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”

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Country</th>
<th>Disclosures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Francesca</td>
<td>Fioredda</td>
<td>Italy</td>
<td>Company name 1 (type of affiliation); Company name 2 (type of affiliation) etc.</td>
</tr>
</tbody>
</table>

In case there are no potential conflicts of interest to disclose, write: Nothing to disclose

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

x No, I have no financial relationship(s) to disclose

O 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:

<table>
<thead>
<tr>
<th>Name of Company</th>
<th>Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents &amp; copyrights; royalties)</th>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

...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?

O No other relationships/conditions/circumstances that present a potential conflict of interest

O Yes, the following relationships/conditions/circumstances are present (explain below):
Please enter your personal details

<table>
<thead>
<tr>
<th>Name</th>
<th>francesca fioredda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>unit of Hematology -IRCCS Istituto G Gaslini</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>Largo G Gaslini 5-16147</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:francescafioredda@gaslini.org">francescafioredda@gaslini.org</a></td>
</tr>
</tbody>
</table>

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

Signature: ........................................ Date:...January 7th , 2020

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.

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**Personal data.**

**Definitions:**

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Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
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<tr>
<td>Carlo</td>
<td>Dufour</td>
<td>Italy</td>
<td>Novartis. Advisory Boards and sponsored talks at meetings</td>
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...add rows if needed
Please enter your personal details

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<th>Name</th>
<th>Carlo Dufour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/institute/company</td>
<td>G.Gaslini Children Research Hospital</td>
</tr>
<tr>
<td>Work (postal) address</td>
<td>Largo G.Gaslini 5, 16147 Genova, Italy</td>
</tr>
<tr>
<td>E-mail address</td>
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Signature: ……………………………  Date:…Jan 8th 2020…………………………

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Please enter your personal details

Name: MANNUO MUNNO
Organization/institute/company: ISGCS ISTITUTO GUAMMUNA GASLIMI
Work (postal) address: VIA C. GASLIMI 5, 16149 GENOA ITALY
E-mail address: MANNUO@CASLIMI.ORG

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

Signature: [Signature] Date: 07/01/2020

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EBAH
Koninginnegracht 12b
2514 AA The Hague

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+31 70 3020 099
EMAIL
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