

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FORM

53. General information

Full name

Irene Kraemer

Content of Activity (*title of your session*)

Clinical trial regulation and ethical committees

Date of Activity

21/03/18 14.30-16.00, 22/03/18 12.00-13.30

Please complete and return this form before 12 Septembre 2017 to congress@eahp.eu

Thank you.

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Please answer the following questions:

54. Does the CPE content over which you have control contain information about healthcare products or services?

Yes (If Yes: please answer questions 55 and 56)

No (If No: please sign and return this form - question 62 and 63)

55.

Do you serve on any advisory boards which are funded by industry? If yes, please indicate which ones.

Yes (If Yes: please indicate which ones in questions 57 to 61)

No

56.

Regarding the healthcare products or services that will be discussed in the CPE content over which you have control, have you had a financial relationship in any amount in the last 12 months with the manufacturers of the products or providers of the services?

- Yes (If Yes: please indicate which ones in questions 57 to 61)
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57. Complete if you answered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next questions, one for each Manufacturer or Service Provider)

Manufacturer or Service Provider

Amgen, Boehringer Ingelheim, AbbVie, MSD

Nature of Relationship *

I NO LONGER have a professional relationship (mark with an X, if applicable)

X

I STILL have a professional relationship (mark with an X, if applicable)

* E.g.: employee, consultant, research grant recipient, speaker's bureau, stockholder

58. Complete if you answered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next questions, one for each Manufacturer or Service Provider)

Manufacturer or Service Provider

Nature of Relationship *

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Manufacturer or Service Provider

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Manufacturer or Service Provider

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62. Please include your initials together with the text "read and approved"

I.K read and approved

63. Date

DD MM YYYY
18 / 09 / 2017

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FORM

53. General information

Full name

Joao Goncalves

Content of Activity (*title of your session*)

Biosimilars in breast cancer the next challenge

Date of Activity

21/03/18 12.00-13.00

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Manufacturer or Service Provider

Shire

Nature of Relationship *

research grant recipient

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X

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Manufacturer or Service Provider

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63. Date

DD	MM	YYYY
21	/ 11	/ 2017

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FORM

53. General information

Full name

Katerina Mala

Content of Activity (*title of your session*)

Anticoagulation - from theory to practice

Date of Activity

21/03/18 14.30-16.00, 22/03/18 09.00-10.30

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Manufacturer or Service Provider

Bayer

Nature of Relationship *

Travel grant

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I STILL have a professional relationship (mark with an X, if applicable)

X

* E.g.: employee, consultant, research grant recipient, speaker's bureau, stockholder

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Manufacturer or Service Provider

Nature of Relationship *

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Manufacturer or Service Provider

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63. Date

DD	MM	YYYY
05	/ 12	/ 2017

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FORM

53. General information

Full name

Olga Delgado Sánchez

Content of Activity (*title of your session*)

Seminar PQ2: "Ready to administer drugs - is everything under control?"

Date of Activity

21 March 2018 and 22 March 2018

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Manufacturer or Service Provider

Beckton Dickinson

Nature of Relationship *

Speaker's bureau

I NO LONGER have a professional relationship (mark with an X, if applicable)

X

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* E.g.: employee, consultant, research grant recipient, speaker's bureau, stockholder

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Manufacturer or Service Provider

Nature of Relationship *

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62. Please include your initials together with the text "read and approved"

ODS Read and approved

63. Date

DD MM YYYY
05 / 10 / 2017

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FORM

53. General information

Full name	PAUL CORNES
Content of Activity (title of your session)	Biosimilars in cancer care - the next challenge
Date of Activity	21/03/18 17.00-18.30, 22/03/18 14.00-15.00

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Manufacturer or Service Provider

Astro

Nature of Relationship *

speaker's bureau

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X

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Manufacturer or Service Provider

Biogen

Nature of Relationship *

speaker's bureau

I NO LONGER have a professional relationship (mark with an X, if applicable)

X

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Manufacturer or Service Provider

Medicines for Europe/European Generics Association

Nature of Relationship *

speaker's bureau

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Manufacturer or Service Provider

Napp

Nature of Relationship *

speaker's bureau

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Manufacturer or Service Provider

Pfizer/Hospira

Nature of Relationship *

speaker's bureau

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I STILL have a professional relationship (mark with an X, if applicable)

X

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62. Please include your initials together with the text "read and approved"

PC - Read and Approved

63. Date

DD MM YYYY
09 / 01 / 2018

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FORM

53. General information

Full name	<input type="text" value="Rupert Bartsch"/>
Content of Activity (title of your session)	<input type="text" value="Biosimilars in breast cancer the next challenge"/>
Date of Activity	<input type="text" value="21/03/18 12.00-13.00"/>

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Manufacturer or Service Provider

Roche

Nature of Relationship *

Lecture Honoraria, Advisory Role

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Manufacturer or Service Provider

AstroPharma

Nature of Relationship *

Lecture Honoraria

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05	/ 12	/ 2017

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FORM

53. General information

Full name	<input type="text" value="Stephane Steurbaut"/>
Content of Activity (title of your session)	<input type="text" value="Anticoagulation - from theory to practice"/>
Date of Activity	<input type="text" value="21/03/18 14.30-16.00, 22/03/18 09.00-10.30"/>

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Manufacturer or Service Provider

Bayer

Nature of Relationship *

Consultant

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X

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Manufacturer or Service Provider

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Manufacturer or Service Provider

Nature of Relationship *

I NO LONGER have a professional relationship (mark with an X, if applicable)

I STILL have a professional relationship (mark with an X, if applicable)

* E.g.: employee, consultant, research grant recipient, speaker's bureau, stockholder

62. Please include your initials together with the text "read and approved"

63. Date

DD	MM	YYYY
14	/ 12	/ 2017

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FORM

53. General information

Full name	<input type="text" value="Steven Simoens"/>
Content of Activity (title of your session)	<input type="text" value="The essentials of biologicals past, present and future"/>
Date of Activity	<input type="text" value="22/03/18 15.00-16.30, 23/03/18 09.00-10.30"/>

Please complete and return this form before 12 Septembre 2017 to congress@eahp.eu

Thank you.

Note: Your disclosure must be shown on the 2nd slide of your presentation. If you have nothing to disclose, this should also be stated on the 2nd slide.

In accordance with the Accreditation Council for Continuing Medical Education's Standards for Commercial Support, all planning committee members, authors, and teachers involved in the development of continuing education content are required to disclose to the accredited provider their **relevant financial relationships**. An individual has a relevant financial relationship if he or she has a financial relationship in any amount occurring in the last twelve months with a commercial interest whose products or services are discussed in the CPE activity content over which the individual has any control.

The intent of this disclosure is not to prevent an author, writer, presenter, faculty, or consultant with a potential conflict of interest from contributing to a CPE program, but to resolve any actual conflicts and to inform learners about the relationship before the program begins.

For an individual with no relevant financial relationships, learners must be informed that no relevant financial relationship(s) exist(s).

Please answer the following questions:

54. Does the CPE content over which you have control contain information about healthcare products or services?

- Yes (If Yes: please answer questions 55 and 56)
- No (If No: please sign and return this form - question 62 and 63)

55.

Do you serve on any advisory boards which are funded by industry? If yes, please indicate which ones.

- Yes (If Yes: please indicate which ones in questions 57 to 61)
- No

56.

Regarding the healthcare products or services that will be discussed in the CPE content over which you have control, have you had a financial relationship in any amount in the last 12 months with the manufacturers of the products or providers of the services?

Yes (If Yes: please indicate which ones in questions 57 to 61)

No (If No: please sign and return this form - question 62 and 63)

57. Complete if you answered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next questions, one for each Manufacturer or Service Provider)

Manufacturer or Service Provider

AbbVie, Amgen, Biogen, Celltrion, Pfizer and Sandoz

Nature of Relationship *

Market Analysis of Biologics and Biosimilars

I NO LONGER have a professional relationship (mark with an X, if applicable)

I STILL have a professional relationship (mark with an X, if applicable)

X

* E.g.: employee, consultant, research grant recipient, speaker's bureau, stockholder

58. Complete if you answered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next questions, one for each Manufacturer or Service Provider)

Manufacturer or Service Provider

research sponsored by Hospira (now Pfizer) and by Pfizer

Nature of Relationship *

I NO LONGER have a professional relationship (mark with an X, if applicable)

I STILL have a professional relationship (mark with an X, if applicable)

X

* E.g.: employee, consultant, research grant recipient, speaker's bureau, stockholder

59. Complete if you answered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next questions, one for each Manufacturer or Service Provider)

Manufacturer or Service Provider

stakeholder roundtable on biosimilars sponsored by Amg

Nature of Relationship *

I NO LONGER have a professional relationship (mark with an X, if applicable)

I STILL have a professional relationship (mark with an X, if applicable)

X

* E.g.: employee, consultant, research grant recipient, speaker's bureau, stockholder

60. Complete if you answered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next questions, one for each Manufacturer or Service Provider)

Manufacturer or Service Provider

Nature of Relationship *

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61. Complete if you answered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next questions, one for each Manufacturer or Service Provider)

Manufacturer or Service Provider

Nature of Relationship *

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62. Please include your initials together with the text "read and approved"

63. Date

DD	MM	YYYY
08	/ 01	/ 2018