

EUROPEAN ASSOCIATION FOR THE STUDY OF DIABETES – EASD
EUROPEAN FOUNDATION FOR THE STUDY OF DIABETES – EFSD

DUALITY OF INTEREST

FORM A: to be completed upon appointment to a new function

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)	Research Support received	Employee	Speaker's Honorarium	Board Member/ Advisory Panel	Stocks/Shares	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"/>

- ☐ **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.**

SIGNATURE

DATE