



**EUROPEAN UNION OF MEDICAL SPECIALISTS**  
**The European Accreditation Council for**  
**Continuing Medical Education – EACCME®**

Institution of the UEMS<sub>alsbl</sub>

RUE DE L'INDUSTRIE, 24  
BE- 1040 BRUSSELS  
[www.eaccme.eu](http://www.eaccme.eu)

T +32 2 649 51 64  
F +32 2 640 37 30  
[accreditation@uems.eu](mailto:accreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Paula Azevedo

AFFILIATION: Faculdade Ciências Médicas – Lisbon

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:

Date:

30 May 2016



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: Maria Hadalena Moreno Areia Almeida Santos

AFFILIATION: CLINICAL PATHOLOGIST AT CHLC - HOSPITAL CURRY CABRAL,  
LISBON PORTUGAL

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Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: Maria Hadalena Moreno Areia Almeida Santos

Date: 18-5-2016



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: ..... *Maria Chasqueria* .....

AFFILIATION: ..... *Faculdade Ciências Médicas – Lisbon* .....

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Spouse/partner:

Other support (please specify):

Signature:

*J. Harpreet*

Date: *30 May 2016*



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### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: MARIA SÃO JOSÉ GARCIA ALEXANDRE  
AFFILIATION: FACULDADE DE FARMÁCIA, UNIVERSIDADE DO PORTO

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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:

*Maria São José Garcia Alexandre*

Date:

*18 May 2016*



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Sofia Isabel Aguiar Almeida*

AFFILIATION: *Centro Hospitalar Coava da Beira*

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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: *Sofia Isabel Aguiar Almeida* Date: *26/05/2016*



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: *Vanda Maria Clara Reis Gaspar Saalva Nora Gouveia*

AFFILIATION: *Md. S. L. Biology Laboratory, Clinical Pathology Unit, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal*

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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: *Vanda Maria Saalva Nora*

Date: *25.05.2016*



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### Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: VÍTOR MANUEL FORGE DUQUE

AFFILIATION: SERVIÇO DE INFECÇÕES / CITU C

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Spouse/partner:

Other support (please specify):

Signature:

Vitor Manuel Forge Duque

Date:

31/5/2016