



Conflict of Interest Disclosure Form

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

NAME: LE DU Fanny

AFFILIATION: CLCC Eugène Marquis, RENNES

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

☒ 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: DAIICHI

Receipt of honoraria or consultation fees: DAIICHI, AZ, PFIZER, LILLY, ROCHE, NOVARTIS, EX SCIENCES

Participation in a company sponsored speaker's

bureau: DAIICHI, AZ, PFIZER, LILLY, ROCHE, NOVARTIS, EX SCIENCES

Stock shareholder: NONE

Spouse/partner: NONE

Other support (please specify):

Signature:

Dr Fanny LE DU

Date: 9.9.26