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Conflict of Interest Disclosure Form

(to be completed by the Medical Officer who takes responsibility for the application and the Head of the Scientific/Organizing Committee)

NAME: dr Eva Polverino

AFFILIATION: Respiratory Disease Dpt. University Hospital Vall d'Hebron, Barcelona SPAIN

In accordance with criterion 13 of document UEMS 2023.07.rev "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website 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:	Grifols
Receipt of honoraria or consultation fees:	Insmed, Chiesi, Grifols, GSK, BI, Electromed
Participation in a company sponsored speaker's bureau:	Insmed
Stock shareholder:	no
Spouse/partner:	no
Other support (please specify):	no

Signature: Signed by: dr Eva Polverino 4191ACF05322489...

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