

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Manfred Gärtner

AFFILIATION: Foundation "Medicina Humana"

In accordance with criterion 13 of document UEMS 2023.07.rev "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", 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. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement 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:~~

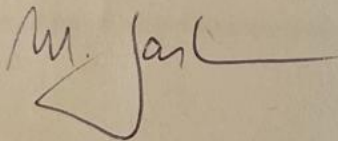
~~Receipt of honoraria or consultation fees:~~

~~Participation in a company sponsored speaker's bureau:~~

~~Stock shareholder:~~

~~Other support (please specify):~~

Signature:



Date:

13.9.2026

Director's Declaration

On behalf of the Director of the CME/CPD programme and as Medical Specialist taking responsibility for the below:

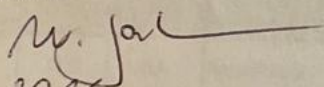
Title of the : Neuropathy Symposium

Date: 25.10.- 30.10.2026

I declare that:

- ✓ The scientific programme was developed under my supervision and responsibility, and presents a scientifically balanced perspective of the subjects included;
- ✓ This programme complies with all relevant ethical, medico-legal, regulatory, industry-based and legal requirements applicable in the country where it is being held;
- ✓ All members of the Scientific and/or Organising Committee have provided a declaration of perceived or actual conflict of interest;
- ✓ The Scientific and/or Organising Committee has determined the content of all aspects of the LEE to be free of any attempt by sponsors to influence the Committee's decisions;
- ✓ I am aware of the source and form of any commercial funding received to develop this programme and confirm that any educational material is free of any form of advertising and any form of bias;
- ✓ All faculty and other speakers at this scientific event have disclosed, or will disclose, any perceived or actual conflict of interest. This will be published, and stated at the beginning of their presentation(s);
- ✓ I will ensure that the applicable national rules, regulations and industry standards regarding exhibition areas where companies are permitted to present their products will be enforced;
- ✓ I am a medical practitioner, registered with a Medical Regulatory Authority and have provided my registration details to the EACCME®.

Name: Dr Manfred Gärtner

Signature: 

Date: 13.9.2026

Registration number: 802760801316208

Regulatory Authority: Landesärztekammer Baden-Württemberg