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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Owain Thomas

AFFILIATION: Specialist Anaesthetist, Paediatric Anaesthesia and Intensive Care, SUS Lund University Hospital, Sweden. Treasurer, Swedish Society of Anaethesia and Intensive Care, Sweden.

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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:	
Receipt of honoraria or consultation fees:	
Remuneration for organizing 'BAS Course' from SFAI Verksamheter AB, a limited company wholly owned by SFAI, the Swedish Society of Anaesthesia and Intensive Care.	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	

Other support (please specify):

Signature: **Date:** 3 / August / 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Mats Lindström, MD, PhD

AFFILIATION: Dept. of Psychiatry Malmö, Lund University

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: August 21, 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Reidar Kvåle

AFFILIATION: The Norwegian Society of Anaesthesia

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Reidar Kvåle **Date:** 3. SEPT. 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Ove Karlsson

AFFILIATION: MD PhD

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date:** 17-09-01

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Adam Linder……

AFFILIATION: dep Infection Medicine Lund University…….

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: 9th Aug 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Allan Cyna
AFFILIATION: Women's and Children's Hospital, Adelaide, Australia

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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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:	

Signature: *Allan Cyna* **Date: 1st August 2017**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : .....Anders Larsson.....

AFFILIATION: .....Uppsala university.....

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date:** 8/8/17

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Andrew Klein
Consultant, Papworth Hospital, Cambridge, UK

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

DISCLOSURE

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: Pharmacosmos; Hameonetics; CSL Behring; Fisher and Paykel	
Receipt of honoraria or consultation fees: Pharmacosmos, Vifor Pharma	
Participation in a company sponsored speaker's bureau: none	
Stock shareholder: none	
Spouse/partner: none	

Other support (please specify): No re-imbursement in relation to this Congress

Signature: **Date: 08/08/2017**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Anna Ågren

AFFILIATION: Coagulation Unit, Hematology Center, Karolinska University Hospital, Stockholm, Sweden

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DISCLOSURE

☐ I have no potential conflict of interest to report

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Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	CSL Behring
Receipt of honoraria or consultation fees:	Octapharma, Novonordisk, CSL Behring
Participation in a company sponsored speaker's bureau:	———
Stock shareholder:	———
Spouse/partner:	———
Other support (please specify):	———

Signature: Anna Ågren **Date:** 2017-08-02

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Antti Väänänen

AFFILIATION: Helsinki University Central Hospital / Women's hospital

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DISCLOSURE

X 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:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date: 09th Aug 2017**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Anna Hårdemark Cedborg.....

AFFILIATION: REMEO Stockholm, Linde Healthcare, AGA Gas AB

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DISCLOSURE

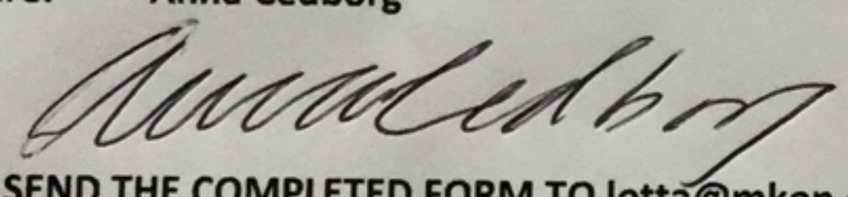
❑ I have no potential conflict of interest to report

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:	**Have previously (before 2014) received grants from:**
	Karolinska Institutet fonder
	Karolinska Institutets resestipendier
	Odd Fellow
	Svensk förening för Anestesi och Intensivvård (sponsrat av AGA gas AB och Abbot)
	Have also previolsy (before 2014) been supported by supervisor during PhD-studies from:

	Stockholms läns landsting (ALF)
	Vetenskapsrådet
	Lena och Per Sjöbergs stiftelse
Receipt of honoraria or consultation fees:	**Have previously (before 2014) received consultation fees for lectures from:**
	AbbVie AB
	Abbot Scandinavia AB
Participation in a company sponsored speaker's bureau:	No
Stock shareholder:	No
Spouse/partner:	No
Other support (please specify): Full time employee as Chief Physician (Head of Clinic from September 1st 2017) at REMEO Stockholm, that is a part of Linde Healthcare, owned by Linde, in Sweden represented by AGA Gas AB, i.e. a private company.	

Signature: **Anna Cedborg** **Date: 2017-08-01**



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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : ...Ola Stenqvist.....

AFFILIATION: Dept. of Anesthesiology and Intensive Care Medicine, Sahlgrenska University Hospital, Gothenburg, Sweden.....

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder: The Lung Barometry Sweden AB	
Spouse/partner:	
Other support (please specify):	

Signature:

Date:5th of September, 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Johanna Hästbacka

AFFILIATION: Helsinki University Hospital & University of Helsinki

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: 4 Sept 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : ……Vibeke Moen……

AFFILIATION: Department of Anaesthesia and Intensive Care, Kalmar County Hospital……

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	

Other support (please specify):

Signature: **Date:**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Michael Herrick……

AFFILIATION: Dartmouth-Hitchcock Medical Center……

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:Michael D. Herrick **Date:8-3-17**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : …Nicolai B Foss…….

AFFILIATION: ……Hvidovre University Hospital…….

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	Advisory Board Edwards
Participation in a company sponsored speaker's bureau:	Speakers Fee Edwards
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Nicolai Bang Foss** **Date: 18/8-17**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Johan Mårtensson…….

AFFILIATION: Perioperative Medicine and Intensive Care, Karolinska University Hospital…….

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date: 5 Sept 2017**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Torben Wisborg

AFFILIATION: Norwegian National Advisory Unit on Trauma

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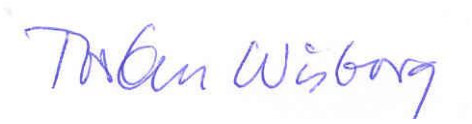
DISCLOSURE

X 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:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date: 7. August 2017**



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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Ass. Prof. Jens Børglum, MD, PhD

AFFILIATION: Department of Anaesthesiology, Zealand University Hospital, Roskilde

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

DISCLOSURE

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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: Yes	SECMA
Receipt of honoraria or consultation fees: Yes	SECMA
Participation in a company sponsored speaker's bureau: Yes	SECMA
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date:**

Jens Børglum 04/09 17

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : ……Pia Glatz

AFFILIATION:…Anestesikliniken, Länssjukhuset, Kalmar

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Pia Glatz** **Date: 2017-08-30**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Morten Hylander Møller……

AFFILIATION: Dept. of Intensive Care, Copenhagen University Hospital Rigshospitalet…….

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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:	
Spouse/partner:	
Other support (please specify):	

Signature: Morte Hylander Møller **Date: 07.08.2017**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Matti Reinikainen

AFFILIATION: North Karelia Central Hospital, Joensuu, Finland

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: [signature] **Date:** 3.9.2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME: Claire Sesame

AFFILIATION: Karolinska Hospital and Institute

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DISCLOSURE

☐ I have no potential conflict of interest to report

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	Bayer
Receipt of honoraria or consultation fees:	Gamble 2018
Participation in a company sponsored (speaker's bureau):	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: [signature]

Date: 4/9/2018

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : …Else Tønnesen…….

AFFILIATION: …Aarhus University Hospital…….

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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:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date:** 28 August 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Karen Louise Ellekjaer

AFFILIATION: *Department of Intensive Care, Copenhagen University Hospital – Rigshospitalet, DK-2100 Copenhagen, Denmark*

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date: 5/9-2017**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Anna Milton

AFFILIATION: Perioperative Medicine and Intensive Care Karolinska University Hospital / Karolinska Institutet

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Anna Milton

Date: 20170821

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : **David Costi**

AFFILIATION: **Women's and Children's Hospital, Adelaide, Australia**

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date: 28 August 2017**

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Conflict of Interest Disclosure Form

(to be completed by the**faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Åse Lodenius

AFFILIATION: Karolinska University Hospital Solna

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Åse Lodenius **Date:** 2017-08-07

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Jan-Erik Kull

AFFILIATION: 0

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Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: 7 Aug 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Ulf Thilén

AFFILIATION: Dept of Cardiology, Skåne University Hospital/Lund, Sweden

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	Actelion Pharmaceutical AB
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date: Aug 7th, 2017**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Kim Ekelund

AFFILIATION: Dept Anaesth. Juliane Marie Center, Rigshospitalet, CPH, DK

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Kim Ekelund** **Date: 25.08.17**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : DR. ELHAM KGERSEBILCK

AFFILIATION: BELGIAN MINISTRY OF DEFENCE

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: [signature]

Date: 15/08/17.

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Sabina Fattah.

AFFILIATION: Majorincidentreporting.net, steering group member

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Sabina Fattah** **Date: 3/9-17**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : ...Hans Friberg.....

AFFILIATION: ...Skåne University Hospital, Sweden.....

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DISCLOSURE

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Type of affiliation / financial interest	**Name of commercial company**
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	**Bard Medical Inc**
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	

Other support: **Scientific advisor – QuickCool AB**

Signature: **Date: Aug 7, 2017**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Peter Frykholm
AFFILIATION: Dept of Anaesthesia and Intensive Care, Uppsala University Hospital, Uppsala, Sweden

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date:

14 Aug 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : .....Nicole Juffermans.....

AFFILIATION: .....academic medical center, asmterdam.....

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

DISCLOSURE

x 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:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date:11-08-2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME: Gitte Bunkenborg

AFFILIATION: Holbaek University Hospital, Holbaek, Zealand Region, Denmark.

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Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: August 7th 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : ...Hans Rutberg.....

AFFILIATION: SKL.....

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Henrik Kehlet

AFFILIATION: Rigshospitalet Copenhagen University

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Henrik Kehlet **Date:** 3/8-17

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : **Ulla Caverius**

AFFILIATION: **Skåne University Hospital, Dept. of Pain Rehabilitation**

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Spouse/partner:	
Other support (please specify):	

Signature: **Date:** 170831

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Nina Skei ①, Grethe Berger Heitmann ②

AFFILIATION: ① NORD-TRØNDELAG HOSPITAL TRUST, LEVANGER HOSPITAL, NORWAY
② SOUTH-EASTERN NORWAY REGIONAL HEALTH AUTHORITY

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Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Nina Skei **Date:** 26/8 - 2017.

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NAME : Nina Skei ①, Grethe Berger Heitmann ②

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Spouse/partner:	
Other support (please specify):	

Signature: Nina Skei **Date:** 26/8 - 2017.

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Pär Johansson.....

AFFILIATION: Rigshospitalet, Copenhagen.....

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Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Date: 7/8/17

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : DR. ELHAM KGERSEBILCK

AFFILIATION: BELGIAN MINISTRY OF DEFENCE

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: [signature]

Date: 15/08/17.

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : **Professor Kathryn Maitland**

AFFILIATION: Imperial College, London and KEMRI Wellcome Trust Research Programme, Kenya

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Kathryn Maitland **Date: 31at July 201**

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FAKTURA

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Norra Vallgatan 16
211 25 Malmö

Leveransadress

Malmö Kongressbyrå

Norra Vallgatan 16
211 25 Malmö

Fakturanummer 2046441
Anges vid betalning

Vår order	71389
Vår ref.	Björn Gyllenskiöld
Kund-ID	2089
Kontakt	
Kundmomsnr.	
Sida	1
Utskriftsdatum	2017-03-23
Förfallodatum	2017-04-12
Bet.villkor	20 dagar netto
Dröjsmålsränta	1,25 %

Kostnadsställe 1720

Produkt	Datum	Producent	Destination	Moms	Belopp
Flygresa	2017-09-04	Malmö Aviation	Malmö	94,91	1 265,09
	Arvode			65,00	260,00
Bokningsnummer	6D9KYV				
Biljett	276-1352241530				
Resenär	Lars I Eriksson				
Marktransport	2017-09-04	Flygtaxi	Lund	35,38	589,62
Bokningsnummer	6D9KYV				
Resenär	Lars I Eriksson				
Marktransport	2017-09-08	Flygtaxi	Malmö	35,38	589,62
Bokningsnummer	6D9KYV				
Resenär	Lars I Eriksson				

Moms	Momskod	Ursprungligt belopp	Momsbelopp
25 %	SE25	100,00	25,00
6 %	SE6	2 344,33	140,67
	SEAvt	260,00	65,00

Ok/lotta 1720/4013

Försäljningssaldo	Tillägg	Moms	Valuta	Total
2 704,33		230,67	SEK	2 935,00

Koch & Ljungberg AB
Hyllie Boulevard 17
215 32 Malmö

bokning@koch-ljungberg.se

Tel 040-473444
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Webbsida www.koch-ljungberg.se
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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : LASSE RAITNIEMI

AFFILIATION: OULU UNIVERSITY HOSPITAL

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Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date:** 31.7.2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Louise Walter Sturesson

AFFILIATION: None

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Spouse/partner:	
Other support (please specify):	

Signature: Louise Walter

Date: 2017-08-03

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Conflict of Interest Disclosure Form

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NAME : GORAN LOVRIĆ

AFFILIATION: CIBM & PAUL SCHERRER INSTITUTE

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Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: G. Lovrić **Date:** 28.08.2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Carolina Samuelsson.....

AFFILIATION: Department of intensive and perioperative Care, Skane University Hospital Malmö/Lund Sweden.....

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Spouse/partner:	
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Signature: **Date:** 14/8-17 Malmö.

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Mats Enlund

AFFILIATION: Centre for Clinical Research, Uppsala University, Västerås, Sweden

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Receipt of grants/research supports:	Abbott; >10 years ago
	Zeneca (now AstraZeneca); >10 years ago
Receipt of honoraria or consultation fees:	AstraZeneca; >10 years ago
	Fresenius Kabi; >3 years ago
	GlaxoSmithKline; >5 years ago
Participation in a company sponsored speaker's bureau:	No

Stock shareholder:	No
Spouse/partner:	No
Other support (please specify):	No

Signature: Mats Enlund **Date:** 2017-08-03

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Conflict of Interest Disclosure Form

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NAME : Miklos Lipcsey

AFFILIATION: Uppsala University

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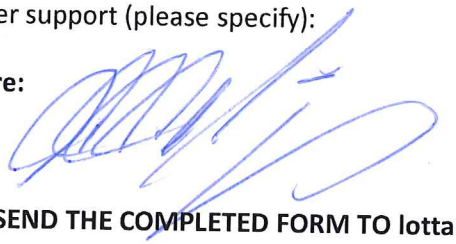
Signature: 

Date: 23/08/2012

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NAME : NIELS-HENRIK JENSEN

AFFILIATION: SSAI Pain Educational Programme

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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:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date:** August 3, 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : P. G. Noordzij

AFFILIATION: Anesthesiologist

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date:** 5/9/2017.

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : ANNA JANUSZKIEWICZ

AFFILIATION: KAROLINSKA UNIVERSITY HOSPITAL, HUDDINGE

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: [signature] **Date:** 17-08-28

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : ...Sigridur Kalman.....

AFFILIATION: ...Karolinska Institutet and Karolinska Universitetsjukhuset.....

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: S. Le **Date:** 2017-08-29

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : …Ólöf Viktorsdóttir…….

AFFILIATION: …Landspitali, Reykjavik, Iceland…….

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date:** 15.08.2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Peter Berlac, MD

AFFILIATION: Medical Director, EMS Copenhagen

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date: 01082017**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Peter J Sveusson

AFFILIATION: Dept of Coagulation disorders, Lunds University Skånes Universitets Sjukhus

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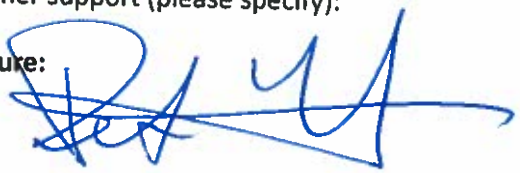
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 1/8-2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Hans Kirkegaard.....

AFFILIATION: Aarhus University Hospital .....

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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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:	
Spouse/partner:	
Other support (please specify):	

Signature: Hans Kirkegaard **Date: September 1st 2017**

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Nina Widtfeldt

AFFILIATION: Södra Älvsborgs Sjukhus
C-MeG

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Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: [signature] **Date:** 17/8 -19

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(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Anders Perner

AFFILIATION: Rigshospitalet

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Receipt of grants/research supports:	Fresenius Kabi, CSL Behring and Ferring
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date:** 2/9/17

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(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME: CHRISTIAN FENGER-ERIKSEN

AFFILIATION: AARHUS UNIVERSITY HOSPITAL

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	LFB, TEM, NOVO NORDISK
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Christian Fenger-Eriksen **Date:** 4/9-17

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Kai Knudsen

AFFILIATION: Dep of Anaesthesiology and Intensive Care Medicine, Sahlgrenska University Hospital. Gothenburg

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Kai Knudsen **Date:** 10/8- 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Sten Lindahl

AFFILIATION: Karolinska Institutet

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Sten Lindahl **Date:** July, 31, 2017

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Tor Inge Tønnessen.....

AFFILIATION: Oslo University Hospital.....

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Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder: Sensocure AS	
Spouse/partner:	
Other support (please specify):	

Signature: Tor Inge Tønnessen **Date:** 22/8 17

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Conflict of Interest Disclosure Form

(to be completed by the **faculty members** of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine)

NAME : Vegard Dahl

AFFILIATION: Anaesthesia Dpt, Akershus Univ Hospital, Loerenskog, Norway

In accordance with the UEMS document "Accreditation of Live Educational Events by the EACCME", all faculty members must declare any potential or actual conflicts of interest, whether due to a financial or other relationship. The declarations will be made available on the website of the 34th Congress of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the Congress has been provided. A declaration must also be made as the second slide of the presentation at the congress.

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Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date:** 1/8 - 2017

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