

EUROPEAN ASSOCIATION FOR THE STUDY OF DIABETES – EASD

GOC & GDP DUALITY OF INTEREST FORM

*FORM A: to be completed upon appointment to the
Guideline Oversight Committee (GOC) or Guideline Development Panel (GDP)*

A. CONTACT INFORMATION

NAME: _____

PROFESSIONAL TITLE(S): _____

INSTITUTION: _____

B. RELATIONSHIPS WITHIN THE PREVIOUS 24 MONTHS

1. I have relationships with commercial interests, manufacturers, and/or proprietary entities.

Please report below by ticking the box for the reason for ANY relationships that you or your spouse/children/parents had with the respective company, directly or through your institution.

Commercial Interest (Name of Company)	Employee	Stocks/Shares /Patents	Principal Investigator in industry- sponsored trial	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. The overall amount of the sum of my financial relationships is more than €10,000 per year: Yes No

3. I will disclose any relationships with commercial interests, manufacturers, and/or proprietary entities as soon as they become known to me by sending an updated form.

4. 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.

5. 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