Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: KIRDI ISOHE LAI MEN

AFFILIATION: HESIINKI UNIVERSITY CENTRAL HOSPITAL / HESIINKI WOUND CENTRE

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: MÖNLYCKE

Receipt of honoraria or consultation fees: —

Participation in a company sponsored speaker’s bureau: ROBIE, MÖNLYCKE, MEDIQ

Stock shareholder: —

Spouse/partner: —

Other support (please specify):

Signature: [Signature]  Date: 9.7.2018