

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 scientific/organising committee members)

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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 conf	lict(s) of interest to report
Type of affiliation / financial interes	t Name of commercial company
X Receipt of grants/research supports:	Bruin Biometrics research grant (to the School of Nursing and Midwifery, Royal Colle of Surgeons in Ireland. The grant is not related to my presentation in the Excellence in
Receipt of honoraria or consultation	Education Award session.
Participation in a company sponsored	d speaker's bureau:
Stock shareholder:	
Spouse/partner:	
X Other support (please specify): 2) EP	UAP selected project for the Excellence in Education award (travel grant).
Signature:	Date: 03/08/2023