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

<table>
<thead>
<tr>
<th>Type of affiliation / financial interest</th>
<th>Name of commercial company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>CSL behring GmbH</td>
</tr>
<tr>
<td></td>
<td>Implantcast GmbH</td>
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<tr>
<td></td>
<td>Vifor Pharma</td>
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<td>La Jolla Pharma</td>
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<td>Nordic Group</td>
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<td>MChE Traidings Handels-GmbH</td>
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<td></td>
<td>Haemonetics</td>
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<td></td>
<td>BioScience Valuation BSV GmbH</td>
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<tr>
<td></td>
<td>Pharmacosmos</td>
</tr>
<tr>
<td></td>
<td>Med Update</td>
</tr>
</tbody>
</table>

Signature: [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

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<td></td>
</tr>
<tr>
<td>Stock shareholder:</td>
<td></td>
</tr>
<tr>
<td>Spouse/partner:</td>
<td></td>
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<td>Other support (please specify):</td>
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Signature: [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          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:

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

This form is valid from the 1st of January till the 31st of December 2021.
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Conflict of Interest Disclosure Form

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

DISCLOSURE

X 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
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):

Name of commercial company

Signature: ____________________________ Date: 22.11.2020

This form is valid from the 1st of January till the 31st of December 2021.
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the case that the Affiliation or Financial Interest situation has changed.
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

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<tr>
<td>Other support (please specify):</td>
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Signature: ___________________________    Date: 20 NOV 2020

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

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<tr>
<td>Receipt of grants/research supports:</td>
<td>Thermofisher, Baxter, Pfizer, MSD, BBraun, Astelas</td>
</tr>
<tr>
<td>Receipt of honoraria or consultation fees:</td>
<td>MSD</td>
</tr>
<tr>
<td>Participation in a company sponsored speaker’s bureau:</td>
<td>MSD</td>
</tr>
<tr>
<td>Stock shareholder: none</td>
<td>none</td>
</tr>
<tr>
<td>Spouse/partner: none</td>
<td>none</td>
</tr>
<tr>
<td>Other support (please specify):</td>
<td></td>
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</table>

Signature: ___________________________ Date: 14. 12. 2020
Conflict of Interest Disclosure Form

FIRST NAME: BUBENEK-TURCONI       LAST NAME: ȘERBAN-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:  [Signature]       Date: 17.11.2020

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