

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

EUROPEAN ACCREDITATIONCOUNCIL ON CME (EACCME®)

Rue de l'Industrie 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 - F + 32 2 640 37 30

https://eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Kevin Winthrop

AFFILIATION: Oregon Health & Science University

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided

DISCLOSURE

☐ I have no potential conflict of intere	est to report
☑ I have the following potential confl	ict(s) of interest to report
Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports: Ins	smed, Paratek, Red Hill Biopharma, AN2, Renovion, Spero
Receipt of honoraria or consultation fee Spero, Zambon, Janssen	es: Insmed, Paratek, Red Hill Biopharma, AN2, Renovion,
Participation in a company sponsored sp	peaker's bureau:
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	
Signature:	Date: