

GOC, GDP and EST Conflict of Interest Form

*Form A: to be completed upon appointment to the
Guideline Oversight Committee (GOC), Guideline Development Panel (GDP) and Evidence Synthesis Team (EST)*

A. CONTACT INFORMATION

Name: _____

Professional title(s): _____

Institution: _____

B. RELATIONSHIPS WITHIN THE PREVIOUS 24 MONTHS

1. I have relationships with commercial interests, manufacturers, and/or proprietary entities. Please report below by ticking the box for the reason for ANY relationships that you or your spouse/children/parents had with the respective company, directly or through your institution.

Commercial Interest (Name of company)	Employee	Stocks/ Shares/ Patents	Principle Investigator in industry- sponsored trial	Research support received	Board Member/ Advisory Panel	Speaker's Honorarium	Consultancy	Other positions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. The overall amount of the sum of my financial relationships is more than €10,000 per year:

Yes No

3. I will disclose any relationships with commercial interests, manufacturers, and/or proprietary entities as soon as they become known to me by sending an updated form.

4. I will disclose any conflict of interest that might arise during my term of office and will withdraw from any discussions where a potential bias could exist.

**5. I have specific intellectual interest in
that may be perceived as leading to perceptive bias.**

**6. I acknowledge the correctness of the information provided herewith and that I am duty-bound to
inform EASD immediately in writing of any changes.**

Signature

Date