

Director's Declaration

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

Title of the event: New Insights into Metabolic and Cardiorenal Wellness in People with Diabetes: A Program for Africa

Venue: Virtual CME conference - Cape Town, South Africa, South Africa

Date: 30/04/2025 - 25/06/2025

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: Assoc Prof Martin Abrahamson Signature: 

Date: Jan 12, 2025

Registration number: 78739

Regulatory Authority: Board of Registration Massachusetts

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Martin Abrahamson

AFFILIATION: Beth Israel Deaconess Medical Center/Harvard Medical School

In accordance with criterion 13 of document UEMS 2023/07 "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-imbusement 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: Jan. 12, 2025

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Sanjiv Chopra

AFFILIATION: Beth Israel Deaconess Medical Center

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Name of commercial company

Receipt of grants/research supports:

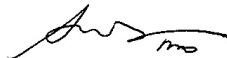
Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Other support (please specify):

Signature:



Date: Jan 7, 2025

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Joel Dave

AFFILIATION: Groote Schuur Hospital and the University of Cape Town

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Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees: Novo Nordisk, Servier, Boehringer Ingelheim, Abbott, Sanofi

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Other support (please specify):

Signature:



Date: 12 January 2025



Conflict of Interest Disclosure Form

(to be completed by Faculty Members)

NAME: *Peter Raubenheimer*.....

AFFILIATION: *University of Cape Town*.....

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Type of affiliation / financial interest*

Name of commercial company

*Grants/research support, honoraria or consultation fees, company sponsored speaker's bureau, stock shareholder, other support for self or spouse/partner.

Signature:

Date:



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

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

Conflict of Interest Disclosure Form

(to be completed by Faculty Members)

NAME: Giulio R. Romeo, MD

AFFILIATION: Joslin Diabetes Center and Beth Israel Deaconess Medical Center. both at HMS

In accordance with criterion 13 of document UEMS 2023/07 "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-imbusement of expenses in relation to the LEE has been provided.

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Signature: Giulio Romeo MD Digitally signed by Giulio Romeo MD
Date: 2025.04.07 17:29:56 -04'00' **Date:** 04/07/2025