



UNIVERSITÉ
DE GENÈVE

FACULTY OF MEDICINE
Department of Pathology
and Immunology

Conflict of Interest

Disclosure Form

(to be completed by scientific/organizing committee members/faculty members)

NAME: Dr. Hemant Shukla

AFFILIATION: W.H.O./EMRO

All declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided. Declarations can be made readily available, either in printed form, with the programme of the live educational event (LEE), or on the website of the organiser of the LEE.

DISCLOSURE

☒ I have no potential conflict of interest to report**

☐ I have the following potential conflict(s) of interest to report**

** Please type X in the appropriate box.

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:

16 Feb 2025