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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. Vecsey-Nagy Milán

AFFILIATION: Heart and Vascular Centre of Semmelweis University

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:	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

× ❑ 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:	Spective GmbH — CEO and shareholder
Spouse/partner:	None
Other support (please specify):	Research collaborations: ADVACAM; DECTRIS AG; CERN Medipix Collaboration; CTU (CVUT Prague). Commissioned research: Bruker; Planmed. Spective GmbH: scientific and tomographic software and services.

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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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

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

Signature: **Date:** 08/09/2026

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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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☐ 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: [signature] **Date:** 15/09/2026

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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

☒ 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:	Semmelweis University Medical Imaging Centre
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Dudás Ibolya

Date: 22.09.2026.

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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 ÁOK Orvosi Képalkotó Klinika

Igazgató: Prof.Dr.Maurovich Horvat Pál
1083 Budapest, Korányi Sándor utca 2.
Telefon: +36 1 210-0307

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:	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:** 2026. 09. 14.

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: PREFIX: DR. SURNAME: MARTON FIRST: NIKOLETT

AFFILIATION: MEDICAL IMAGING CENTRE, SEMMELWEIS UNIVERSITY

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: [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: Ughi Mark **Date:** 2026.09.10

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: BÁLINT SZILVESZTER

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

Signature: [signature] **Date:** 2026. SEPT. 02

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Dr Panna Szöllősi

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:	—
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:** Bp. 2020. 09. 08.

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

(to be completed by Scientific/Organizing Committee Members)

NAME: DAVID LASZLO DE TARNOK

AFFILIATION: SEMMELWEIS UNIVERSITY, MEDICAL IMAGING CENTRE

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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: 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 ADAM DOMONKOS TARNOKI

AFFILIATION: ASSISTANT PROFESSOR

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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: [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

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:	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

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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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

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:	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:**

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: SÁMUEL BEKE, MD

AFFILIATION: MEDICAL IMAGING CENTRE, SEMMELWEIS UNIVERSITY

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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:	SIEMENS HEALTHINEERS
Stock shareholder:	ELI LILLY
Spouse/partner:	—
Other support (please specify):	—

Signature: [signature] **Date:** 19.10.2026.