



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME: FILL IN WITH NAME AND SURNAME **MARCIN ADAMCZAK**

AFFILIATION: FILL IN WITH YOUR AFFILIATION **DEPARTMENT OF NEPHROLOGY, TRANSPLANTATION AND INTERNAL MEDICINE, MEDICAL UNIV. OF SILESIA KATOWICE POLAND**

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

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

ASTRAZENECA, BOEHRINGER INGELHEIM, SANDOZ, CHIESI

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

CONGRESS FEE AND TRAVEL EXPENSES: CHIESI, ASTRAZENECA, SANDOZ

Signature:

**H. Adamczak
MARCIN ADAMCZAK**

Date:

4. 02. 2024