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 retur	rn this form before 12 Septembre 2017 to <u>congress@eahp.eu</u>
Thank you.	
Note: Your disclosure m be stated on the 2nd slid	ust be shown on the 2nd slide of your presentation. If you have nothing to disclose, this should also le.
committee members, auth accredited provider their re relationship in any amount	ccreditation Council for Continuing Medical Education's Standards for Commercial Support, all planning ors, and teachers involved in the development of continuing education content are required to disclose to the elevant financial relationships . An individual has a relevant financial relationship if he or she has a financial toccurring in the last twelve months with a commercial interest whose products or services are discussed in ver which the individual has any control.
	re is not to prevent an author, writer, presenter, faculty, or consultant with a potential conflict of interest from gram, but to resolve any actual conflicts and to inform learners about the relationship before the program
For an individual with no re	elevant financial relationships, learners must be informed that no relevant financial relationship(s) exist(s).
Please answer the follow	ving questions:
54. Does the CPE conte	nt over which you have control contain information about healthcare products or services?
Yes (If Yes: please a	nswer questions 55 and 56)
No (If No: please sign	n and return this form - question 62 and 63)
55.	
	visory boards which are funded by industry? If yes, please indicate which ones.
Yes (If Yes: please in	dicate 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 relati	ionship in any amount in the last 12 months with the manufacturers of the products or providers of
the services?	
Yes (If Yes: please inc	dicate which ones in questions 57 to 61)
No (If No: please sign	and return this form - question 62 and 63)
57 . Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer 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)	
58. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
Manufacturer or Service	
Provider	
Nature of Relationship *	
I NO LONGER have a professional relationship	
(mark with an X, if applicable)	
l STILL have a professional	
relationship (mark with an	
X, if applicable)	
* E.g.: employee, consultar	nt, research grant recipient, speaker's bureau, stockholder

59. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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, consultar	nt, research grant recipient, speaker's bureau, stockholder
60. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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, consultar	nt, research grant recipient, speaker's bureau, stockholder

61 . Complete if you answ	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each M	anufacturer or Service Provider)
Manufacturer or Service Provider	
Nature of Relationship *	
I NO LONGER have a professional relationship (mark with an X, if applicable)	
STILL have a professional elationship (mark with an K, if applicable)	
* E.g.: employee, consulta	nt, research grant recipient, speaker's bureau, stockholder
W/r	initials together with the text "read and approved"
I.K read and appr	oved
63. Date	DD MM YYYY 18 / 09 / 2017

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
Please complete and retur	n this form before 12 Septembre 2017 to <u>congress@eahp.eu</u>
Thank you.	
Note: Your disclosure me be stated on the 2nd slid	ust be shown on the 2nd slide of your presentation. If you have nothing to disclose, this should also le.
committee members, auth accredited provider their re relationship in any amount	ccreditation Council for Continuing Medical Education's Standards for Commercial Support, all planning ors, and teachers involved in the development of continuing education content are required to disclose to the elevant financial relationships. An individual has a relevant financial relationship if he or she has a financial occurring in the last twelve months with a commercial interest whose products or services are discussed in ver which the individual has any control.
	e is not to prevent an author, writer, presenter, faculty, or consultant with a potential conflict of interest from gram, but to resolve any actual conflicts and to inform learners about the relationship before the program
For an individual with no re	elevant financial relationships, learners must be informed that no relevant financial relationship(s) exist(s).
Please answer the follow	ving questions:
54. Does the CPE conte	nt over which you have control contain information about healthcare products or services?
Yes (If Yes: please ar	nswer questions 55 and 56)
No (If No: please sign	n and return this form - question 62 and 63)
	risory boards which are funded by industry? If yes, please indicate which ones. dicate which ones in questions 57 to 61)

56.	
Regarding the healthcar	e products or services that will be discussed in the CPE content over which you have control, have
you had a financial relat	ionship in any amount in the last 12 months with the manufacturers of the products or providers of
the services?	
Yes (If Yes: please in	dicate which ones in questions 57 to 61)
No (If No: please sign	n and return this form - question 62 and 63)
57. Complete if you answ	rered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each M	anufacturer or Service Provider)
Manufacturer or Service	
Provider	Shire
Nature of Relationship *	research grant recipient
I NO LONGER have a	
professional relationship	
(mark with an X, if	
applicable)	
I STILL have a	
professional	
relationship (mark with an	x
X, if applicable)	^
* E.g.: employee, consulta	unt, research grant recipient, speaker's bureau, stockholder
58. Complete if you answ	rered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each M	anufacturer or Service Provider)
Manufacturer or Service	
Provider	
Natura of Dalatianship +	
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)	
# F	
^ ⊨.g.: employee, consulta	unt, research grant recipient, speaker's bureau, stockholder

59. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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, consultar	nt, research grant recipient, speaker's bureau, stockholder
60. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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, consultar	nt, research grant recipient, speaker's bureau, stockholder

61. Complete if you answ	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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)	
	nt, research grant recipient, speaker's bureau, stockholder
T	initials together with the text "read and approved"
Joao Goncaives r	ead and approved
00 -	
63. Date	
.e.	21 / 11 / 2017

Katerina Mala	
Anticoagulation - from theory to practice	
21/03/18 14.30-16.00, 22/03/18 09.00-10.30	
n this form before 12 Septembre 2017 to congress@eahp.eu	
ust be shown on the 2nd slide of your presentation. If you have nothing to dis e.	sclose, this should also
ccreditation Council for Continuing Medical Education's Standards for Commercions, and teachers involved in the development of continuing education content are relevant financial relationships. An individual has a relevant financial relationship is occurring in the last twelve months with a commercial interest whose products or sever which the individual has any control.	required to disclose to the if he or she has a financial
e is not to prevent an author, writer, presenter, faculty, or consultant with a potentia gram, but to resolve any actual conflicts and to inform learners about the relations	
elevant financial relationships, learners must be informed that no relevant financial r	relationship(s) exist(s).
ing questions:	
nt over which you have control contain information about healthcare products	s or services?
nswer questions 55 and 56)	
a and return this form - question 62 and 63)	
isory boards which are funded by industry? If yes, please indicate which one dicate which ones in questions 57 to 61)	·s.
	Anticoagulation - from theory to practice 21/03/18 14.30-16.00, 22/03/18 09.00-10.30 In this form before 12 Septembre 2017 to congress@eahp.eu Lest be shown on the 2nd slide of your presentation. If you have nothing to disc. Correctitation Council for Continuing Medical Education's Standards for Commercors, and teachers involved in the development of continuing education content are elevant financial relationships. An individual has a relevant financial relationship occurring in the last twelve months with a commercial interest whose products or size which the individual has any control. Let is not to prevent an author, writer, presenter, faculty, or consultant with a potential gram, but to resolve any actual conflicts and to inform learners about the relation elevant financial relationships, learners must be informed that no relevant financial relationships are relevant financial relationships. Let over which you have control contain information about healthcare product and return this form - question 62 and 63)

56.	
Regarding the healthcare	e products or services that will be discussed in the CPE content over which you have control, have
you had a financial relat	ionship in any amount in the last 12 months with the manufacturers of the products or providers of
the services?	
Yes (If Yes: please in	dicate which ones in questions 57 to 61)
No (If No: please sign	n and return this form - question 62 and 63)
10 NO.	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each M	anufacturer or Service Provider)
Manufacturer or Service	Povor
Provider	Bayer
Nature of Relationship *	Travel grant
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, consulta	nt, research grant recipient, speaker's bureau, stockholder
	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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, consulta	nt, research grant recipient, speaker's bureau, stockholder

59. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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, consultar	nt, research grant recipient, speaker's bureau, stockholder
60. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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, consultar	nt, research grant recipient, speaker's bureau, stockholder

Manufacturer or Service Provider Nature of Relationship * I NO LONGER have a professional relationship (mark with an X, if
Nature of Relationship * I NO LONGER have a professional relationship (mark with an X, if
I NO LONGER have a professional relationship (mark with an X, if
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" KM read and approved
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
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 relati	onship in any amount in the last 12 months with the manufacturers of the products or providers of
the services?	
Yes (If Yes: please inc	dicate which ones in questions 57 to 61)
No (If No: please sign	and return this form - question 62 and 63)
57. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	nufacturer or Service Provider)
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
I STILL have a professional	
relationship (mark with an	
X, if applicable)	
58. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
	nufacturer or Service Provider)
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 <i>(mark with an</i>	
X, if applicable)	
* E.g.: employee, consultar	nt, 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
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
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 *
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

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 *	
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"	
ODC Dood and approved	
ODS Read and approved	
63. Date	
DD MM YYYY	
. 05 / 10 / 2017	

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	
Please complete and retur	n this form before 12 Septembre 2017 to <u>congress@eahp.eu</u>	
Thank you.		
Note: Your disclosure mube stated on the 2nd slid	ust be shown on the 2nd slide of your presentation. If you have nothing to dis e.	sclose, this should also
committee members, author accredited provider their re- relationship in any amount	ccreditation Council for Continuing Medical Education's Standards for Commercions, and teachers involved in the development of continuing education content are relevant financial relationships. An individual has a relevant financial relationship in occurring in the last twelve months with a commercial interest whose products or saver which the individual has any control.	required to disclose to the if he or she has a financial
	e is not to prevent an author, writer, presenter, faculty, or consultant with a potentia gram, but to resolve any actual conflicts and to inform learners about the relations	
For an individual with no re	elevant financial relationships, learners must be informed that no relevant financial r	elationship(s) exist(s).
Please answer the follow	ring questions:	
54. Does the CPE conter	nt over which you have control contain information about healthcare products	s or services?
Yes (If Yes: please ar	nswer questions 55 and 56)	
No (If No: please sign	and return this form - question 62 and 63)	
Name of Political Control of Private Control of Section 5: Securious	isory boards which are funded by industry? If yes, please indicate which one dicate which ones in questions 57 to 61)	·s.

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)		
27 N.E.S	rered "yes" to question 55 and/or 56 (if there is more than one financial relationship, anufacturer or Service Provider)	please fill in the next
	andracturer or Service Frovider)	
Manufacturer or Service Provider	Astro	
Nature of Relationship *	speaker's bureau	
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)		
	unt, research grant recipient, speaker's bureau, stockholder vered "yes" to question 55 and/or 56 (if there is more than one financial relationship,	please fill in the next
questions, one for each M	anufacturer or Service Provider)	
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	
I STILL have a professional relationship (mark with an X, if applicable)		
* E.g.: employee, consulta	nt, research grant recipient, speaker's bureau, stockholder	

59. Complete if you answ	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
- 54 - 54	
Manufacturer or Service Provider	Modicines for Europe/European Congriss Association
Provider	Medicines for Europe/European Generics Association
Nature of Relationship *	speaker's bureau
I NO LONGER have a	
professional relationship	
(mark with an X, if	
applicable)	
LOTUL	
I STILL have a	
professional	
relationship (mark with an	
X, if applicable)	
* E.a.: employee, consulta	nt, research grant recipient, speaker's bureau, stockholder
	3
60. Complete if you answ	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
Manufacturer or Service	
Provider	Nann
Provider	Napp
Nature of Relationship *	speaker's bureau
I NO LONGER have a	
professional relationship	
(mark with an X, if	
applicable)	
арричавісу	
I STILL have a	
professional	
relationship (mark with an	
X, if applicable)	X
21 <u>—</u> 3 v v	· · · · · · · · · · · · · · · · · · ·
* E.g.: employee, consulta	nt, research grant recipient, speaker's bureau, stockholder

61. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
Manufacturer or Service Provider	Pfizer/Hospira
Nature of Relationship *	speaker's bureau
I NO LONGER have a professional relationship (mark with an X, if applicable)	
I STILL have a professional relationship (mark with an	
relationship (mark with an X, if applicable)	x
	initials together with the text "read and approved"
PC - Read and Ap	proved
63. Date	DD MM YYYY 09 / 01 / 2018

53. General information	
Full name	Rupert Bartsch
Content of Activity (title of your session)	Biosimilars in breast cancer the next challenge
Date of Activity	21/03/18 12.00-13.00
Please complete and retur	rn this form before 12 Septembre 2017 to <u>congress@eahp.eu</u>
Thank you.	
Note: Your disclosure m be stated on the 2nd slid	ust be shown on the 2nd slide of your presentation. If you have nothing to disclose, this should also le.
committee members, auth accredited provider their re relationship in any amount	ccreditation Council for Continuing Medical Education's Standards for Commercial Support, all planning ors, and teachers involved in the development of continuing education content are required to disclose to the elevant financial relationships. An individual has a relevant financial relationship if he or she has a financial occurring in the last twelve months with a commercial interest whose products or services are discussed in ver which the individual has any control.
	re is not to prevent an author, writer, presenter, faculty, or consultant with a potential conflict of interest from gram, but to resolve any actual conflicts and to inform learners about the relationship before the program
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Please answer the follow	ving questions:
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Yes (If Yes: please a	nswer questions 55 and 56)
No (If No: please sign	n and return this form - question 62 and 63)
1	risory boards which are funded by industry? If yes, please indicate which ones. dicate which ones in questions 57 to 61)

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)		
25 NES	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship,	please fill in the next
	anufacturer or Service Provider)	
Manufacturer or Service Provider	Roche	
Nature of Relationship *	Lecture Honoraria, Advisory Role	
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	
58. Complete if you answ	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship,	please fill in the next
	anufacturer or Service Provider)	
Manufacturer or Service Provider	AstroPharma	
Nature of Relationship *	Lecture Honoraria	
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)		

59. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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, consultar	nt, research grant recipient, speaker's bureau, stockholder
60. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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, consultar	nt, research grant recipient, speaker's bureau, stockholder

61. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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)	
	nt, research grant recipient, speaker's bureau, stockholder initials together with the text "read and approved"
read and approve	d RB
63. Date	DD MM YYYY 05 / 12 / 2017

53. General information		
Full name	Stephane Steurbaut	
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	
Please complete and retur	n this form before 12 Septembre 2017 to congress@eahp.eu	
Thank you.		
Note: Your disclosure me be stated on the 2nd slid	ust be shown on the 2nd slide of your presentation. If you have nothing to dis e.	sclose, this should also
committee members, auth accredited provider their re relationship in any amount	ccreditation Council for Continuing Medical Education's Standards for Commercions, and teachers involved in the development of continuing education content are relevant financial relationships. An individual has a relevant financial relationship is occurring in the last twelve months with a commercial interest whose products or sever which the individual has any control.	required to disclose to the if he or she has a financial
	e is not to prevent an author, writer, presenter, faculty, or consultant with a potentia gram, but to resolve any actual conflicts and to inform learners about the relations	
For an individual with no re	elevant financial relationships, learners must be informed that no relevant financial r	relationship(s) exist(s).
Please answer the follow	ring questions:	
54. Does the CPE conte	nt over which you have control contain information about healthcare products	s or services?
Yes (If Yes: please ar	nswer questions 55 and 56)	
No (If No: please sign	n and return this form - question 62 and 63)	
E R	risory boards which are funded by industry? If yes, please indicate which one dicate which ones in questions 57 to 61)	·s.

56.	
Regarding the healthcare	e products or services that will be discussed in the CPE content over which you have control, have
you had a financial relati	ionship in any amount in the last 12 months with the manufacturers of the products or providers of
the services?	
	dicate which ones in questions 57 to 61)
No (If No: please sign	n and return this form - question 62 and 63)
57. Complete if you answ	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
Manufacturer or Service	
Provider	Bayer
Nature of Relationship *	Consultant
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, consulta	nt, research grant recipient, speaker's bureau, stockholder
58. Complete if you answ	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
Manufacturer or Service	
Provider	
La Carlo Car	
Nature of Relationship *	
I NO LONGER have a	
professional relationship (mark with an X, if	
applicable)	
l STILL have a	
professional	
relationship (mark with an	
X, if applicable)	
* E.g.: employee, consulta	nt, research grant recipient, speaker's bureau, stockholder

59. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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, consultar	nt, research grant recipient, speaker's bureau, stockholder
60. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
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, consultar	nt, research grant recipient, speaker's bureau, stockholder

61 . Complete if you answ	vered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each M	Manufacturer or Service Provider)
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)	
	ant, research grant recipient, speaker's bureau, stockholder r initials together with the text "read and approved"
SS, read and app	proved
63. Date	
	14 / 12 / 2017

53. General information	
Full name	Steven Simoens
Content of Activity (title of your session)	The essentials of biologicals past, present and future
Date of Activity	22/03/18 15.00-16.30, 23/03/18 09.00-10.30
Please complete and retur	rn this form before 12 Septembre 2017 to <u>congress@eahp.eu</u>
Thank you.	
Note: Your disclosure m be stated on the 2nd slid	ust be shown on the 2nd slide of your presentation. If you have nothing to disclose, this should also le.
committee members, auth accredited provider their re relationship in any amount	ccreditation Council for Continuing Medical Education's Standards for Commercial Support, all planning ors, and teachers involved in the development of continuing education content are required to disclose to the elevant financial relationships. An individual has a relevant financial relationship if he or she has a financial toccurring in the last twelve months with a commercial interest whose products or services are discussed in over which the individual has any control.
	re is not to prevent an author, writer, presenter, faculty, or consultant with a potential conflict of interest from gram, but to resolve any actual conflicts and to inform learners about the relationship before the program
For an individual with no re	elevant financial relationships, learners must be informed that no relevant financial relationship(s) exist(s).
Please answer the follow	ving questions:
54. Does the CPE conte	nt over which you have control contain information about healthcare products or services?
Yes (If Yes: please a	nswer questions 55 and 56)
No (If No: please sign	n and return this form - question 62 and 63)
1	visory boards which are funded by industry? If yes, please indicate which ones. dicate which ones in questions 57 to 61)

56.		
Regarding the healthcare	e products or services that will be discussed in the CPE content over which y	ou have control, have
you had a financial relat	ionship in any amount in the last 12 months with the manufacturers of the pro	oducts or providers of
the services?		
	dicate which ones in questions 57 to 61) n and return this form - question 62 and 63)	
57 . Complete if you answ	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, p	please fill in the next
questions, one for each Ma	anufacturer 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	
n, ir applicable)	A	
* E.a.: amplayed, consulta	nt, research grant recipient, speaker's bureau, stockholder	
E.g., employee, consulta	m, research grant recipient, speakers bureau, stockholder	
58. Complete if you answ	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, p	olease fill in the next
questions, one for each M	anufacturer or Service Provider)	
Manufacturer or Service		
Provider	research sponsored by Hospira (now Pfizer) and by Pfize	
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, consulta	nt, research grant recipient, speaker's bureau, stockholder	

59. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer 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
60. Complete if you answe	nt, research grant recipient, speaker's bureau, stockholder ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next anufacturer or Service Provider)
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)	
	nt, research grant recipient, speaker's bureau, stockholder
g op.oyoo, ooooo.	

${ m 61}$. Complete if you answe	ered "yes" to question 55 and/or 56 (if there is more than one financial relationship, please fill in the next
questions, one for each Ma	anufacturer or Service Provider)
Manufacturer or Service Provider	
Nature of Relationship *	
NO LONGER have a professional relationship (mark with an X, if applicable)	
STILL have a professional elationship (mark with an X, if applicable)	
E.g.: employee, consultar	nt, research grant recipient, speaker's bureau, stockholder
62. Please include your	initials together with the text "read and approved"
SS read and appr	oved
ļ	08 / 01 / 2018