



Conflict of Interest Disclosure Form

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

NAME: Francesco Soria

AFFILIATION: Torino School of Medicine

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: Photocure,
MEdac

Receipt of honoraria or consultation fees: Medac,
Photocure, J&J, Astrazeneca, Ferring, Accord,
Cepheid, Pfizer

Participation in a company sponsored speaker's
bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 29/9/2026