



**EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)**

**EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)**

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## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Susanne Shanks

AFFILIATION: Patient Representative PCD

In accordance with criterion 14 of document UEMS 2016/20 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. 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 reimbursement of expenses in relation to the LEE has been provided

### **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: Susanne Shanks**

**Date: 09/03/2024**