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EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS
T + 32 2 649 51 64
eaccme.uems.eu - elarning@uems.eu

Conflict of Interest Disclosure Form

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

NAME: Stefan Machtens (MD)

AFFILIATION:

GFO Clinics Rhein-Berg;

Department of Urology and Paediatric Urology;

Vinzenz-Pallotti-Str.20;

51429 Bergisch Gladbach;

Germany

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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:

None

Receipt of honoraria or consultation fees:

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Bebig;Johnson &Johnson; Ipsen; Merck; MSD;
Novartis;Pfizer;Takeda

Participation in a company sponsored speaker's
bureau:

Amgen; AstraZeneca; Bayer; BD; Bebig;
Johnson&Johnson;MSD;Pfizer;

Stock shareholder:

No

Spouse/partner:

No

Other support (please specify):

Signature:

GEO Kliniken Rhein/Berg
Betriebsstätte Vinzenz Pallotti Hospital
Dr. med. Stefan Machters
Chefarzt der Klinik für Urologie
Vinzenz Pallotti Straße 20
51429 Bergisch Gladbach
Tel.: 02204-41-1002 | Fax: 41-1419

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