

Duality of Interest Form

Form B: to be completed annually

A. CONTACT INFORMATION

Name: _____

Professional title(s): _____

Institution: _____

B. FINANCIAL RELATIONSHIPS FOR THE PERIOD _____

1. I had **no financial relationships** \geq €5,000 with any commercial interests, manufacturers and/or proprietary entities.

2. I had **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 had during the report period.

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"/>

3. 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