



Conflict of Interest Disclosure Form

(to be completed by the individual(s) involved in the preparation of the ELM)

NAME: *Marco Moschini*

AFFILIATION: *SAN MAFFEO HOSPITAL*

In accordance with criterion 18 of document UEMS 2023/08 "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 ELM page. Declarations must include whether any fee, honorarium or arrangement for re-imbusement of expenses in relation to the ELM 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:

Receipt of honoraria or consultation fees:

PHOTOCURE

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

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Date: *03/06/2024*