



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

T + 32 2 649 51 64 - F + 32 2 640 37 30

www.eaccme.eu - accreditation@uems.eu

Director's Declaration

On behalf of the Director of the CME/CPD programme and as Senior Medical Specialist taking responsibility for the event below:

Title of the event: 2021 Filatov Memorial Lectures

Venue: Odesa, Ukraine

Date: 20-21 May 2021

I declare that:

- The scientific programme was developed under my supervision and responsibility, and presents a scientifically balanced perspective of the subjects included;
- This programme complies with all relevant ethical, medico-legal, regulatory, industry-based and legal requirements applicable in the country where it is being held;
- All members of the Scientific and/or Organising Committee have provided a declaration of potential or actual conflict of interest;
- The Scientific and/or Organising Committee has determined the content of all aspects of the LEE to be free of any attempt by sponsors to influence the Committee's decisions;
- I am aware of the source and form of any commercial funding received to develop this programme and confirm that any educational material is free of any form of advertising and any form of bias;
- All faculty and other speakers at this scientific event have disclosed, or will disclose, any potential or actual conflict of interest. This will be published, and stated at the beginning of their presentation(s);
- I will ensure that the applicable national rules, regulations and industry standards regarding exhibition areas where companies are permitted to present their products will be enforced;
- I am a medical practitioner, registered with a Medical Regulatory Authority and have provided my registration details to the EACCME.

Signature:

Date: 08 February 2021

Registration number: 008470

Regulatory Authority: Ministry of Health of Ukraine



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Director's Declaration

On behalf of the Director of the CME/CPD programme and as Senior Medical Specialist taking responsibility for the event below:

Title of the event: Filatov Memorial Lectures - 2020

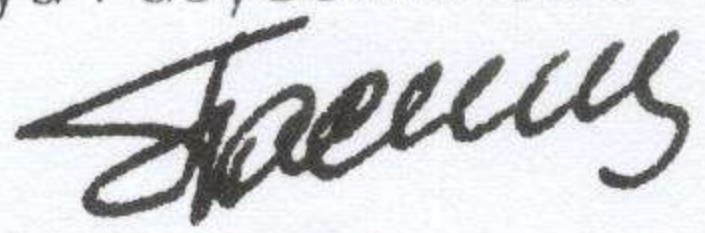
Venue: Odesa, Ukraine

Date: 21-22 May 2020

I declare that:

- The scientific programme was developed under my supervision and responsibility, and presents a scientifically balanced perspective of the subjects included;
- This programme complies with all relevant ethical, medico-legal, regulatory, industry-based and legal requirements applicable in the country where it is being held;
- All members of the Scientific and/or Organising Committee have provided a declaration of potential or actual conflict of interest;
- The Scientific and/or Organising Committee has determined the content of all aspects of the LEE to be free of any attempt by sponsors to influence the Committee's decisions;
- I am aware of the source and form of any commercial funding received to develop this programme and confirm that any educational material is free of any form of advertising and any form of bias;
- All faculty and other speakers at this scientific event have disclosed, or will disclose, any potential or actual conflict of interest. This will be published, and stated at the beginning of their presentation(s);
- I will ensure that the applicable national rules, regulations and industry standards regarding exhibition areas where companies are permitted to present their products will be enforced;
- I am a medical practitioner, registered with a Medical Regulatory Authority and have provided my registration details to the EACCME.

Name: Nataliya Pasychnikova

Signature: 

Date: 21 February 2019

Registration number: 008470

Regulatory Authority: Ministry of Health of Ukraine



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : **Nadiya Bobrova**

AFFILIATION: **Ukrainian Society of Ophthalmologists, Filatov Institute of Eye Diseases and Tissue Therapy**

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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:

20.02.20



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : DR. MATTEO FORLINI

AFFILIATION: SAN MARINO HOSPITAL, REPUBLIC OF SAN MARINO

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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:

Dott. MATTEO FORLINI
Medico Chirurgo
Specialista in Oftalmologia
C.F. FRL MNL 81C16 H199B
E-mail: matteoforlini@gmail.com

Date: 20/02/2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Dmitriev Sergii
AFFILIATION: Filatov Institute

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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:

10.02.20



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Arzhanalyia Galynia*
AFFILIATION: *The Filatov Institute of eye diseases*

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DISCLOSURE

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 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: *12.02.20*



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Konovakova Natalya

AFFILIATION: Filatov Institute

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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:

19.02.2020



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Andrii KOZOL

AFFILIATION: The Filatov Institute

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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:

Bayer AG, Thea

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

10. Feb. 2020



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Volodymyr Naumenko

AFFILIATION: SI "Filatov Institute of Eye Diseases and Tissue Therapy of National Academy of Medical Science of Ukraine"

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 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: Bayer

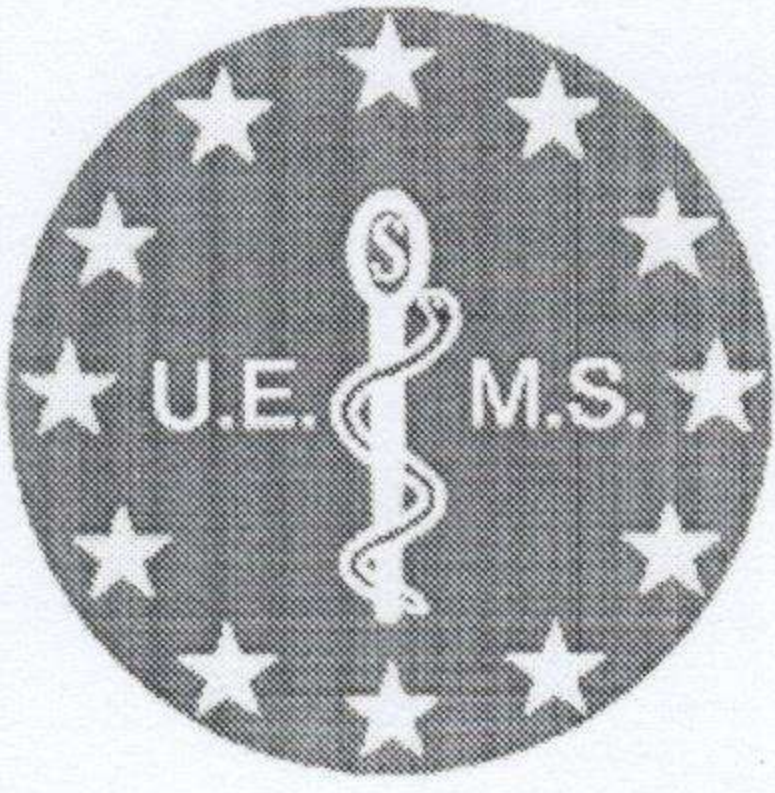
Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 20 February, 2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Putiienko Oleksii*

AFFILIATION: *ST. Filaret Institute of Eye Diseases*

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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:

11.02.20



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Safonoukova I. D.

AFFILIATION: Filatov's Institute

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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:

14. 02. 20



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Serdiuchenko Vira
AFFILIATION: The Filatov Institute

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DISCLOSURE

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 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: 13.02.20

Date:



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : *Stoylovska Olina*

AFFILIATION: *The Filatov Institute*

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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: *18.02.2020*



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Umanets Mykola
AFFILIATION: SI Filatov institute of tissue therapy and eye diseases.

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.

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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:


11.02.2020



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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

NAME : Oleg Zadorozhnyy

AFFILIATION: The Pilsner Institute of Eye diseases

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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: 10.02.2020