

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64

<u>eaccme.uems.eu</u> - <u>accreditation@uems.eu</u>

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: .Laura.Gerhardy	
AFFILIATION: . Napean. Hospital and University of Sydney	
In accordance with criterion 13 of document UEMS 2023/Live Educational Events (LEEs)", all declarations of percei years, whether due to a financial or other relationshi submission of the application. COI declarations signed mowill not be accepted. Declarations must be made available Declarations must include whether any fee, honorarium of in relation to the LEE has been provided.	ved or actual conflicts of interest for the last 3 p, must be provided to the EACCME® upon ore than 6 months before the date of the event able online on the event website of the LEE
DISCLOSUI	<u>RE</u>
☐ I have no potential conflict of interest to report ☐ Have the following potential conflict(s) of interest Type of affiliation / financial interest	rest 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: 18/03/2025