

## Conflict of Disclosure (COI) Form

The Asia Pacific Society of Clinical Microbiology and Infection (APSCMI) requires clear disclosures from all authors regarding any financial holdings, funding sources, or affiliations that may raise questions of bias or perceived to have potentially influenced presentation content.

Please disclose any financial relationships from the past three years (dating from the month of submission) of any size.

Name and Family Name:				
Affiliation:				
Degree	Specialization		Affiliation (place of work)	
<u>Disclosure</u>				
☐ I have no potential conflict of	interest to repo	rt		
☐ I have the following potential conflict(s) of interest to report				
Type of Affiliation / Financial Interest		Name of Commercial Company:		
Descint of grants/research supp	norto			
Receipt of grants/research supports:				
Receipts of honoraria or consultation fees:				
Participation in a company sponsored speaker's bureau:				
Stock shareholder:				
Spouse/Partner:				
Other Support (please specify)	:			
Signature:			Date:	

Organized by:



Co-hosted by:











