

# **Disclosures**

1) The organizer is responsible to provide a list of the potential conflict of interests of all chairs/speakers/tutors/authors.

"Disclosure of Potential Conflicts of Interest List"

First name	Last name	Country	Disclosures
			Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.
			In case the are no potential conflicts of interest to disclose, write: <i>Nothing to disclose</i>

2) The organizer is advised to provide the enclosed template of "Form for Disclosure of Potential Conflicts of Interest" to every chair/speaker/tutor/author and to collect them signed. Template below:

"Form for Disclosure of Potential Conflicts of Interest"

### Please declare any relevant conflict of interest

- O No, I have no financial relationship(s) to disclose
- Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal
	fees, non-financial support; intellectual
	Property - patents & copyrights; royalties)
CSL Behring	Research Grant (funds to the intstitute)
add rows if needed	

#### Relationships not covered above

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

	No other relationships/conditions/circumstances that present a potential conflict of interes
0	Yes, the following relationships/conditions/circumstances are present (explain below):



#### Please enter your personal details

Name: Jeroen Eikenboom

Organization/institute/company: Leiden University Medical Center

Work (postal) address: Albinusdreef 2, 2333 ZA Leiden, the Netherlands

E-mail address: h.c.j.eikenboom@lumc.nl

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature: .....

Date: Dec 22, 2023

The purpose of this form is to provide the learners of your CME-CPD activity with information about your other interests that could influence how they receive and understand your work. Each author, speaker or chair should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form comprises:

## Relevant financial activities that might present a potential conflict of interest.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote/present for the educational activity. You should disclose interactions with ANY entity that could be considered broadly relevant to the work.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to the CME-CPD activity. Please note that your interactions that are outside the presented work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work, you should disclose support ONLY from entities that could be perceived to be affected financially by the presented work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Intellectual Property such as patents and copyrights, whether pending, issued, licensed and/or receiving royalties should also be disclosed.

# Relationships not covered above.

The section asks for other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you present at the CME-CPD activity.

Personal data.

**Definitions:** 

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

**EBAH** 

Koninginnegracht 12b 2514 AA The Hague The Netherlands TELEPHONE

+31 70 3020 099

**EMAIL** 

info@ebah.org



Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for

consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the

entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent