

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)

| NAME : Stephan RÜEGG MD | |
|---|---|
| AFFILIATION: Department of Neurology, University Hospital | Basel, CH-4031 Basel (Switzerland) |
| In accordance with criterion 14 of document UEMS 2016/20 "E Educational Events (LEEs)", all declarations of potential or actual or other relationship, must be provided to the EACCME® upon sumust be made readily available, either in printed form, with the the organiser of the LEE. Declarations must include whether a imbursement of expenses in relation to the LEE has been provided | conflicts of interest, whether due to a financial ubmission of the application. Declarations also programme of the LEE, or on the website of any fee, honorarium or arrangement for re- |
| 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 |
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| Stephan Prices | Date: Basel, January 16 th , 2022 |