



**EUROPEAN UNION OF MEDICAL SPECIALISTS**  
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 Institution of the UEMS<sub>alsbl</sub>

AVENUE DE LA COURONNE, 20  
 BE- 1050 BRUSSELS  
 www.eaccme.eu

T +32 2 649 51 64  
 F +32 2 640 37 30  
 accreditation@uems.net

**Conflict of Interest Disclosure Form**

(to be completed by scientific/organising committee members)

NAME: Prof Dr Tobias Leber

AFFILIATION: DEPARTMENT OF RESPIRATORY MEDICINE  
MOBITZERSCHE HOCHSCHULE HANNOVER, GERMANY

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:

BAKER TUBING

Receipt of honoraria or consultation fees:

AMBA HEALTH, BAKER TUBING, BENTON & BOWLES

Participation in a company sponsored speaker's bureau:

no

Stock shareholder:

no

Spouse/partner:

no

Other support (please specify):

AMBA HEALTH

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:

Tobias Leber

Date:

23.06.2015