Anaesthesia & Intensive Care, Odense University Hospital, DK-5000 Odense C, DENMARK

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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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</table>

Signature: Tom Hansen

Date: 27/1 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : VEYCKEMANS FRANCIS

AFFILIATION : Cliniques universitaires St Luc, Brussels, Belgium

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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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: VEYCKEMANS

Date: Jan 26 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Federico Bilotta

AFFILIATION: University of Rome "La Sapienza", Department of Anesthesiology, Critical Care and Pain Medicine

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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</table>

Signature: Federico Bilotta

Date: 20/1/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: PANDIN

AFFILIATION: CUB ERASMUS ACADEMIC HOSPITAL / BRUSSELS / BELGIUM

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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</table>

Signature: Pierre Pandin

Date: JANUARY 27th 2015
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Gerhard Schneider

AFFILIATION: Witten/Herdecke University, HELIOS Clinic Wuppertal, Germany

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Signature: [Signature]                                      Date: 01/28/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ricard Valero

AFFILIATION: Anesthesiology Department. Hospital Clinic de Barcelona. Barcelona (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 re-imbursement of expenses in relation to the LEE has been provided.

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): MBA-Bioser. Congresses travel expenses

Signature: Ricard Valero   Date: 27th January 2015
EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMSalsbl

Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Alexander Zlotnik

AFFILIATION: Soroka University Medical Center, Ben Gurion University of Negev, Beer Sheva, Israel

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 re-imbursement of expenses in relation to the LEE has been provided.

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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: Alexander Zlotnik

Date: 28/01/15
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Benedikt Preckel

AFFILIATION: Department of Anesthesiology, Academic Medical Center Amsterdam, The Netherlands

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 re-imbursement of expenses in relation to the LEE has been provided.

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: Preckel Date: 2015-jan-19th
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Prof. Benjamin Druyez, MD
AFFILIATION: Hadassah Medical Center, Jerusalem, Israel

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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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: B. Druyez
Date: 04.02.2015
Conflicts of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Prof. Dr. Berthold Bein

AFFILIATION: Asklepios Hospital St. Georg, Department of Anaesthesiology and Intensive Care Medicine

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

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Type of affiliation / financial interest                      Name of commercial company

Receipt of grants/research supports: Abbvie, Pulsion Medical Systems

Receipt of honoraria or consultation fees: Pulsion Medical Systems, Abbvie, CSL Behring, MSD, ratiopharm, Orion Pharma,

Participation in a company sponsored speaker’s bureau: 3M, CSL Behring, GE Healthcare, Orion Pharma, MSD

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 28.01.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Jean-Luc Fellahi

AFFILIATION: Hôpital Cardiologique Louis Pradel, Hospices Civils de Lyon, LYON FRANCE

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 re-imbursement of expenses in relation to the LEE has been provided.

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<td>Receipt of grants/research supports:</td>
<td>Edwards Lifesciences, Pulsion Medical Systems, Fresenius Kabi, Ecom Medical</td>
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<td>Receipt of honoraria or consultation fees:</td>
<td>Baxter, Edwards Lifesciences, Fresenius Kabi, Masimo</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
<td>Baxter, Masimo</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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Signature: Fellahi

Date: January, 27th 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Simon James Howell

AFFILIATION: University of Leeds

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Signature: S J Howell

Date: 28 Jan 2015
EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMS aisbl

Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Dr. Matthias Jacob

AFFILIATION: St. Elisabeth Hospital, Department of Anaesthesiology, St.-Elisabeth-Str. 23, 94315 Straubing

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DISCLOSURE

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Type of affiliation / financial interest Name of commercial company

Receipt of grants/research supports: Fresenius Kabi, Serumwerk Bernburg, CSL Behring, GRIFOLS

Receipt of honoraria or consultation fees: GRIFOLS, Fresenius Kabi, B. Braun Melsungen, Serumwerk Bernburg, Baxter

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Matthias Jacob Date: Jan 27th 2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Jan Van Zundert

AFFILIATION: Ziekenhuis Oost-Limburg, Genk, Belgium

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Signature: [Signature]
Date: 14 January 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: CATERINA AURILIO

AFFILIATION: DEPT ANAESTHESIOLOGICAL, SURGICAL, EMERGENCY SCIENCES. SECOND UNIVERSITY OF NAPLES.

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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Signature: Caterina Aurilio

Date: 04-02-2015
European Union of Medical Specialists
The European Accreditation Council for
Continuing Medical Education – EACCME®
Institution of the UEMS aisbl

Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Jean-Pierre Estebe MD, PhD

AFFILIATION: University Hospital of Rennes

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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]
Date: 01/28/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ________________________________

AFFILIATION : ________________________________

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</table>

Signature: Marco Marcus Date: 27-01-2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Suter Marc

AFFILIATION: Lausanne University Hospital, Switzerland

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 re-imbursement of expenses in relation to the LEE has been provided.

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<td>Other support (please specify): none</td>
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</table>

Signature: [Signature Image]                                      
Date: 27.1.2015
EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for Continuing Medical Education – EACCME®
Institution of the UEMS aisbl

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

Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Sharon Einav

AFFILIATION: Shaare Zedek Medical Centre and Hebrew University, Jerusalem

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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

Name of commercial company

Type of affiliation / financial interest
Receipt of grants/research supports: Covidien, Zoll, Maquette, Diasorin
Receipt of honoraria or consultation fees:
Participation in a company sponsored speaker’s bureau:
Stock shareholder:
Spouse/partner:
Other support (please specify):

Signature: Sharon Einav
Date: 15 January 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : ELDAR SØREIDE.

AFFILIATION: ICU, DEPT ANESTHESIOLOGY, STAVANGER UNIVERSITY HOSPITAL, NORWAY

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

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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>
Signature:

Date: 30.1.2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Davide Chiumello

AFFILIATION: Fondazione IRCCS Ca' Granda, Milano

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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Signature: [Signature]

Date: 16/04/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Mikhail Kirov

AFFILIATION: Professor, Head of Department of Anesthesiology and Intensive Care Medicine

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: Pulsion Medical Systems

Receipt of honoraria or consultation fees: Nihon Kohden

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Mikhail Kirov

Date: 27.01.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Zsolt Molnar

AFFILIATION: Professor, head of department

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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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: PULSION, Biotest, ThermoFisher

Participation in a company sponsored speaker’s bureau: PULSION, Biotest, ThermoFisher

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Zsolt Molnar Date: 29-01-2015
Conflict of Interest Disclosure Form
(tobe completed by scientific/organising committee members)

NAME: Claude Martin

AFFILIATION: Nord University Hospital, Marseilles, France

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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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]

Date: 30/Jan/2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Manu Malbrain

AFFILIATION: ziekenhuis.netwerk Antwerpen. ZNA Stuivenberg. ICU

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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): member medical advisory board pulson medical systems

Signature: __________________________ Date: 27.01.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: FABIO GUARRACINO

AFFILIATION: AZIENDA OSPEDALIERO UNIVERSITARIA PISANA

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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</table>

Signature: GUARRACINO

Date: January 27th 2014
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Prof. Dr. Gernot Marx, FRCA

AFFILIATION: Department of Intensive Care Medicine, University Hospital RWTH Aachen, Germany

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DISCLOSURE

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

Type of affiliation / financial interest

Receipt of grants/research supports:

B Braun Melsungen GmbH

Receipt of honoraria or consultation fees:

B Braun Melsungen GmbH, Adrenomed

Participation in a company sponsored speaker’s bureau:

B Braun Melsungen GmbH, Edwards Life Sciences, CLS Behring, Pfizer, Thermo Fischer

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:  
Date: 10.02.2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Cesar Aldecoa

AFFILIATION: Hospital Universitario Rio Hortega

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 re-imbursement of expenses in relation to the LEE has been provided.

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</table>

Signature: Cesar Aldecoa

Date: 27/01/2014
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Karl Thies

AFFILIATION: Birmingham Children’s Hospital UK

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Signature: [Signature]

Date: 14/1/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Lorenz Theiler

AFFILIATION: University Hospital Inselspital and University of Bern Switzerland

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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Signature: 

Date: 27. Januar 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Jochen Hinkelbein

AFFILIATION: University Hospital of Cologne

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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: Jochen Hinkelbein Date: 26.01.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Luca Bazzi

AFFILIATION: Università di Torino - AOU Città della Salute e della Scienza di Torino

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: January 27th, 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Ellen O'Sullivan

AFFILIATION: St. James Hospital, Dublin, Ireland

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Signature: [Signature]

Date: 20 January 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME Arnd Timmermann

AFFILIATION: Red Cross Hospital Berlin Westend, Berlin, Germany

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

Type of affiliation / financial interest

Other support (please specify): Institutional and/or personal support of advice, material and/or travel expenses’ for workshops, lectures and/or studies

Name of commercial company

AbbVie, Actavis, Ambu, Baxter, B. Braun, Dahlhausen, GE, Laerdal, Intersurgical, MSD, PAJUNK, Philips, Promecron, ratiopharm, Samsung, smiths medical, SonoSite, Surgical company, Teleflex, Karl Storz, Vygon,

Signature:  

Date: 22.4.2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Nuzhet Mert Şentürk

AFFILIATION: Istanbul University, Istanbul Medical Faculty, Dep of Anaesthesiology.

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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Signature: [Signature]
Date: 03.02.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Michael S. Kristensen

AFFILIATION: ...Rigshospitalet, University hospital of Copenhagen

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 re-imbursement of expenses in relation to the LEE has been provided.

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<td>Receipt of grants/research supports: The department has been sponsored by a research support by the company Ambu A/S, Denmark</td>
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr. Ruediger Noppens

AFFILIATION: Medical Center of the Joh. Gutenberg University, Dept. of Anesthesiology

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</table>

Signature: [Signature]  Date: 27. Januar 2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Jan Paul Mulier .................................

AFFILIATION: AZ Sint Jan Brugge ....................

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Other support (please specify):

Signature: [Signature]
Date: 03/02/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Gary Mills

AFFILIATION: Sheffield Teaching Hospital and Sheffield University

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 28.1.15
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: LICKER Marc

AFFILIATION: University Hospital Geneva, Dpt Anesthesiology

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

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<td>Receipt of grants/research supports:</td>
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<td>Receipt of honoraria or consultation fees:</td>
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<td>Participation in a company sponsored speaker’s bureau:</td>
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<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: ___________________________ Date: 03/02/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Cesare Gregoretti

AFFILIATION: Città della salute e della scienza Torino Italy

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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<tbody>
<tr>
<td>Receipt of grants/research supports:</td>
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<tr>
<td>Receipt of honoraria or consultation fees: Philips, Ge, Lindegas, Covidien, ResMed, Medicaire, Airliquide, Vitalaire</td>
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<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
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<tr>
<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<tr>
<td>Other support (please specify):</td>
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</tbody>
</table>

Signature: [Signature]

Date: 28.1.15
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Marcelo Gama de Abreu

AFFILIATION : Department of Anesthesiology and Intensive Care Therapy, University Hospital Carl Gustav Carus, TU Dresden

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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: Dr. Di勤 Medical AG; Novalung GmbH

Receipt of honoraria or consultation fees: Dr. Di勤 Medical AG; Novalung GmbH

Participation in a company sponsored speaker’s bureau: Dr. Di勤 Medical AG; Novalung GmbH

Stock shareholder: N/A

Spouse/partner: N/A

Other support (please specify): N/A

Signature: [Signature]

Date: January 27, 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME:  Jens Meier

AFFILIATION:  AKh Linz

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 re-imbursement 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:  Jens Meier

Date:  15.01.15
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr. Susan Mallett

AFFILIATION: Royal Free Hospital

In accordance with criterion 24 of document UEMS 2012/10 "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

Receipt of grants/research supports: 

✓ Receipt of honoraria or consultation fees: Masimo, CSL Behring

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Name of commercial company: All honoraria received into a charitable grant fund.

Signature: [Signature]

Date: 3.2.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Juan V. Llau Pitarch

AFFILIATION: Dept. Anesthesiology and Critical Care - Hospital Clinic Universitari de Valencia - 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

Type of affiliation / financial interest                           Name of commercial company

Receipt of grants/research supports: CSL-Behring

Receipt of honoraria or consultation fees: Sanofi, Bayer Health Care, BMS-Pfizer

Participation in a company sponsored speaker’s bureau: Rovi, Fresenius-Kabi, CSL-Behring, Baxter, Octapharma

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:  

Date: 01-29-2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Christian Fenger-Eriksen

AFFILIATION: Aarhus University Hospital, Department of Anaesthesiology, Aarhus, Denmark

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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<td>Other support (please specify):</td>
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</table>

Signature: Christian Fenger-Eriksen

Date: 27.1.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Dr Aamer B Ahmed

AFFILIATION: University Hospitals of Leicester NHS Trust, UK

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

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<th>Type of affiliation / financial interest</th>
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<td>Other support (please specify):</td>
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Signature: [Signature]  Date: 28/01/2015
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

Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME : Prof. Dr. Dr. Markus W. Hollmann

AFFILIATION: Academic Medical Center, Amsterdam (AMC), Department of Anesthesiology

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<td>Receipt of honoraria or consultation fees:</td>
<td>EUROCEPT, ECHO, CSL BEhring, ABBVIE, BBRAUN</td>
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<tr>
<td>Stock shareholder:</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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Signature: [Signature]

Date: 15/01/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Hannu Kokki

AFFILIATION: University of Eastern Finland

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**

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

**Type of affiliation / financial interest**

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<th>Reason for Conflict</th>
<th>Name of Commercial Company</th>
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<td>Receipt of grants/research supports:</td>
<td>Sanquin, OrionPharma, Baxter</td>
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<td>Stock shareholder:</td>
<td>OrionPharma</td>
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<td>Spouse/partner:</td>
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<td>Other support (please specify):</td>
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</table>

**Signature:** Hannu Kokki  
**Date:** 29th Jan 2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Engelbers

AFFILIATION: Leiden University Medical Centre

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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Signature: Engelbers
Date: 03-02-2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Manfred Blobner

AFFILIATION: Klinik für Anaesthesiologie, Technische Universität München

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<td>Receipt of grants/research supports</td>
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Signature: ___________________________ Date: 27. Jan 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Marc Moritz Berger, MD

AFFILIATION: Department of Anesthesiology, University Hospital Salzburg

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Signature: [Signature] Date: 27.01.2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Jan Hendrickx

AFFILIATION: Dept. of Anesthesiology/ICM, OLV Hospital, Aalst, Belgium

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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: Many companies (please see below)

Receipt of honoraria or consultation fees: Many companies (please see below)

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

I received lecture support, travel reimbursements, equipment loans, consulting fees and/or meeting organizational support from AbbVie, Acertys, Air Liquide, Allied healthcare, Armstrong Medical, Baxter, Draeger, GE, Hospithera, Heinen und Löwenstein, Intersurgical, Maquet, MDM, MEDEC, Micropore, Molecular, NWS, Philips, Quantum Medical

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: January 14, 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organizing committee members)

NAME: Nicholas MOORE

AFFILIATION: Society for Ultrasound in Anaesthesia

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

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]

Date: 11th February 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Martin Luginbuehl

AFFILIATION: Department of Anesthesia, Bern Hospital Network, 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

Receipt of grants/research supports:

Dräger Medical Inc. Lübeck, Germany

Receipt of honoraria or consultation fees:

Dräger Medical Inc. Lübeck, Germany

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: _______________________________ Date: 11.02.2015

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IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Alain Kalmar ________________________________

AFFILIATION: Department of Anaesthesiology and Intensive care medicine, Maria Middelares hospital, Ghent, Belgium

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Signature: ___________________________ Date: 27/01/2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: …Prof Gabriel M. Gurman…………………………………………

AFFILIATION: ……Ben Gurion University of the Negev, Beer Sheva, Israel……………………………………

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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: February 3 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Emmanuel Boselli

AFFILIATION: Edouard Herriot Hospital, Hospices Civils de Lyon, France

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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**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: Jqn 27th, 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Idit Matot, MD

AFFILIATION: Tel Aviv Medical Center, Tel Aviv University

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DISCLOSURE

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Signature: [Signature]
Date: January 19 – 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Jacob Steinmetz

AFFILIATION: Dep Anaesthesia, Rigshospitalet, Copenhagen, Denmark

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☑️ I have no potential conflict of interest to report

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

Signature: [Signature]

Date: 27 January 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Peter John Lee

AFFILIATION: Cork University Hospital and University College Cork

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Signature:  

Date: 27 January 2015
EUROPEAN UNION OF MEDICAL SPECIALISTS
The European Accreditation Council for
Continuing Medical Education – EACCME
Institution of the UEMS a.s.b.l.

Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: Ulf Guenther

AFFILIATION: Clinic of Anaesthesiology & Intensive Care Medicine, Bonn University Medical Centre, Bonn, Germany

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports: Bayer Healthcare AG, Germany

Receipt of honoraria or consultation fees: Pulsion Medical Systems SE, Edwards Lifesciences GmbH, Orion Pharma

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Jürgen

Date: 28-JAN-2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME:  Mark Coburn...........................................

AFFILIATION:  University Hospital RWTH Aachen; Department of Anesthesiology; Pauwelsstrasse 30; 52074 Aachen

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Signature:  [Signature]  Date:  27.01.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Paul McConnell

AFFILIATION: European Society of Anaesthetists

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Signature: [Signature]

Date: 14 January 2015
Conflict of Interest Disclosure Form
(to be completed by scientific/organising committee members)

NAME: László Zubek M.D., Ph.D.

AFFILIATION: Semmelweis University Budapest

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Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: [Signature]

Date: 27.01.2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Malcolm G Booth

AFFILIATION: Royal Infirmary of Glasgow

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Signature: Malcolm G Booth

Date: 28th January 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: BAUMANN Antoine

AFFILIATION: Centre Hospitalier Universitaire de Nancy, 29 avenue de Lattre de Tassigny 54000 NANCY, France

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Signature:  

Date: 27 janvier 2015
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

Name: Sandner-Kiesling, Andreas
Affiliation: Med. Univ. Graz, Austria

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Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker’s bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: ____________________________ Date: ____________

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IBAN BE28 0001 3283 3820 | BIC (SWIFT) BPOTBEB1 | VAT n° BE 0469.067.848
Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Wolfgang F. Buhre

AFFILIATION: University Medical centre Maastricht, The Netherlands

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Signature: ____________________________ Date: 23-04-2015