
Conflict of Interest Disclosure Form

FIRST NAME: Kai

LAST NAME: Zacharowski

AFFILIATION: KAIS Universitätsklinikum Frankfurt am Main

DISCLOSURE

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Receipt of honoraria or consultation fees:

Name of commercial company

CSL behring GmbH
Implantcast GmbH
Vifor Pharma
La Jolla Pharma
Nordic Group
MChE Traidings Handels-GmbH
Haemonetics
BioScience Valuation BSV GmbH
Pharmacosmos
Med Update

Signature:



Date: 16/11/2020

This form is valid from the 1st of January till the 31st of December 2021.

It is the responsibility of the signer to fill in an updated Conflict of Interest Disclosure form in the case that the Affiliation or Financial interest situation has changed.

Conflict of Interest Disclosure Form

FIRST NAME: Stefan LAST NAME: De Hert

AFFILIATION: ESAIC immediate past president

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: 17/11/2020

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Conflict of Interest Disclosure Form

FIRST NAME: Edoardo

LAST NAME: De Robertis

AFFILIATION: University of Perugia, Italy

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: 17.11.2020



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Conflict of Interest Disclosure Form

FIRST NAME: **Idit** LAST NAME: **MATOT**
AFFILIATION: **TEL AVIV**

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:

22. 11. 2020.

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Conflict of Interest Disclosure Form

FIRST NAME: Orit

LAST NAME: Nahtomi Shick

AFFILIATION: Treasurer of the ESAIC Board of Directors, Chair of the Finances Committee, Permanent representative ESA-ACS

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: 20 NOV 2020



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Conflict of Interest Disclosure Form

FIRST NAME: Radmilo

LAST NAME: Jankovic

AFFILIATION: Professor, Clinic for Anesthesiology and Intensive Care, Clinical Center Nis, University of Nis, Serbia

DISCLOSURE

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: Thermofisher,
Baxter, Pfizer, MSD, BBraun, Astelas

Participation in a company sponsored speaker's bureau:
MSD

Stock shareholder: none

Spouse/partner: none

Other support (please specify):

Signature:

Date: 14. 12. 2020



Conflict of Interest Disclosure Form

FIRST NAME: **BUBENEK-TURCONI**

LAST NAME: **ŞERBAN-ION**

AFFILIATION: **ESA Board & NASC (Chairman)**

DISCLOSURE

I have no potential conflict of interest to report **X**

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: **X**

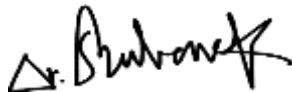
Participation in a company sponsored speaker's bureau: **X**

Stock shareholder: **X**

Spouse/partner: **X**

Other support (please specify): **X**

Signature:



Date: **17.11.2020**

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