

CONFLICT OF INTEREST DISCLOSURE FORM

Laparoscopic and Transanal Colorectal Supermaster Course

from 30/05/2024 to 01/06/2024

Within the framework of the European Union of Medical Specialists (EUMS) which accredits our IRCAD courses and in accordance with ACGME/AMA guidelines for CME, we are required to comply with new written regulations regarding the disclosure of Conflicts of Interest by experts delivering theoretical lectures. Consequently, all experts involved in IRCAD theoretical sessions are required to declare any potential conflict(s) of interest they may have.

We are grateful for your kind understanding and compliance with these new regulations.

Please fill in the information below:

FAMILY NAME: **SERRA-ARACIL**

FIRST NAME: **Xavier**

Affiliation: **HOSPITAL PARC TAULI
SABADELL - SPAIN**

I have no conflict(s) of interest to disclose

I have the following conflict(s) of interest to disclose:
Please specify:

Date: 30/05/2024

Signature:



EXPERT CONSENT FORM

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Once you have read the following consent form and agreed upon it, **please date and sign it.**

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Transanal vs. Laparoscopic TME for mid and low rectal cancer – Oncological
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I confirm that I am accountable for the medical and scientific content presented.

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Strasbourg, 30/05/2024

Signature: