



**EUROPEAN UNION OF MEDICAL SPECIALISTS**  
**The European Accreditation Council for**  
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AVENUE DE LA COURONNE, 20  
BE- 1050 BRUSSELS  
[www.eaccme.eu](http://www.eaccme.eu)

T +32 2 649 51 64  
F +32 2 640 37 30  
[accreditation@uems.net](mailto:accreditation@uems.net)

## **Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME : KLAUS F. RABE

AFFILIATION: LUNGENCLINIC GROSSHANSDORF

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", 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:

Stock shareholder:

Spouse/partner:

Other support (please specify):

PLEASE FIND  
ATTACHED FORM

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES**  
**EUROPEAN UNION OF MEDICAL SPECIALISTS**

*Association internationale sans but lucratif – International non-profit organisation*

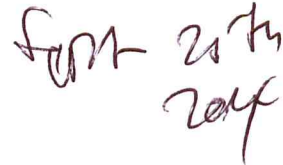
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I assure that my involvement in organizing and defining the scientific programme has not been influenced by any company I have previously and I am collaborating with.

Signature:



Date:



# Prof. Dr. K. F. Rabe

## Disclosure Form

### A.) Employment

Employer University of Kiel and  
LungenClinic Grosshansdorf, Woehrendamm 80, 22927 Grosshansdorf

Job title Professor of Medicine, Medical Director & Medical Chief Executive Officer

### B.) Financial Interests

I have no financial interests in relation to the topic of this article to disclose.

### C.) Research Interests

I have disclosed below information about all organizations which have supported research projects for which I have served as an investigator or co-investigator during the previous calendar year.

Name of Organization	Nature of Relationship	Value < \$ 10,000	Value > \$ 10,000
Altana Pharma	Grant		X
Novartis	Grant		X
AstraZeneca	Grant		X
MSD	Grant		X
Nycomed	Grant		x

### D.) Legal consultation Services/Expert witness testimony

I have disclosed below information about all topics or issues for which I have provided legal consultation services or expert witness testimony during the previous calendar year. The dollar value of these relationships includes all compensation received related to the topic rather than compensation received on a per case basis.

Topic consulted or testified on	Value < \$ 10,000	Value > \$ 10,000
AstraZeneca	X	
Chiesi Pharmaceutical	X	
Novartis	X	
MSD	X	
GlaxoSmithKline	X	

### E. Tobacco

I have no links to the tobacco industry.

### F. Organizational Interests

I have no organizational interests to disclose.

### G. Gifts

I have no gifts to disclose.

### G. Other Interests

I have no other interests to disclose.

I certify that the statements I have made above are true, complete, and correct to the best of my knowledge and belief.

Date: 26.09.2014

Signature

