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

(to be completed by the Medical Officer who takes responsibility for the application)

NAME: …DE LA TAILLE

AFFILIATION: CHU. Mondor APHP

In accordance with criterion 18 of document UEMS 2023.08.rev "EACCME® Criteria for the Accreditation of E-Learning Materials (ELM)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. Declarations must be made available online on the ELM page. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the ELM has been provided.

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**
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	Bayer, Intuitive, Johnson and Johnson, Astellas, Ipsen, Novartis.
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date: 22/7/2026**