

Disclosure of Potential Conflicts of Interest for ESCMID Experts

The information below is gathered to understand potential conflicts of interest when engaging in ESCMID-related activities.

Conflicts of interest (CoI) are defined as any interest that may affect or reasonably be perceived to affect the expert's objectivity and independence. **Please disclose in the form below any financial, professional or other interest relevant to the field of CM/ID/IC (four years since the current date).**

Whether a potential CoI is deemed of relevance, depends on the role taken on within ESCMID's organization. Consequently, the disclosure of a CoI does not automatically disqualify or limit participation in ESCMID activities. Of note, if the nature of an interest or the amount or value, where relevant, is not indicated, the conflict will be assumed to be significant.

You will be asked on a regular basis (i.e. yearly or every two years) if there are any updates to this statement.

1. Identifying information

First name:

Surname:

ESCMID Membership ID:

Email:

2. ESCMID-related functions

Study groups

Please indicate your position for each study group:

Study group name 1:

Chairperson

Vice-Chairperson

Secretary

Treasurer

Other Board Member

Study group name 2:

Chairperson

Vice-Chairperson

Secretary

Treasurer

Other Board Member

Study group name 3:

- Chairperson Vice-Chairperson Secretary
- Treasurer Other Board Member

Committees and subcommittees

Please indicate your participation in the following (sub)committees:

- CMI Associate Editors CMI Scientific Advisory Board
- ECCMID Programme Committee Education Subcommittee
- International Affairs Subcommittee Parity Commission
- Professional Affairs Subcommittee Publication Subcommittee
- Scientific Affairs Subcommittee TAE Steering Committee
- EUCAST Steering Committee EUCIC Steering Committee
- Guidelines Subcommittee

If relevant, please indicate your role in the EUCAST Steering Committee:

- Chair Scientific Secretary
- Clinical Data Coordinator Technical Data Coordinator and Webmaster

If relevant, please indicate your role in the EUCIC Steering Committee:

- Chair Advisory Board Representative
- Clinical Coordinator Scientific Coordinator

ESCMID Executive Committee

Please indicate your role in the Executive Committee:

- President President-elect and Secretary General

- | | |
|---|--|
| <input type="checkbox"/> Immediate Past President and
Publications Officer | <input type="checkbox"/> Treasurer and Financial Support Officer |
| <input type="checkbox"/> Professional Affairs Officer | <input type="checkbox"/> Education and Communications Officer |
| <input type="checkbox"/> Scientific Affairs Officer | <input type="checkbox"/> Guidelines Officer |
| Ad-hoc member | |

3. Organizational roles

Are you:

- a member of executive committee (or board) of another international organization (e.g. society, federation, association)?
- a member of the programme committee of another international congress?
- an editor-in-chief, senior editor or (associate) editor with any journal in the fields of CM/ID/IC?
- a member of an advisory board of a company involved in the medical field?
- taking up any other functions in an international organization?

If you responded yes to any of the questions above, please indicate for each:

Name of the organization	Position	Ongoing ? (Y/N)

4. Financial declarations

4.1 Primary employment (and other paid positions):

Nr	Employer	Position
1.		
2.		
3.		

4.2 Other financial relationships and/or income

For remuneration amounting to a total between ≥ 2500 and ≤ 5000 EUR:

Not applicable

Role	Company/ Organization (include the name of products relevant to CM/ID/IC)	Details of role or activity	Past (P) or Ongoing (O)	Willing to divest (Y/N)	Target of payment: Individual (I) or employer ¹ (E <nr>)
Advisory role (scientific matters only)					
Advisory role (other than scientific matters)					
Consultant role (scientific matters only)					
Consultant role (other than scientific matters)					
Promotional speaker					
Expert testimony					
Other honoraria (please specify in column 2)					
Stocks/Bonds					
Ownership Interest					
Intellectual Property (patent, copyright,					

¹ The number corresponding to the employer indicated in section 4.1

Role	Company/ Organization (include the name of products relevant to CM/ID/IC)	Details of role or activity	Past (P) or Ongoing (O)	Willing to divest (Y/N)	Target of payment: Individual (I) or employer ¹ (E <nr>)
license: planned, pending, issued)					
Research support (grants, equipment, research assistant)					
Relevant financial or other relationships of family members in CM/ID/IC-related activities					
Other remuneration (e.g. paid travel, unrestricted educational grants)					

For remuneration amounting to a total of **between ≥5001 and ≤25 000 EUR**

Not applicable

Role	Company/ Organization (include the name of products relevant to CM/ID/IC)	Details of role or activity	Past (P) or Ongoing (O)	Willing to divest (Y/N)	Target of payment: Individual (I) or employer ² (E <nr>)
Advisory role (scientific matters only)					
Advisory role (other than scientific matters)					
Consultant role (scientific matters only)					
Consultant role					

² The number corresponding to the employer indicated in section 4.1

Role	Company/ Organization (include the name of products relevant to CM/ID/IC)	Details of role or activity	Past (P) or Ongoing (O)	Willing to divest (Y/N)	Target of payment: Individual (I) or employer ² (E <nr>)
(other than scientific matters)					
Promotional speaker					
Expert testimony					
Other honoraria (please specify in column 2)					
Stocks/Bonds					
Ownership Interest					
Intellectual Property (patent, copyright, license: planned, pending, issued)					
Research support (grants, equipment, research assistant)					
Relevant financial or other relationships of family members in CM/ID/IC-related activities					
Other remuneration (e.g. paid travel, unrestricted educational grants)					

For remuneration amounting to a total $\geq 25\,001$ EUR

Not applicable

Role	Company/ Organization (include the name of products relevant to CM/ID/IC)	Details of role or activity	Past (P) or Ongoing (O)	Willing to divest (Y/N)	Target of payment: Individual (I) or employer ³ (E <nr>)
Advisory role (scientific matters only)					
Advisory role (other than scientific matters)					
Consultant role (scientific matters only)					
Consultant role (other than scientific matters)					
Promotional speaker					
Expert testimony					
Other honoraria (please specify in column 2)					
Stocks/Bonds					
Ownership Interest					
Intellectual Property (patent, copyright, license: planned, pending, issued)					

³ The number corresponding to the employer indicated in section 4.1

Role	Company/ Organization (include the name of products relevant to CM/ID/IC)	Details of role or activity	Past (P) or Ongoing (O)	Willing to divest (Y/N)	Target of payment: Individual (I) or employer ³ (E <nr>)
Research support (grants, equipment, research assistant)					
Relevant financial or other relationships of family members in CM/ID/IC-related activities					
Other remuneration (e.g. paid travel, unrestricted educational grants)					

Potential future relations

Do you already know of any possible additional conflicts of interests to be foreseen in the next 12 months?

If yes, please specify:

5. Additional comments

6. Signature

I agree that my Conflicts of Interest form will be published on the ESCMID website and certify that the disclosed information above is true and complete to the best of my knowledge

Place, Date of Completion
