



**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/faculty members)

NAME : ...NIKOLAOS KARYDIS.....

AFFILIATION: ...CONSULTANT SURGEON, GUY'S HOSPITAL.....

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\*

\* Please type X in the appropriate box.

**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):

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES**  
**EUROPEAN UNION OF MEDICAL SPECIALISTS**

*Association internationale sans but lucratif – International non-profit organisation*

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**Signature:**

A handwritten signature in black ink, consisting of several fluid, overlapping strokes.

**Date: 26/3/21**