EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by the Medical Officer who takes responsibility for the application)

NAME: Valerie Fonteyne

……..

AFFILIATION: …Ghent University

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In accordance with criterion 18 of document UEMS 2023.08.rev "EACCME® Criteria for the Accreditation of E-Learning Materials (ELM)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations must be made available online on the ELM page. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the ELM has been provided.

DISCLOSURE

❑ I have no potential conflict of interest to report

X 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:	Johnson & Johnson
Participation in a company sponsored speaker's bureau: /	
Stock shareholder: /	
Spouse/partner: /	
Other support (please specify):	

Signature:

Date: 10/8/2026