

CONFLICT OF INTEREST (COI) DISCLOSURE

To maintain scientific transparency and the high quality standards of our scientific activities, and to comply with international accreditation criteria, you are required to provide a written declaration of potential or actual Conflict(s) of Interest (COI) per year.

All COI disclosures are available on our websites, under the concerned activity.

LAST NAME LOH S I R I W A T FIRST NAME V I S U
YEAR

EVENT (tick appropriate) ☐ IMCAS congresses ☐ IMCAS Academy ☐ AOP congresses ☐ AOP Academy

Please tick appropriate:

- ☒ I have no potential conflict of interest to report
☐ I have the following potential conflict(s) of interest to report

Name of commercial entity /organization	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)
1	☐	☐	☐	☐	☐	
2	☐	☐	☐	☐	☐	
3	☐	☐	☐	☐	☐	
4	☐	☐	☐	☐	☐	
5	☐	☐	☐	☐	☐	
6	☐	☐	☐	☐	☐	

I hereby agree with the COI POLICY, clearly stated on our official websites and therefore attest the accuracy of the information given above.

Date 19/2/2025 (format DD/MM/YYYY)

Signature V I S U

EXCELLENCE AND DISTINCTION IN MEDICAL CONGRESSES