

Duality of Interest Form

Form A: to be completed upon appointment

A. CONTACT INFORMATION

Name: _____

Professional title(s): _____

Institution: _____

B. FINANCIAL RELATIONSHIPS

1. I have financial relationships with commercial interests, manufacturers, and/or proprietary entities. Please report below by ticking the box ANY financial relationships \geq €5,000 that you or your spouse/children/parents have.

Commercial Interest (Name of company)	Employee	Stocks/ Shares	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"/>

2. I will disclose any financial relationships \geq €5,000 with commercial interests, manufacturers, and/or proprietary entities as soon as they become known to me by sending an updated form.

3. 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.

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

_____ Date

_____ Signature