



**EUROPEAN UNION OF MEDICAL
SPECIALISTS**
**The European Accreditation
Council for
Continuing Medical Education –
EACCME®**

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Julian Guest*

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In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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:

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

Other support (please specify):

I receive research support from several commercial companies for a wide range of projects including wound care, but not specifically for unhealed surgical wounds. Therefore they do not represent a potential conflict of interest with my talk at EWMA.

Signature:



Date:

11/3/2019