

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS T + 32 2 649 51 64 - F + 32 2 640 37 30

https://eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members/faculty members)

NAME: Telmo Farinha Ramos Fernandes de Carvalho

AFFILIATION: NephroCare Portugal

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

X I have no pot	ential conflict of interest to report*	
I have the fol	lowing potential conflict(s) of interest	t to report*
* Please type X i	n the appropriate box.	
Type of affiliation / financial interest		Name of commercial company
Receipt of grants/research supports:		
Receipt of honor	raria or consultation fees:	
Participation in a	a company sponsored speaker's burea	au:
Stock shareholde	er:	
Spouse/partner:		
Other support (p	please specify):	
Signature:	Deing	Date: 20-03-2021