

Conflict of Interest Disclosure Form for Medical Professionals

Name

Position/Title

Department/Organization

Email

Date

1. Financial Interests

Do you or an immediate family member have any financial relationships (e.g., grants, employment, stock ownership, honoraria, paid expert testimony) with relevant organizations?

If yes, please specify:

2. Non-Financial Interests

Do you have any non-financial relationships (e.g., personal, professional, or voluntary positions) that may influence your work?

If yes, please specify:

3. Other Potential Conflicts

Are there any other potential conflicts of interest to disclose?

If yes, please specify:

Declaration

☐ I hereby declare that the information provided above is accurate and complete to the best of my knowledge.