Conflict of Interest Disclosure Form for Medical Professionals

Name	
Decision/Title	
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?	
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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	
3. Other Potential Conflicts Are there any other potential conflicts of interest to disclose?	

If yes, please specify:

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