



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 Scientific/Organizing Committee Members)

NAME: **Gábor Szudi, MD**

AFFILIATION: **Department of Neuroradiology, Medical Imaging Centre, Semmelweis University
Division of Neuroradiology, Department of Neurosurgery and Neurointervention, Semmelweis University
Budapest, Hungary**

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-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:

N/A (Not applicable)

Receipt of honoraria or consultation fees:

Semmelweis University Medical Imaging Centre

Participation in a company sponsored speaker's
bureau:

N/A (Not applicable)

Stock shareholder:

N/A (Not applicable)

Spouse/partner:

N/A (Not applicable)

Other support (please specify):

N/A (Not applicable)

Signature: *Dr. Szudi Gábor*

Date: 7 September 2026



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Dr. Lili Szaraz

AFFILIATION: Medical Imaging Centre, Semmelweis University, Budapest, Hungary

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

N/A (Not applicable)

Receipt of honoraria or consultation fees:

Semmelweis University Medical Imaging Centre

Participation in a company sponsored speaker's
bureau:

N/A (Not applicable)

Stock shareholder:

N/A (Not applicable)

Spouse/partner:

N/A (Not applicable)

Other support (please specify):

N/A (Not applicable)

Signature:

Date: 10/09/2026



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Dr. Vecsey-Nagy Milán

AFFILIATION: Heart and Vascular Centre of Semmelweis University

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DISCLOSURE

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☒ 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:

N/A (Not applicable)

Receipt of honoraria or consultation fees:

ELUCID Bioimaging

Participation in a company sponsored speaker's bureau:

Siemens Healthineers

Stock shareholder:

N/A (Not applicable)

Spouse/partner:

N/A (Not applicable)

Other support (please specify):

N/A (Not applicable)

Signature: _____

Date: 08/09/2026



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: FRIEDERIKE LANG

AFFILIATION: DEPARTMENT OF DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY, MEDICAL CENTER - UNIVERSITY OF FREIBURG,
FACULTY OF MEDICINE - UNIVERSITY OF FREIBURG, FREIBURG, GERMANY

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-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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☐ 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: Friederike Lang

Date: 21.09.2026



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: ~~Dr. Martin Peter Pichotka~~.....

AFFILIATION: ~~Department of Diagnostic and Interventional~~ Radiology, Medical Physics,
University Medical Center Freiburg, Faculty of Medicine, University of Freiburg

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-imbursement of expenses in relation to the LEE 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:

Carl Zeiss Foundation; ERDERA; Eurostars; DFG

Receipt of honoraria or consultation fees:

None

Participation in a company sponsored speaker's bureau:

None

Stock shareholder:

None

Spouse/partner:

Research collaborations: ADVACAM; DECTRIS AG;
CERN Medipix Collaboration; CTU (CVUT Prague).
Commissioned research: Bruker; Planmed.
Spective GmbH: scientific and tomographic software and services.

Other support (please specify):

Signature:

Date:



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Conflict of Interest Disclosure Form
(to be completed by Scientific/Organizing Committee Members)

NAME: Dr Hegedűs, Péter

AFFILIATION: Semmelweis University, Medical Imaging Centre

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DISCLOSURE

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- ☐ 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:

N/A (Not applicable)

Receipt of honoraria or consultation fees:

Semmelweis University Medical Imaging Centre

Participation in a company sponsored speaker's bureau:

N/A (Not applicable)

Stock shareholder:

N/A (Not applicable)

Spouse/partner:

N/A (Not applicable)

Other support (please specify):

N/A (Not applicable)

Signature:

Date: 20.09.2026



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: ADAM LEVENTE JERMENDY, MD, PhD

AFFILIATION: SEMMELWEIS UNIVERSITY HEART AND VASCULAR CENTER

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DISCLOSURE

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☐ 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: 08/03/2026



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: DR KISS GERGELY

AFFILIATION: SEMMELWEIS UNIVERSITY MEDICAL IMAGING CENTRE

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-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

N/A (Not applicable)

Receipt of honoraria or consultation fees:

Semmelweis University Medical Imaging Centre

Participation in a company sponsored speaker's bureau:

N/A (Not applicable)

Stock shareholder:

N/A (Not applicable)

Spouse/partner:

N/A (Not applicable)

Other support (please specify):

N/A (Not applicable)

Signature:

Date:

15/09/2026



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME : Ibolyka Dudás MD

AFFILIATION: Assistant Lecturer, Director of Abdominal Imaging Program and Postmortem Imaging Program, Medical Imaging Centre

In accordance with criterion 13 of document UEMS 2023/07 "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 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

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☐ 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:

Semmelweis University Medical Imaging Centre

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 22.09.2026.



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: ZSUZSANNA LÉNÁRD MD PhD

AFFILIATION: Semmelweis Egyetem AOK
Orvosi Képek Kórház

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-imbursement of expenses in relation to the LEE has been provided.

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

N/A (Not applicable)

Receipt of honoraria or consultation fees:

Semmelweis University Medical Imaging Centre

Participation in a company sponsored speaker's

bureau:

N/A (Not applicable)

Stock shareholder:

N/A (Not applicable)

Spouse/partner:

N/A (Not applicable)

Other support (please specify):

N/A (Not applicable)

Signature:

Date:

2026. 09. 14.



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: PREFIX: DR. SURNAME: MARTON FIRST: LIKCEFT
AFFILIATION: MEDICAL IMAGING CENTRE, SEMMELWEIS UNIVERSITY

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

N/A (Not applicable)

Receipt of honoraria or consultation fees:

Semmelweis University Medical Imaging Centre

Participation in a company sponsored speaker's

bureau:

N/A (Not applicable)

Stock shareholder:

N/A (Not applicable)

Spouse/partner:

N/A (Not applicable)

Other support (please specify):

N/A (Not applicable)

Signature: 

Date: SEP 08 2026



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Mark Arian Ughi

AFFILIATION: Medical Imaging Centre, Semmelweis University

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DISCLOSURE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

N/A (Not applicable)

Receipt of honoraria or consultation fees:

Semmelweis University Medical Imaging Centre

Participation in a company sponsored speaker's
bureau:

N/A (Not applicable)

Stock shareholder:

N/A (Not applicable)

Spouse/partner:

N/A (Not applicable)

Other support (please specify):

N/A (Not applicable)

Signature:

Date: 2026.09.10



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: BÁLINT SZILVESTER

AFFILIATION: SEMMELWEIS UNIVERSITY, HEART AND VASCULAR CENTER

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☒ 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:

SIEMENS HEALTHINEERS

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

2026-SEPT-02



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Dr. Panna Seöllári

AFFILIATION: Medical Imaging Centre, Semmelweis University

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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: 30.09.2020

09.08.



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

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: DAVID LASZLO DR. TARNOK

AFFILIATION: SEMMELWEIS UNIVERSITY, MEDICAL IMAGING CENTRE

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

N/A (Not applicable)

Receipt of honoraria or consultation fees:

Semmelweis University Medical Imaging Centre

Participation in a company sponsored speaker's bureau:

N/A (Not applicable)

Stock shareholder:

N/A (Not applicable)

Spouse/partner:

N/A (Not applicable)

Other support (please specify):

N/A (Not applicable)

Signature:

02/09/2026 

Date:

02/09/2026



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: DR AGAM DIONKES TARNOCI

AFFILIATION: ASSISTANT PROFESSOR

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

N/A (Not applicable)

Receipt of honoraria or consultation fees:

Semmelweis University Medical Imaging Centre

Participation in a company sponsored speaker's bureau:

N/A (Not applicable)

Stock shareholder:

N/A (Not applicable)

Spouse/partner:

N/A (Not applicable)

Other support (please specify):

N/A (Not applicable)

Signature: [Signature]

Date: 09/03/2026



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Akos Varga-Szemes

AFFILIATION: Medical University of South Carolina, Charleston, SC, USA

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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:

Siemens, Bayer, Elucid Bioimaging

Receipt of honoraria or consultation fees:

Elucid Bioimaging

Participation in a company sponsored speaker's bureau:

Siemens

Stock shareholder:

Elucid Bioimaging

Spouse/partner:

N/a

Other support (please specify):

N/a

Signature:

Date: Sep 14, 2026



Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Prof. Dr. Pál Maurovich-Horvat, MD, PhD, MPH

AFFILIATION: Medical Imaging Centre, Semmelweis University, Budapest, Hungary

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Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

N/A (Not applicable)

Receipt of honoraria or consultation fees:

N/A (Not applicable)

Participation in a company sponsored speaker's
bureau:

N/A (Not applicable)

Stock shareholder:

N/A (Not applicable)

Spouse/partner:

N/A (Not applicable)

Other support (please specify):

N/A (Not applicable)

Signature:

Date: