

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 Faculty members)

NAME: HEBER, ULRIKE

AFFILIATION: Medical University of Vienna, Department of Pathology

X I have no potential conflict of interest to report

In accordance with criterion 15 of document UEMS 2023/07 "EACCME® criteria for the Accreditation of Live Educational Events (LEEs)", all members of the faculty must provide written declarations of COI. These declarations do not need to be submitted at the time of the application but must be made available in case of control by the EACCME® or its reviewers. Reviewers may ask for the COIs of any of all known speakers at the time of submission if needed.

DISCLOSURE

$egin{array}{c} \Box$ 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: Who Alm	Date: 14.06.2025