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F +32 2 640 37 30  
[accreditation@uems.eu](mailto:accreditation@uems.eu)

**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Ignacio J. Ansotegui

AFFILIATION: Head of Department of Allergy & Immunology, Hospital Quironsalud Bizkaia, Bilbao. Sp

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 re-imbursment 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:

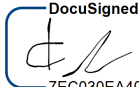
Participation in a company sponsored speaker's bureau:

Sanofi, Bayer, Hypera, UCB, Faes Farma, B

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:   
7EC030EA400C4F8

Date: 2/27/2022



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Rebecca Batt

AFFILIATION: Evelina London Children's Hospital

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**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):

Signature: 

Date: 2/28/2022



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Nicola Brathwaite

AFFILIATION: Kings College Hospital NHS Trust

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**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):

Signature:   
244F91D7FA79499

Date: 2/28/2022



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Adnan Custovic .....

AFFILIATION: Imperial College London .....

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### 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:	x
Receipt of honoraria or consultation fees:	worg Pharmaceuticals
Participation in a company sponsored speaker's bureau:	Astra Zeneca, GSK
Stock shareholder:	x
Spouse/partner:	x
Other support (please specify):	x

Signature:

DocuSigned by:  
  
 083ECFC372454E9

Date: 2/27/2022



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Matt Doyle

AFFILIATION: States Of Jersey

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### 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:

DBV Technology 2020

Receipt of honoraria or consultation fees:

All-Abe11o 2021

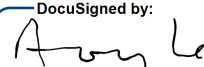
Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

DocuSigned by:  
  
 3E21878FADD4408

Date: 2/27/2022



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Motohiro Ebisawa

AFFILIATION: NHO Sagami-hara National Hospital

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**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:

Mylan

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: 

Date: 2/27/2022



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Adam Fox

AFFILIATION: Evelina London Children's Hospital

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**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:

Other support (please specify):

ALK-Abello - drug monitoring committee

Signature: 

Date: 2/27/2022



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Tomaz Garcez .....

AFFILIATION: MANCHESTER UNIVERSITY NHS FOUNDATION TRUST .....

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**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:

CSL, BioCryst, Takeda, Pharming

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:   
796B278B2922488

Date: 2/27/2022





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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : George Gkimpas

AFFILIATION: Lancashire Teaching Hospitals NHS Foundation Trust


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### 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:	NIL
Receipt of honoraria or consultation fees:	COST Action
Participation in a company sponsored speaker's bureau:	NIL
Stock shareholder:	NIL
Spouse/partner:	NIL
Other support (please specify):	

Signature:

DocuSigned by:  
  
 45DC133E4AA648A

Date: 2/27/2022



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Natasha Gunawardana

AFFILIATION: Guy's and St. Thomas's Hospital, London

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**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):

Signature:

DocuSigned by:  
  
728A750C5F4A465

Date: 3/2/2022

# Declaration of Interest Form

Jonathan Bernstein  
Submitted:

## Your Information

First Name

Jonathan

Last Name

Bernstein

Date of completion

2021-12-16

Please tell us all the BSACI Committees/Groups you are a member of, or if you are a speaker please name the event (E.G. WAO/BSACI 2022)

AAAAI - Secretary Treasurer and will be President Elect 2022 WAO - Board of Directors  
Interasma - Board of Directors HAEA - Medical Advisory Board AAAAI Foundation - Council  
Member GINA guideline Advocacy committee

## Initial Declaration

Do you have any Conflicts of Interest that you need to declare?

yes

## Personal Benefits

1. Ongoing Personal Benefit(s)

Bernstein Clinical Research Center

2. Personal Benefit(s) completed within the last year

Bernstein Clinical Research Center

3. Personal Benefit(s) completed 1-2 years ago

Bernstein Clinical Research Center - PI/Sub PI for clinical trials

Bernstein Allergy Group - Allergist Immunologist - partner

University of Cincinnati College of Medicine - Professor of Medicine

Takeda/Shire, CSL Behring, Pharming, Biocryst - PI, consultant and speaker

Kalvista, Ionis, Biomarin - PI and consultant

Pharvaris, Intellia - Consultant

Sanofi-Regeneron, Astra Zeneca, GSK, Novartis, Genentech - PI, consultant, speaker

Merck, Allakos - PI, consultant

Optinose - Consultant, speaker

Journal of Asthma - Editor in Chief

INEOS - immunosurveillance medical director

4. Personal Benefit(s) completed 2-3 years ago

Bernstein Clinical Research Center

## Personal Travel Grants/Expenses for Conferences etc..

1. Ongoing Personal Travel Grants/Expenses for Conferences

N/A

2. Personal Travel Grants/Expenses for Conferences received within the last year

3. Personal Travel Grants/Expenses for Conferences received within 1-2 years
4. Personal Travel Grants/Expenses for Conferences received within 2-3 years

## Personal Shares

Personal Share(s)  
Pfizer, Abbott

## Non-Personal Interests

1. Ongoing Non-personal interests
2. Non-personal interests completed within the last year
3. Non-personal interests completed within 1-2 years
4. Non-personal interests completed within 2-3 years

## Other potential conflicts of interest

1. Ongoing Conflict of interest
2. Conflict of interest within the last year
3. Conflict of interest within 1-2 years
4. Conflict of interest within 2-3 years

## Additional Interests

Additional interest



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Michael Levin

AFFILIATION: University of Cape Town

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**DISCLOSURE**

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- 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:	Sanofi, organon, cipla
Receipt of honoraria or consultation fees:	sanofi, organon, cipla
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:  ECF43A7DBEF1441

Date: 2/27/2022



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Tom Marrs .....

AFFILIATION: Guy's & St ThomasNHS, King's College London, UK .....

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**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):

Thermofisher&Aimune sponsor AllergyAcad

Signature:   
8527135D665F4E5

Date: 2/28/2022



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**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Mario Morais-Almeida

AFFILIATION: Allergy Center. CUF Descobertas Hospital. Lisbon, Portugal

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**DISCLOSURE**

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- 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:

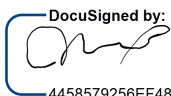
Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:   
4458579256EF488

Date: 2/27/2022

# Declaration of Interest Form

Dr Nandinee Patel

Submitted:

## Your Information

First Name

Nandinee

Last Name

Patel

Date of completion

2022-01-11

Please tell us all the BSACI Committees/Groups you are a member of, or if you are a speaker please name the event (E.G. WAO/BSACI 2022)

BSACI Annual Meeting Deputy Scientific Lead BSACI Paediatric Allergy Group BSACI EDI working Group

## Initial Declaration

Do you have any Conflicts of Interest that you need to declare?

yes

## Personal Benefits

1. Ongoing Personal Benefit(s)
2. Personal Benefit(s) completed within the last year
3. Personal Benefit(s) completed 1-2 years ago
4. Personal Benefit(s) completed 2-3 years ago

## Personal Travel Grants/Expenses for Conferences etc..

1. Ongoing Personal Travel Grants/Expenses for Conferences
2. Personal Travel Grants/Expenses for Conferences received within the last year
3. Personal Travel Grants/Expenses for Conferences received within 1-2 years
4. Personal Travel Grants/Expenses for Conferences received within 2-3 years

AAAAI travel scholarship ( 2020): £500

## Personal Shares

Personal Share(s)

## Non-Personal Interests

1. Ongoing Non-personal interests
2. Non-personal interests completed within the last year
3. Non-personal interests completed within 1-2 years
4. Non-personal interests completed within 2-3 years

## Other potential conflicts of interest

1. Ongoing Conflict of interest



Member of EAACI taskforces: Co-FAITH, FIND, Food allergy thresholds, Quality criteria in FAIT  
Member of EAACI - ongoing  
Member of WAO - ongoing  
Member of AAAAI - ongoing  
Member of RCPCH - PAIID CSAC

2. Conflict of interest within the last year
3. Conflict of interest within 1-2 years
4. Conflict of interest within 2-3 years

## **Additional Interests**

Additional interest



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Professor Graham Roberts

AFFILIATION: University of Southampton

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### 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:

None

Receipt of honoraria or consultation fees:

ALK-Abel1o, DBV, Astra Zeneca

Participation in a company sponsored speaker's bureau:

ALK-Abel1o

Stock shareholder:

None

Spouse/partner:

None

Other support (please specify):

None

Signature:

DocuSigned by:  
 Professor Graham Roberts  
 E0AA5AEEF4704EC

Date: 2/27/2022

# Declaration of Interest Form

Dr Shuaib Nasser  
Submitted:

## Your Information

First Name

Shuaib

Last Name

Nasser

Date of completion

2022-02-01

Please tell us all the BSACI Committees/Groups you are a member of, or if you are a speaker please name the event (E.G. WAO/BSACI 2022)  
Penicillin delabelling committee Vaccine allergy working group BSACI/WAO steering committee

## Initial Declaration

Do you have any Conflicts of Interest that you need to declare?

yes

## Personal Benefits

1. Ongoing Personal Benefit(s)

AZ consultancy

2. Personal Benefit(s) completed within the last year

Ansell consultancy

3. Personal Benefit(s) completed 1-2 years ago

4. Personal Benefit(s) completed 2-3 years ago

## Personal Travel Grants/Expenses for Conferences etc..

1. Ongoing Personal Travel Grants/Expenses for Conferences

2. Personal Travel Grants/Expenses for Conferences received within the last year

3. Personal Travel Grants/Expenses for Conferences received within 1-2 years

4. Personal Travel Grants/Expenses for Conferences received within 2-3 years

## Personal Shares

Personal Share(s)

## Non-Personal Interests

1. Ongoing Non-personal interests

AZ clinical trials

2. Non-personal interests completed within the last year

3. Non-personal interests completed within 1-2 years

4. Non-personal interests completed within 2-3 years

## Other potential conflicts of interest

1. Ongoing Conflict of interest

AZ consultancy

2. Conflict of interest within the last year

3. Conflict of interest within 1-2 years

4. Conflict of interest within 2-3 years

## Additional Interests

Additional interest



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 F +32 2 640 37 30  
[accreditation@uems.eu](mailto:accreditation@uems.eu)

## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Isabel Skypala

AFFILIATION: Royal Brompton & Harefield Hospitals, part of Guy's & St Thomas' NHS Foundation T

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### 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:

ThermoFisher

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

DocuSigned by:  
 Isabel Skypala  
 A429A2962B6A407

Date: 3/2/2022

# Declaration of Interest Form

Prof. Stephen Durham  
Submitted:

## Your Information

First Name

Stephen

Last Name

Durham

Date of completion

2022-02-16

Please tell us all the BSACI Committees/Groups you are a member of, or if you are a speaker please name the event (E.G. WAO/BSACI 2022)  
SOCC WAO/BSACI April2022

## Initial Declaration

Do you have any Conflicts of Interest that you need to declare?

yes

## Personal Benefits

### 1. Ongoing Personal Benefit(s)

ALK China A/S Consultancy Jan 2022-  
Revelo Consultancy jan 2022-  
ANGANY Inc jan 2022-  
ALK Denmark Consultancy Feb 2022-

### 2. Personal Benefit(s) completed within the last year

NAIAD CAUSE Consortium . Consultancy May 2021  
ALK Abello Consultancy and lecture Fees Jan 2021-july 2021  
Stallergenes-Greer Lecture fees Sept 2021  
Abbott Labs Singapore Lecture fee Sep 2021  
Trupharm 85 Israel Lecture fee Nov 2021  
Revelo Consultancy Jan 2021-Dec2021  
ANGANY Jan 2021  
GSK Consultancy June 2021  
PneumoUpdate Oct 2021  
Japanese Allergy Society Lecture Fee Oct 2021  
Belgian Thoracic Society Oct 2021

### 3. Personal Benefit(s) completed 1-2 years ago

ALK Abello A/S Lecture fee Oct 2020  
Euphoria lecture fee Oct 2020  
Abbott Labs Singapore Sep 2020  
NAIAD Inner City Asthma Consortium Consultancy fee Sep 2020

### 4. Personal Benefit(s) completed 2-3 years ago

PneumoUpdate GmbH Budapest June 2019  
NAIAD Inner City Asthma Consortium Consultancy fee Sep 2020  
ALK Abello Lecture fee 2020

## Personal Travel Grants/Expenses for Conferences etc..

1. Ongoing Personal Travel Grants/Expenses for Conferences
2. Personal Travel Grants/Expenses for Conferences received within the last year
3. Personal Travel Grants/Expenses for Conferences received within 1-2 years
4. Personal Travel Grants/Expenses for Conferences received within 2-3 years

## Personal Shares

Personal Share(s)

## Non-Personal Interests

1. Ongoing Non-personal interests
2. Non-personal interests completed within the last year
3. Non-personal interests completed within 1-2 years
4. Non-personal interests completed within 2-3 years

## Other potential conflicts of interest

1. Ongoing Conflict of interest
2. Conflict of interest within the last year
3. Conflict of interest within 1-2 years
4. Conflict of interest within 2-3 years

## Additional Interests

Additional interest

ALk A/S Australia Lecture fee March 2022

# Declaration of Interest Form

Dr Susan Leech  
Submitted:

## Your Information

First Name

Susan

Last Name

Leech

Date of completion

2021-11-11

Please tell us all the BSACI Committees/Groups you are a member of, or if you are a speaker please name the event (E.G. WAO/BSACI 2022)

BSACI Council BSACI Standards of Care Committee BSACI Paediatric Committee

## Initial Declaration

Do you have any Conflicts of Interest that you need to declare?

yes

## Personal Benefits

1. Ongoing Personal Benefit(s)

2. Personal Benefit(s) completed within the last year

Aimmune - Advisory Board - 2021

Thermofisher - fees for speaking - 2021

3. Personal Benefit(s) completed 1-2 years ago

Thermofisher - fees for speaking 2020

4. Personal Benefit(s) completed 2-3 years ago

Thermofisher - fees for speaking - 2019

## Personal Travel Grants/Expenses for Conferences etc..

1. Ongoing Personal Travel Grants/Expenses for Conferences

2. Personal Travel Grants/Expenses for Conferences received within the last year

3. Personal Travel Grants/Expenses for Conferences received within 1-2 years

4. Personal Travel Grants/Expenses for Conferences received within 2-3 years

## Personal Shares

Personal Share(s)

## Non-Personal Interests

1. Ongoing Non-personal interests

2. Non-personal interests completed within the last year

3. Non-personal interests completed within 1-2 years

4. Non-personal interests completed within 2-3 years



## Other potential conflicts of interest

1. Ongoing Conflict of interest
2. Conflict of interest within the last year
3. Conflict of interest within 1-2 years
4. Conflict of interest within 2-3 years

## Additional Interests

Additional interest



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[accreditation@uems.eu](mailto:accreditation@uems.eu)

**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : Gary Wong

AFFILIATION: Chinese University of Hong Kong

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**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:

Other support (please specify):

Signature: 

Date: 2/26/2022



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## Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Anahí Yáñez .....

AFFILIATION: Dr .....

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### 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:

Other support (please specify):

**Signature:**

DocuSigned by:  
  
 81CA674EB5394DF

**Date:** 3/1/2022