

Disclosure of a Conflict of Interest Form - SCIENTIFIC COMMITTEE MEMBERS

Every EAHP Committee member is required to complete this form ideally prior to his/her appointment as a Committee member, or during the course of his/her term.

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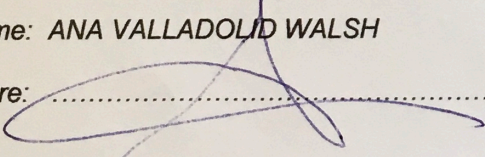
For information purposes, EAHP annual projects/activities are:

- the EAHP annual congress
- the EJHP Abstract book
- the EAHP Academy Seminars
- the EAHP Synergy Masterclasses
- the EAHP Open Learning courses
- the EAHP Synergy Certification courses

X 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: ANA VALLADOLID WALSH

Date: SEPTEMBER 23RD 2020

Signature: 

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

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If you have indicated a conflict, please complete the information below for all the organisations in which you are involved that might pose a conflict and for which activity developed by EAHP.

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.

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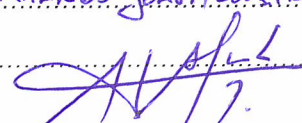
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Full name: ARMANDO JOÃO ALGORIA DA SILVA FARINS Date: 23 Sept 2020
Signature: 

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Signed: _____ Date: _____

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

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Full

name:

BEATA HOROSZKO

Signature:

Beata Horoszko

Date:

22.10.2020

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

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Full name: BRANISLAVA MILKOVIC

Date: 19th October 2020

Signature: Branislava

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Name of organisation/Company: _____

Nature of Relationship: _____

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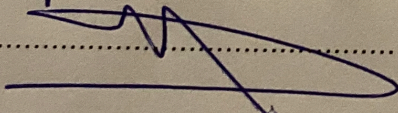
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Full name: Despoina Makridaki

Date: 20/9/2020

Signature: 

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

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Date: _____

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Full name: Dr. JURAJ SYKORA

Date: 21-10-2020

Signature: 

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Name of organisation/Company: _____

Nature of Relationship: _____

I, (insert full name) DR. JURAJ SYKORA hereby agree to:

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Signed: 

Date: 21-10-2020

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Full name: *Fatma Karapinar*

Date: *11-11-2020*



Signature:

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Name of organisation/Company: _____

Nature of Relationship: _____

I, *Fatma Karapinar* hereby agree to:

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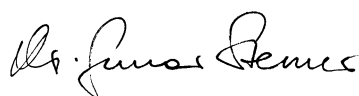
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24.09.2020

Full name: *STEMER Gunar....*

Signature:



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Full name: INESE SVIESTINA

Date: 01/10/2020

Signature: 

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Full name:

Date:

Signature:

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Name of organisation/Company: Kayhill Consulting

Nature of Relationship: Wife's company

I, (*insert full name*) Jonathan Underhill..... 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: ...Jonathan Underhill

Date: 2/10/20

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Full name: LENE JUEL KJELDSEN

Date: 24.10.20

Signature: 

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

I have a financial interest, 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 (e.g., honorarium and/or travel expense reimbursement).

If you have indicated a conflict, please complete the information below for all the organisations in which you are involved that might pose a conflict and for which activity developed by EAHP.

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:

Disclosure of a Conflict of Interest Form - SCIENTIFIC COMMITTEE MEMBERS

Every EAHP Committee member is required to complete this form ideally prior to his/her appointment as a Committee member, or during the course of his/her term.

Being active with EAHP, either as a Board member, Committee member or a staff member implies insuring balance, independence, objectivity, and scientific rigor in all its individually or jointly presented programmes and services.

All Committee members are asked to report any real or apparent conflicts of interest that may have a direct bearing on the activities in their function as Committee members.

A conflict-of-interest is defined as a set of conditions in which professional judgment concerning a primary interest, such as the management of a project, may be influenced by a secondary interest, such as financial gain. As such, a conflict-of-interest is a condition, not a behavior -- being determined by circumstances, not outcome. A conflict exists not only when judgment has been clearly influenced. It also exists when judgment might be influenced or might be perceived to be influenced. That is, a conflict exists before any actual breach of trust, and irrespective of whether a breach of trust actually occurs.

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For information purposes, EAHP annual projects/activities are:

- the EAHP annual congress
- the EJHP Abstract book
- the EAHP Academy Seminars
- the EAHP Synergy Masterclasses
- the EAHP Open Learning courses
- the EAHP Synergy Certification courses

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: RAISA LAAKSONEN

Date: 7.10.2020

Signature: *Raisa Laaksonen*

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

I have a financial interest, 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 (e.g., honorarium and/or travel expense reimbursement).

If you have indicated a conflict, please complete the information below for all the organisations in which you are involved that might pose a conflict and for which activity developed by EAHP.

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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For information purposes, EAHP annual educational projects/activities related to the SC are:

- the EAHP annual congress
- the EJHP Abstract book
- the EAHP Academy Seminars
- the EAHP Synergy Masterclasses
- the EAHP Open Learning courses
- the EAHP Synergy Certification courses

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: ...Stefanie Deuster

Date:20. May 2020.....

Signature:.....

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

I have a financial interest, 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 (e.g., honorarium and/or travel expense reimbursement).

If you have indicated a conflict, please complete the information below for all the organisations in which you are involved that might pose a conflict and for which activity developed by EAHP.

Name of organisation/Company: Lipomed AG

Nature of Relationship: my husband is an employee

I, (*insert full name*) ...Stefanie Deusterhereby 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:20. May 2020.....

Disclosure of a Conflict of Interest Form - SCIENTIFIC COMMITTEE MEMBERS

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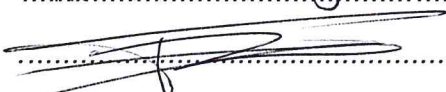
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I have no actual or potential conflict of interest in relation to the above mentioned programmes or to the overall aim and purposes of EAHP.

Full name: THOMAS DE RIJDT

Date: 11/09/2020

Signature: 

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

I have a financial interest, 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 (e.g., honorarium and/or travel expense reimbursement).

If you have indicated a conflict, please complete the information below for all the organisations in which you are involved that might pose a conflict and for which activity developed by EAHP.

Name of organisation/Company: _____

Nature of Relationship: _____

I, (insert full name) Thomas de Rijdt 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: 11/09/2020

Disclosure of a Conflict of Interest Form - SCIENTIFIC COMMITTEE MEMBERS

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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: ...Dr. Torsten Hoppe-Tichy.

Signature:



Date: ...10.9.2020.....

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

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Name of organisation/Company: MSD
Nature of Relationship: Advisory Board

Name of organisation/Company: PCT Therapeutics
Nature of Relationship: Advisory Board

Name of organisation/Company: Roche
Nature of Relationship: Advisory Board

Name of organisation/Company: Fresenius
Nature of Relationship: Advisory Board

Name of organisation/Company: Daiichi
Nature of Relationship: Advisory Board

I, (*insert full name*) *Torsten Hoppe-Tichy* 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.



S i g n e d :
.....
Date: ...10.9.2020.....

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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: Ulrika Gillespie

Date: 2020-09-14

Signature: Ulrika Gillespie

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

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If you have indicated a conflict, please complete the information below for all the organisations in which you are involved that might pose a conflict and for which activity developed by EAHP.

Name of organisation/Company: _____

Nature of Relationship: _____

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

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Signed:

Date:

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Full name: FRANCESCA VENTURELLI Date: 6/4/2020
Signature: [Handwritten Signature]

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

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Name of organisation/Company: _____
Nature of Relationship: _____

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

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Signed: _____ Date: _____

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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: Virginia Silvari



Date: 26/09/2020

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

I have a financial interest, 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 (e.g., honorarium and/or travel expense reimbursement).

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Name of organisation/Company: _____

Nature of Relationship: _____

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

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Signed:

Date: