

Disclosure of a Conflict of Interest Form - BOARD MEMBERS

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For information purposes, EAHP projects/activities are:

- EAHP annual congress
- EJHP (6 times a year)
- EAHP Academy Seminars
- EAHP Synergy Masterclasses
- EAHP Open Learning courses
- EAHP Synergy Certification courses
- All other EAHP projects
- Board activities – both internal and external

I have no actual or potential conflict of interest in relation to the above mentioned programmes or to the overall aim and purposes of EAHP.

Full name: PETR HOBÁK

Date: JUNE 3, 2019

Signature: P. Hobák

**Please fill in the following part of the form only if you have a conflict of interest*

I have a financial interest and/or an arrangement of affiliation with one or more organisations /companies that could be perceived as a real or apparent conflict of interest with one or more of EAHP activities (*please specify which below*), including but not limited to: consulting; a family member employed by the organisation; a fiduciary responsibility; recipient of a grant or research support; a major stockholder; receiving other financial or material support, affiliations with other organisations. (e.g., honorarium and/or travel expense reimbursement, external advisor, member of competing organisations, etc.).

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Name of organisation/Company: _____

Nature of Relationship: _____

I, *(insert full name)* hereby agree to:

- update this disclosure throughout the period of my term as a Committee member on an annual basis or until such time as the conflict ceases to exist or arises.
- comply with any conditions or restrictions imposed by EAHP to manage, mitigate or eliminate any actual, potential or perceived conflict of interest and/or commitment.

Signed:

Date:

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Full name: Joan Denise Peppard

Date: 15/5/2019

Signature: Joan Peppard

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Name of organisation/Company: _____

Nature of Relationship: _____

I, (insert full name) Joan Peppard hereby agree to:

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- comply with any conditions or restrictions imposed by EAHP to manage, mitigate or eliminate any actual, potential or perceived conflict of interest and/or commitment.

Signed: Joan D Peppard

Date: 15/5/2019

Boulevard Brand Whitlock, 87, 4th floor (Box 11) – 1200 Brussels, Belgium

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Full name:

Date:

Signature:

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Name of organisation/Company: See attachment

Nature of Relationship: _____

I, (insert full name) Maria Aida Regalusa F. Bahr hereby agree to:

- update this disclosure throughout the period of my term as a Committee member on an annual basis or until such time as the conflict ceases to exist or arises.
- comply with any conditions or restrictions imposed by EAHP to manage, mitigate or eliminate any actual, potential or perceived conflict of interest and/or commitment.

Signed: [Signature]

Date: 12 June 2019

Página Inicial

Recebeidas

A minha conta

Página Inicial > Contribuições Recebeidas

 Última acesso em: 08 de Dezembro de 2018 às 16:17
 Nome: Maria Aída Magalhães Ferreira Batista


As minhas Aceitações

Pesquisa:

Nome Entidade Contribuinte: Valor (em €): Tipo Oferta:

E-Mail: NIF: Da data: 01/06/2018 à 12/06/2019

Tipo Estado: Medicamentos: Tipo Declaração:

Resultados:

ID	Data de Criação	Tipo de Oferta	Artigo	Descrição	Data de Início	Data de Fim	Quantia (€)	Nome Entidade Contribuinte	Morada Entidade Contribuinte	NIF Entidade Contribuinte	Pais Entidade Contribuinte	Email Entidade Contribuinte	Estado	
433002	19-02-2019 17:30:21	Patrocínio	Medicamentos	Congreso Nacional de la Sociedad Española de Farmacia Hospitalaria (SEFH) - Palma de Maiorca, 8-10 Nov 2018	08-11-2018	10-11-2018	1554,38	Pharmakern Portugal	Avenida do Forte, n.º 3, Edifício Suecia I, Piso 0, salas 1.04 e 1.29 2794 - 038	507002571	Portugal (PRT)	jgalrito@pharmakern.pt	Validado Tacitamente	<input type="button" value="Detalhes"/>

a) Comunicações ao INFARMEI, I.P., no âmbito da Transparência e Publicidade, de acordo com o Artigo 159.º n.º 5 e n.º 6 do Decreto-Lei n.º 176/2006, antes da entrada em vigor do Decreto-Lei n.º 5/2017, de 06/01

 Suporte Técnico disponível nos dias úteis através do endereço de email plataforma.transparencia@infarmed.pt

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Full name: DR. ANARAS SULE

Date: 03/JUN/2019

Signature: 

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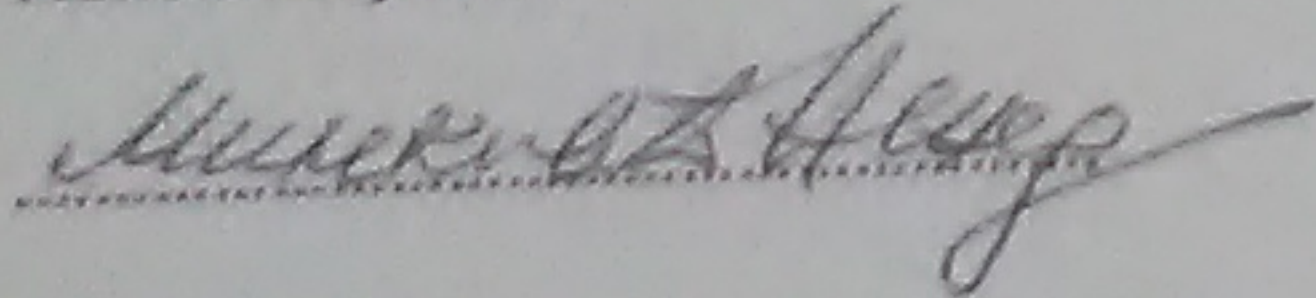
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Full name: Nenad Miljković

Date: 30.04.2019

Signature: 

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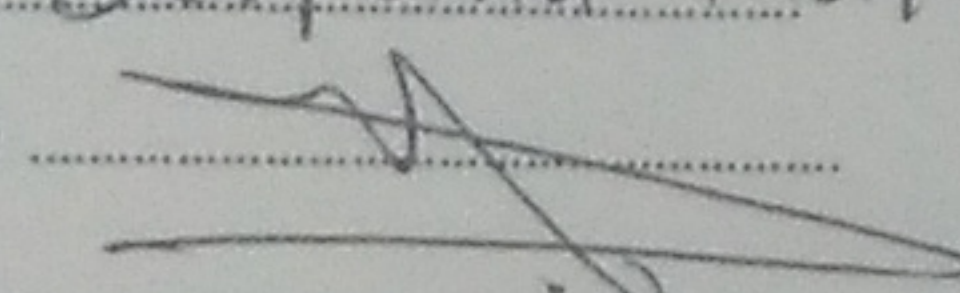
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Full name: Despoina Makridaki Date: 03/6/2019

Signature: 

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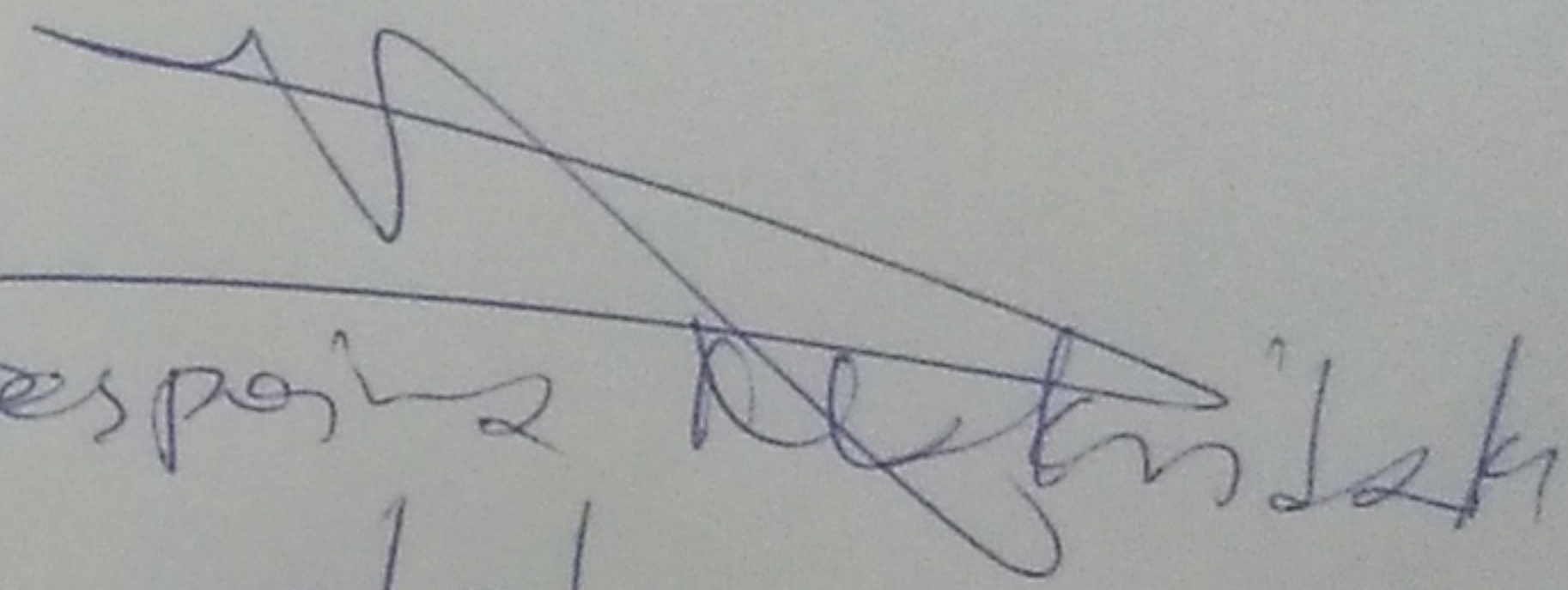
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Signed: _____

Date: _____


03/6/19

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Full name:

Date:

Signature:

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Name of organisation/Company: BBraun Fondation

Nature of Relationship: Consultant / member of Board of Trustees

(see www.bbraun-stiftung.de/de/wir-ueber-uns.html)

Name of organisation/Company: German Society of Hospital Pharmacists ADKA

Nature of Relationship: Consultant and honorary member

I, Steffen Amann hereby agree to:

- update this disclosure throughout the period of my term as a Committee member on an annual basis or until such time as the conflict ceases to exist or arises.
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Signed:



Date: 29th April 2019

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Full name: PIERA POUDDORI

Date: 30/04/2019

Signature: Piera Poudori

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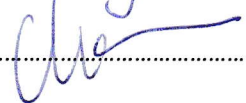
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Full name: Tjalling vander Schors

Date: 20.6.2019

Signature: 

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