Disclosure of a Conflict of Interest Form - SCIENTIFIC COMMITTEE MEMBERS

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- 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

Signature: 

Date: SEPTEMBER 23rd 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: ___________________________________________________________

Nature of Relationship: ________________________________________________________________

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Full name: Armando João Alves da Silva Teiêda
Signature: 
Date: 23 Sept. 2020

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Nature of Relationship: ____________________________

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Signed: ............................................................ Date: ............................................................
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Signature:

Full name:

Date: 2010.10.20

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Full name: Branislava Miljkovic
Signature: __________________________
Date: 19th October 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: __________________________
Nature of Relationship: __________________________

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Full name: Despoina Makridaki
Signature: __________________________
Date: 20/9/2020

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

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Nature of relationship: _____________________________________________

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Signed: __________________________ Date: __________________________
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Full name: Dr. JUAN SYKO RA
Signature: ___________________________ Date: 21-10-2020

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Name of organisation/Company: ____________________________________________
Nature of Relationship: ________________________________________________

I, (insert full name) Dr. JUAN SYKO RA 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: ___________________________ Date: 21-10-2020
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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: Fatma Karapinar

Date: 11-11-2020

Signature:

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

X 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, Fatma Karapinar hereby agree to:

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Full name: STEMER Gunar, ……

Signature: ……

24.09.2020

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Full name: IMRESE SVIEITIMA ........................................ Date: 01/10/2020 ........................................

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

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Nature of Relationship: ........................................

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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.
- 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: ...Jonathan Underhill.......................... Date: 2/10/20..........................
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Full name: LINDELL JUEL KJELLSEN
Signature: 
Date: 24.10.20

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

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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.

Disclosure pertains to any financial relationship with an organisation or company, e.g., pharmaceutical company, biomedical device manufacturer, or other corporation, whose products or services are related to the subject matter handled by the Committee member. The information will be kept on file to comply with ACPE requirements. This policy is solely for the purpose of identifying any potential conflict of interest so that EAHP maintains its integrity when developing and implementing educational events.

For information purposes, EAHP annual projects/activities are:

- the EAHP annual congress
- the EAHP 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: [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: ___________________________
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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 Deuster .............................................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: .....20. May 2020.................................................................
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- the EAHP Open Learning courses
- the EAHP Synergy Certification courses

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Full name: ........................................... Date: ...........................................
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:
- 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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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

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: __ 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 ______________________________
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.

Signed: ………………………………………

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
Signature: [Signature]
Date: 2020-07-14

*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 EAHF 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 EAHF, either as a Board member, Committee member or a staff member implies ensuring balance, independence, objectivity, and scientific rigor in all its individually or jointly presented programmes and services.

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For information purposes, EAHF annual projects/activities are:

- the EAHF annual congress
- the EJHP Abstract book
- the EAHF Academy Seminars
- the EAHF Synergy Masterclasses
- the EAHF Open Learning courses
- the EAHF 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 EAHF.

Full name: Francesco Venturi

Signature: ...

Date: 6/4/2020

*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 EAHF 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 EAHF.

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 EAHF to manage, mitigate or eliminate any actual, potential or perceived conflict of interest and/or commitment.

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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• 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: .................................................................