



**EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)**

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## **Conflict of Interest Disclosure Form**

NAME : *Dr Yaron Avitzur*

AFFILIATION: *University of Toronto*

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 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):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-05 19:57:06

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## **Conflict of Interest Disclosure Form**

NAME : *Professor Julie Bines*

AFFILIATION: *Julie*

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Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

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Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-06 00:44:07

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## **Conflict of Interest Disclosure Form**

NAME : *Dr carmen capito*

AFFILIATION: *NECKER ENFANTS MALADES*

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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):	

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Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-05 11:50:46

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## **Conflict of Interest Disclosure Form**

NAME : *Professor Chardot Christophe*

AFFILIATION: *Hôpital Necker Enfants malades - Université Paris Descartes*

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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):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-08 11:07:39

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## **Conflict of Interest Disclosure Form**

NAME : *Professor Olivier Corcos*

AFFILIATION: *Structure d'URgences vasculaires intestinales. Hôpital Beaujon, Assistance  
Publique-Hôpitaux de Paris*

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### **DISCLOSURE**

☒ **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>MSDAvenir</i>
Receipt of honoraria or consultation fees:	<i>Shire</i>
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-08 16:14:23

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## **Conflict of Interest Disclosure Form**

NAME : *Dr Safi Dokmak*

AFFILIATION: *HPB departement and liver transplantation*

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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):	

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Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-07 19:26:41

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## Conflict of Interest Disclosure Form

NAME : *Professor beatrice dubern*

AFFILIATION: *APHP TROUSSEAU*

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### DISCLOSURE

☒ 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:	<i>SHIRE</i>
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature*<sup>(1)</sup>

Date: 2019-04-08 16:15:56

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## **Conflict of Interest Disclosure Form**

NAME : *Professor Gabriel Gondolesi*

AFFILIATION: *Hospital Universitario Fundación Favaloro*

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	<i>Travel Grants from Shire</i>
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	<i>Speaker for Shire, in Madrid, 2018.</i>
Stock shareholder:	
Spouse/partner:	<i>I have been working my wife, Dr Carolina Rumbó, as part of my team for 20 years.</i>
Other support (please specify):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature*<sup>(1)</sup>

Date: 2019-04-08 16:50:06

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## Conflict of Interest Disclosure Form

NAME : *Professor Olivier GOULET*

AFFILIATION: *Hôpital Necker-Enfants malades*

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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):	

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Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 15-04-2019 14:56:26

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## Conflict of Interest Disclosure Form

NAME : *Dr Girish Gupta*

AFFILIATION: *Birmingham Women's and Children's Hospital Foundation NHS Trust*

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Type of affiliation / financial interest	Name of commercial company
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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
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Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-06 12:51:11

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## **Conflict of Interest Disclosure Form**

NAME : *Dr Carlos Guzmán*

AFFILIATION: *Pablo Tobón Uribe Hospital*

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Date: 2019-04-07 14:57:15

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## **Conflict of Interest Disclosure Form**

NAME : *Dr Francisco Hernandez*

AFFILIATION: *Hospital Universitario La Paz*

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Stock shareholder:	
Spouse/partner:	
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Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-10 09:41:08

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## **Conflict of Interest Disclosure Form**

NAME : *Professor Taizo Hibi*

AFFILIATION: *Kumamoto University Graduate School of Medical Sciences*

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
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Spouse/partner:	
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Signature: ☒ *Electronic signature*<sup>(1)</sup>

Date: 2019-04-07 04:20:56

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## Conflict of Interest Disclosure Form

NAME : *Dr Susan Hill*

AFFILIATION: *Great Ormond Street Hospital for Children, London*

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### DISCLOSURE

☒ 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>Shire/Takeda</i>
Receipt of honoraria or consultation fees:	<i>Shire/Takeda</i>
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	<i>Nutricia - attendance at ESPGHAN</i>

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature*<sup>(1)</sup>

Date: 2019-04-07 23:08:37

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## Conflict of Interest Disclosure Form

NAME : *Dr Simon Horslen*

AFFILIATION: *Seattle Children's Hospital*

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	<i>Shire/Takeda - Pediatric Teduglutide studies</i>
Receipt of honoraria or consultation fees:	<i>Alexion - honorarium for a talk</i>
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

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Signature: ☒ *Electronic signature*<sup>(1)</sup>

Date: 2019-04-05 23:12:39

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## Conflict of Interest Disclosure Form

NAME : *Professor Francisca JOLY*

AFFILIATION: *Beaujon Hospital*

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### DISCLOSURE

☒ 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:	SHIRE, BAXTER
Receipt of honoraria or consultation fees:	SHIRE, TAKEDA, ZEALAND, THERASCHON, AGUETTANT, THERADIAL, BAXTER
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature*<sup>(1)</sup>

Date: 2019-04-10 16:57:34

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## **Conflict of Interest Disclosure Form**

NAME : *Dr Stuart Kaufman*

AFFILIATION: *MedStar Georgetown Transplant Institute, Washington, DC 20037 USA*

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 interest to report**

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	<i>Takeda/Shire</i>
Receipt of honoraria or consultation fees:	<i>Takeda/Shire</i>
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature*<sup>(1)</sup>

Date: 2019-04-05 22:30:13

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## **Conflict of Interest Disclosure Form**

NAME : *Dr Beverly Kosmach-Park*

AFFILIATION: *Children's Hospital of Pittsburgh*

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### **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):	

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Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-05 17:53:22

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## **Conflict of Interest Disclosure Form**

NAME : *Dr Florence LACAILLE*

AFFILIATION: *Hôpital Necker-Enfants malades*

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### **DISCLOSURE**

☒ **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:	<i>Alexion</i>
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	<i>Mirium, Albireo : industry-sponsored studies</i>

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature*<sup>(1)</sup>

Date: 2019-04-05 18:03:54

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## **Conflict of Interest Disclosure Form**

NAME : *Dr Cecile Lambe*

AFFILIATION: *Hopital Necker Enfants Malades*

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### **DISCLOSURE**

☒ **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>Shire</i>
Receipt of honoraria or consultation fees:	<i>Shire, Fresenius</i>
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature*<sup>(1)</sup>

Date: 2019-04-05 17:37:37

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## **Conflict of Interest Disclosure Form**

NAME : *Dr George Mazariegos*

AFFILIATION: *UPMC Children's Hospital of Pittsburgh*

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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):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-05 21:41:44

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## Conflict of Interest Disclosure Form

NAME : *Dr Mihai Oltean*

AFFILIATION: *Sahlgrenska University Hospital*

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 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:	<i>Neovii</i>
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

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Signature: ☒ *Electronic signature*<sup>(1)</sup>

Date: 2019-04-05 17:32:35

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## Conflict of Interest Disclosure Form

NAME : *Professor Mikko Pakarinen*

AFFILIATION: *Children's Hospital, Helsinki 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:	<i>Shire</i>
Receipt of honoraria or consultation fees:	<i>Shire</i>
Participation in a company sponsored speaker's bureau:	<i>Shire</i>
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

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Date: 2019-04-05 10:31:26

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## Conflict of Interest Disclosure Form

NAME : *Professor Palle Bekker Jeppesen*

AFFILIATION: *Rigshospitalet*

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### DISCLOSURE

☒ 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>Artara Therapeutics, The Novo Nordisk Foundation, NPS Pharmaceuticals, Shire, Zealand Pharma, Ferring, GlyPharma, Therachon, Naia Pharma, Albumedix A/S, Baxter, and Fresenius Kabi.</i>
Receipt of honoraria or consultation fees:	<i>Artara Therapeutics, The Novo Nordisk Foundation, NPS Pharmaceuticals, Shire, Zealand Pharma, Ferring, GlyPharma, Therachon, Naia Pharma, Albumedix A/S, Baxter, and Fresenius Kabi.</i>
Participation in a company sponsored speaker's bureau:	<i>Artara Therapeutics, The Novo Nordisk Foundation, NPS Pharmaceuticals, Shire, Zealand Pharma, Ferring, GlyPharma, Therachon, Naia Pharma, Albumedix A/S, Baxter, and Fresenius Kabi.</i>
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

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## **Conflict of Interest Disclosure Form**

NAME : *Professor Jacques Pireenne*

AFFILIATION: *Transplant surgery Leuven*

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### **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):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-08 10:33:12

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## **Conflict of Interest Disclosure Form**

NAME : *Professor Loris Pironi*

AFFILIATION: *Department of Medical and Surgical Sciences, University of Bologna, Italy*

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### **DISCLOSURE**

☒ **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:	<i>Baxter, Fresenius Kabi, Shire-Takeda</i>
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature*<sup>(1)</sup>

Date: 2019-04-06 09:52:05

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## **Conflict of Interest Disclosure Form**

NAME : *Dr Marion Rabant*

AFFILIATION: *Necker hospital*

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.

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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):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-08 22:35:36

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## **Conflict of Interest Disclosure Form**

NAME : *Professor Sabine Sarnacki*

AFFILIATION: *Hôpital Necker Enfants Malades, Paris France*

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### **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):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-09 12:48:40

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## Conflict of Interest Disclosure Form

NAME : *Professor Stéphane Schneider*

AFFILIATION: *Université Côte d'Azur, CHU de Nice*

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### DISCLOSURE

☒ 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>Homeperf, Shire/Takeda, Zealand</i>
Receipt of honoraria or consultation fees:	<i>B. Braun, Baxter, Cardinal Health, Fresenius-Kabi, Laboratoires Grand Fontaine, Nestlé Health Sciences, Nutricia, Shire/Takeda</i>
Participation in a company sponsored speaker's bureau:	<i>Nutricia, Shire</i>
Stock shareholder:	<i>Citrage</i>
Spouse/partner:	<i>NA</i>
Other support (please specify):	<i>NA</i>

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature<sup>(1)</sup>*

Date: 2019-04-07 22:52:27

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## Conflict of Interest Disclosure Form

NAME : *Dr Lisa Sharkey*

AFFILIATION: *Cambridge University Hospitals NHS Foundation Trust*

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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):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

Signature: ☒ *Electronic signature*<sup>(1)</sup>

Date: 2019-04-05 10:36:07

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## Conflict of Interest Disclosure Form

NAME : *Dr Debra Sudan*

AFFILIATION: *Duke 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 interest to report**

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	<i>Department of Defense -</i>
Receipt of honoraria or consultation fees:	<i>N/A</i>
Participation in a company sponsored speaker's bureau:	<i>N/A</i>
Stock shareholder:	<i>N/A</i>
Spouse/partner:	<i>N/A</i>
Other support (please specify):	<i>Shire/NPS - I am PI for Duke for Teduglutide study in Pediatric patients</i>

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

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## **Conflict of Interest Disclosure Form**

NAME : *Dr Robert Venick*

AFFILIATION: *UCLA, David Geffen School of Medicine*

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 interest to report**

Type of affiliation / financial interest	Name of commercial company
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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):	

*I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that checking the box below serves as an electronic signature for purposes of this form*

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