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 ≥ €5,000 that you or your spouse/children/parents have.

<table>
<thead>
<tr>
<th>Commercial Interest (Name of Company)</th>
<th>Research Support received</th>
<th>Employee</th>
<th>Speaker’s Honorarium</th>
<th>Board Member/Advisory Panel</th>
<th>Stocks/Shares</th>
<th>Consultancy</th>
<th>Other positions</th>
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☐ 2. I will disclose any financial relationships ≥ €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