Disclosure of a Conflict of Interest Form - BOARD MEMBERS

Every EAHP Board member is required to complete this form ideally prior to his/her appointment as a Board member, or during the course of his/her term. Should any substantial change take place during the Board Member’s term, Board Members must update the conflict of interest form and provide it to the office and Board.

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- 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 HORAČEK Date: JUNE 3, 2019

Signature: ..........................................................

*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.).

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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Full name: "Jean Denise Person"
Signature: "Jean Person"
Date: 15/5/2019

*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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Nature of Relationship:
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Signed: [Signature]  
Date: 15/5/2019
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Full name: .......................................................... Date: ..........................................................
Signature: ..........................................................

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Signed: ___________________________ Date: 13 June 2019
### As minhas Aceitações

#### Pesquisa:
- **Nome Entidade Contribuinte:**
- **E-Mail:**
- **Tipo Estado:**
- **Valor (em €):**
- **NIF:**
- **Tipo Declaração:**
- **Tipo Oferta:**
- **Data:** 01/06/2018 a 12/06/2019

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<td>Congresso Nacional de la Sociedad Española de Farmacia Hospitalaria (SEFH) - Palma de Maiorca, 8-10 Nov 2018</td>
<td>08-11-2018</td>
<td>10-11-2018</td>
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<td>Pharmaken Portugal</td>
<td>Avenida do Forte, n.º 3, Edifício Suecie I, Piso 0, salas 1.04 e 1.29 2784-038</td>
<td>5070025710</td>
<td>Portugal (PT)</td>
<td><a href="mailto:jgalrito@pharmaken.pt">jgalrito@pharmaken.pt</a></td>
<td>Validado Taticamente</td>
<td>[Detalhes]</td>
<td></td>
</tr>
</tbody>
</table>

a) Comunicações ao INFORMED, L.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 do envio 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@informed.pt

[Logo da República Portuguesa] [Logo da INFORMED]
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- 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: ................................................... Date: 03/JUN/2019

Signature: ..........................................................

*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: ............................................................................

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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.
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Full name: Nenad Miljković

Signature: [Signature]

Date: 30.04.2019

*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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Signature: __________________________

Full name: Despoina Makridaki

Date: 03/6/2019

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

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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](http://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.
- 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:  29th April 2019
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Full name: **PIERO POLIDORI**

Signature: **PIERO POLIDORI**

Date: **30/04/2019**

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Nature of Relationship:
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Full name: Tialling Vander Schors

Signature: [Signature]

Date: 20.6.2019

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