POTENTIAL CONFLICT OF INTERESTS DISCLOSURE FORM

The participants in a continuing medical education (CME) or continuing professional development (CPD) activity should know in advance of any affiliation or financial interest that could influence the presentation of a speaker, a workshop leader or a resource person. The intention of disclosure is not to prevent a presenter with a potential conflict of interests from speaking, but to inform the audience in advance of the possible affiliations or financial interests. Since these facts are known openly, the participants can render an informed judgement on the content of the presentation itself.

Affiliation means, for example, acting as an advisory board member for a pharmaceutical company; financial interest means, for example, accepting an invitation, gratuity or remuneration for services rendered, royalties or research funds from a business corporation, or holding a financial interest in an enterprise.

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Decloration of the resource person (speaker, facilitator, scientific committee member or others)

I currently have, or I have had in the past two years, an affiliation with or financial interest of any nature in a business corporation, or I receive remuneration, royalties or research grants from a business corporation:  

- [ ] no  
- [ ] yes

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Name (block letters):  
SIEVERT, KARL-DIETRICH

Title and date of educational activity:  
Tibial Neurmodulation: Novel Chronic Implantable Device Achieves Urinary Continence in Initial Cases

Signature:  

Date: 26. Aug. 2015

Responsibility of the organizer

It is the responsibility of the organizer of an educational activity to have this form completed by each resource person: speakers, facilitators, scientific committee members or others. The organizer shall ensure that the information is made available to the participants by a notation in the course syllabus and that potential conflicts of interests (or the absence thereof) are disclosed by the presenter at the beginning of his presentation (oral and visual disclosure with slide).

For the sake of equity and transparency, the organizer will inform the participants that:
- The resource person did not declare any potential conflict of interests;
- The resource person declared a potential conflict of interests (in this case, the nature of the conflict will be described as mentioned by the resource person); or
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**Declaration of the resource person (speaker, facilitator, scientific committee member or others)**

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- [ ] no
- [x] yes

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**NAME** (block letters): **KARL DIETRICH SIEVERT**

**Title and date of educational activity:**

8.10.2015 Tissue Engineering Therapy of the Lower Urinary Tract – The Potential and Hurdles

**Signature**

Unfallklinik für Urologie und Andrologie

Vorstand:
Prim. Univ.-Prof. Dr. Karl Dietrich Sievert
A-5020 Salzburg | Müllner Hauptstraße 48

**Date** 26. Aug. 2015

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NAME (block letters) : KARL DIETRICH SIEVERT

Title and date of educational activity :
8.10.2015 Whats New in Bladder outlet Obstruction

UNIVERSITÄTSKLINIKUM ERSTE PMU
Signature
Universitätsklinik für
Urologie und Andrologie

Vorstand:
Prof. Univ. Dr. Karl-Dietrich Sievert
A-5020 Salzburg | Müllner Hauptstr. 42

Date

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