

COSTEM Conflict of Interest Disclosure Form

(to be completed by COSTEM Faculty)

NAME: ARNON NAGLER

AFFILIATION: CHAIM SHEBA MEDICAL CENTER

All declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided. 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 re-imbursment of expenses in relation to the LEE has been provided. All forms must be signed and dated.

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:

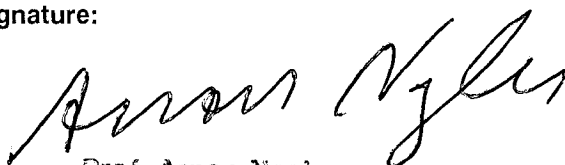
Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:



Date:

16/ May / 2017

Prof. Arnon Nagler
Director of the Hematology
Bone Marrow Transplantation Dept. &
Cord Blood Bank