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Public Declaration of Interest WONCA Europe 2026 Conference

I, **Mihai-Sorin IACOB** the undersigned, hereby disclose all interests, whether direct or indirect, professional or personal, that are related to the healthcare field and that could potentially influence the content of my presentation or my involvement in the WONCA Europe 2026 Conference.

1. Professional activity over the past 3 years

Activity: Vice-President of Romanian National Society Of Family Medecine

Place of practice: Timisoara, Romania

Start year: 2022

Activity: President of EUVEKUS/EADUS – European Association for the Development of Clinical Ultrasonography in Ambulatory Health Care, Vienna, Austria

Place of practice: Vienna, Austria

Start year: 2016

2. Other paid or compensated activities

Activities related to health (study, production, consulting, auditing, article/report writing, working group participation, training sessions, speaking engagements, work or leisure meetings, etc.), paid or compensated directly or indirectly, regardless of the funder (institution, industry, other), in the past 3 years:

Activity: CEO at ADVITAM MEDICIS MEDICAL CENTER

Funder: ROMANIAN NATIONAL INSURANCE HOUSE

Compensation: FAMILY MEDICINE SERVICES

Date or period: 1999-PRESENT

Activity: Vice-President in the Executive Office of the Timis Medical College

Funder: Timis College Physicians (Roman College of Physicians)

Compensation: Executive job contract

Date or period: 2021-2024

3. Involvement in organizations

Membership or involvement in health-related organizations, regardless of funding source, over the past 3 years

Organization: Timis Society of Family Medicine, Timisoara, Romania

Start year: 2020

End year: Present

Organization: EURACT, EGPRN, EURIPA, EQUIP, EFSUMB (Europe)

Start year: 2022

4. Ownership of financial interests

Ownership of financial interests (copyrights, patents, shares, bonds, financial assets, etc.) related to health over the past 3 years

None

5. Activities, involvements, and financial interests of relatives

Professional or non-professional activities, involvements, or financial interests of a relative (parent, spouse, sibling, or child) related to health within the past 3 years:

None

6. Other Elements

Any other elements you wish to declare

None

I hereby certify that the information provided is accurate and complete.

Done in Timisoara, Romania, on 02.07.2025

Signature:

Family Medicine Senior Physician | Pediatric Specialist
Family Medicine Trainer | Certified in General Ultrasonography

- ✦ **President**, EUVEKUS / EADUS – European Association for the Development of Clinical Ultrasonography in Ambulatory Health Care, Vienna, Austria
- ✦ **President**, Timiș Society of Family Medicine, Timișoara, Romania
- ✦ **Vice-President**, Romanian National Society of Family Medicine, Bucharest, Romania
- ✦ **Coordinator**, Ultrasound Excellence Group, Romanian National Society of Family Medicine
- ✦ **PhD Candidate**, Victor Babeș University of Medicine and Pharmacy, Timișoara – Doctoral School of Internal Medicine and Cardiovascular Rehabilitation
- ✦ **Affiliate**, Center for Preventive Medicine, Victor Babeș University of Medicine and Pharmacy, Timișoara
- ✦ **Master's Student**, Strategic Communication and Advocacy in the Digital Society, Politehnica University of Timișoara.



MIHAI-SORIN IACOB

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