

DECLARATION OF INTERESTS

You have agreed to assist, as an expert, the French National Institute of Health and Medical Research (Inserm)..

Pursuant to the provisions of its Experts' Charter, Inserm observes the principles of impartiality and independence when it invites experts. The transparency and management of the conflicts of interest is a duty of the Institute, enabling it to maintain the credibility of its experts and public confidence in science and the scientific community. Therefore, any expert acting on behalf of Inserm, must, before starting his mission, declare any connections that may cause a conflict of interest.

The notion of potential conflict covers professional and financial relationships between the expert and a legal entity (company, organization, etc.) or individual, operating in Inserm's area of expertise. It therefore also covers institutional, personal, intellectual and corporate relationships. Such relationships may influence the mission.

The categorization of the relationships referred to in this declaration formalizes the most common situations. This declaration of interests is intended to identify such relationships and enable their evaluation based on objective and concrete criteria, in accordance with the procedure for management of potential conflicts of interest. However, since this categorization is not exhaustive, you must conscientiously consider and inform Inserm of any such relationship, whether past or anticipated, even if not referred to in this declaration, that might affect your judgement or create a suspicion of conflict of interest between your mission for the Institute and your external activities.

Lastly, in the course of your mission, you must refrain from making a judgement or participating in a decision if you conscientiously consider that you cannot investigate the dossier concerned with the impartiality required or if you consider that your impartiality may be questioned. Refusal to make a declaration will disqualify you from providing your expertise. Automatic processing of personal data gathered through this form shall be carried out by Inserm according to the French law n°78-17, modified, on information technology, data files and civil liberties.. Any field left blank constitutes data signifying that the expert has nothing to declare. This processing was notified to the "Commission Nationale de l'Informatique et des Libertés" (CNIL), the French Data Protection Authority. A receipt was delivered by the said authority with the number 1562716V1.

These declarations are fully accessible to those responsible for managing conflicts of interest for Inserm. They are also accessible to the administrative and judicial authorities.

To maintain transparency, extracts from such declarations, limited to those matters that may be published (see tables below), will be released to the public on communication or publication of the results of your mission. Declarations of interests are retained in confidence for fifteen (15) years after the end of the mission, before being destroyed. You have a right of access to your data and a right of rectification of such data, to be exercised by letter to the following address:

Institut National de la Santé et de la Recherche
Médicale - Inserm
Président-Directeur général
101, rue de Tolbiac
75654 Paris Cedex 13 – France.

Or by e-mail to: teleassistance.dsi@inserm.fr

For the purposes of proof and control, any modification of your declaration shall be contemplated as a new declaration. This does not delete the previous declaration, that is therefore retained and then destroyed as provided above. With regard to any interest declared, the Institute will decide whether the proposed experts may participate in the work. Falsification (of documents) and any use thereof is a criminal offence.

I, the undersigned (full name)

acknowledge the obligation to declare any direct or indirect interests with any company, institution or organization whose activity, techniques or products come within in the field of competence of Inserm or any collegiate body, commission, council or working group of which I am a member or which I have been invited to assist, and any potential conflict with any society or advisory organization operating in the same sectors.

I make this declaration as a/an:

agent of Inserm

☐ member or adviser of a collegiate body, commission, council, committee or working group (please specify) within Inserm:

☐ person invited to contribute my expertise to

☐ other: specify

I undertake to update my declaration of potential conflicts of interest when there is any alteration in such relationships or if any new relationship arises, and at least annually, even if unaltered.

Notably, you must, on receiving the agenda of a meeting, consider whether any interests that you have declared or that may arise from time to time, is compatible with your presence during all or any part of this meeting and notify the appropriate person within the institution thereof and, where appropriate, the president of the meeting, if possible before it starts. Should there be any conflict of interest, your presence may compromise any decision taken or recommendation made, reference or advice issued, and entail cancellation of the decision taken or of any decision the administration might have taken in the light of such deliberation.

1 YOUR PRINCIPAL ACTIVITY

1.1 Your principal activity at the present time

☐ **Independent activity**

ACTIVITY	PRACTISING ADDRESS	START (month/year)	END (month/year)
----------	--------------------	-----------------------	---------------------

☐ **Other (voluntary or retirement activity, etc.)**

ACTIVITY	PRACTISING ADDRESS	START (month/year)	END (month/year)
----------	--------------------	-----------------------	---------------------

☐ **Salaried activity**

PRINCIPAL EMPLOYER	EMPLOYER'S ADDRESS	POSITION HELD in the organization	START (month/year)	END (month/year)
-----------------------	-----------------------	--------------------------------------	-----------------------	---------------------

1.2 Your principal activities practised over the last five years

 *Complete only if different from those listed in 1.1.*

Independent activity

ACTIVITY	PRACTISING ADDRESS	START (month/year)	END (month/year)
----------	--------------------	-----------------------	---------------------

☐ **Other (voluntary or retirement activity, etc.)**

ACTIVITY	PRACTISING ADDRESS	START (month/year)	END (month/year)
----------	--------------------	-----------------------	---------------------

☐ **Salaried activity**

PRINCIPAL EMPLOYER	ADDRESS OF THE EMPLOYER	POSITION HELD in the organization	START (month/year)	END (month/year)
-----------------------	----------------------------	--------------------------------------	-----------------------	---------------------

2 YOUR SUBSIDIARY ACTIVITIES

2.1 You participate or have participated in a decision-making body of a public or private organization whose activity, techniques or products come within in the field of competence of Inserm or of the collegiate body concerned in the declaration

These include health institutions, companies and advisory organizations, professional organizations (scientific bodies, health networks, CNPS - French National Center for Independent Health Professions), and patient associations.

☐ I have no interest to declare under this head, whether currently or in the course of the last five years:

ORGANIZATION (society, institution, association)	POSITION HELD in the organization	REMUNERATION (sum to be entered in table A.1)	START (month/ year)	END (month/ year)

2.2 You practise or have practised as a consultant, adviser or expert with an organization within the field of competence of Inserm or the collegiate body concerned in the declaration

This may be an activity concerning advice or representation, participation in a working group, auditing, editing articles or investigative reports.

☐ I have no interest to declare under this head, whether currently or in the course of the last five years:

ORGANIZATION (society, institution, association)	POSITION HELD in the organization	REMUNERATION (sum to be entered in table A.2)	START (month/ year)	END (month/ year)
--	--------------------------------------	--	---------------------------	-------------------------

2.3 You participate or have participated in scientific work or research for public and/or private organizations within the field of competence of Inserm or the collegiate body concerned in the declaration

Participation in scientific work, including the realisation of trials or clinical or preclinical, epidemiological, medico-economic or observational research into practices and prescriptions, etc. must be stated

☐ I have no interest to declare under this head, whether currently or in the course of the last five years:

ORGANIZATION (society, institution, association)	FIELD and type of work	NAME of the health product or subject concerned	IF TRIALS OR clinical or preclinical RESEARCH, specify	REMUNERATION (sum to be entered in table A.3)	START (month/year)	END (month/year)
--	------------------------	---	--	---	--------------------	------------------

2.4 You have drafted an article, taken part in a congress, conference, symposium, public meeting or training course organised or financially supported by private companies or organizations within the field of competence of Inserm or the collegiate body concerned in the declaration

☐ I have no interest to declare under this head, whether currently or in the course of the last five years:

COMPANY or inviting organization (society, association)	PLACE AND TITLE of the meeting	SUBJECT of participation, name of the product concerned	PAID travel costs	REMUNERATION (sum to be entered in table A. 4)	START (month/ year)	END (month/ year)
---	---	---	----------------------	--	---------------------------	-------------------------

2.5 You are the inventor and/or holder of a patent or product, process or any other type of non-patented intellectual property connected with the field of competence of Inserm or the collegiate body concerned in the declaration

☐ I have no interest to declare under this head.

NATURE OF ACTIVITY and name of the patent, product, etc.	STRUCTURE providing the patent, product, etc.	FINANCIAL BENEFIT or interest	REMUNERATION (sum to be entered in table A. 5)	START (month/ year)	END (month/ year)
		<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/> Aucune <input type="checkbox"/> Au déclarant <input type="checkbox"/> A un organisme dont vous êtes membre ou salarié (préciser)		

3 Activities that you direct or have directed and that benefit from financing by a profit-making organization whose corporate objects are within the field of competence of Inserm

Payment may be in the form of subsidies or research contracts, grants or sponsorship, payments in kind or cash, equipment, apprenticeship charges, etc.

Those concerned include presidents, treasurers and members of committees and Boards of Directors.

☐ I have no interest to declare under this head, whether currently or in the course of the last five years:

STRUCTURE AND ACTIVITY benefiting from financing	Profit-making(*) ORGANIZATION	START (month/ year)	END (month/ year)
--	----------------------------------	---------------------------	-------------------------

4 Financial interests in the capital of a company whose corporate objects are within the field of competence of Inserm

☐ I have no interest to declare under this head.

Currently :

Any financial interest: quoted or unquoted securities, whether stocks, bonds or other financial interest in stockholder equity; any interest in a company or sector concerned, one of its subsidiaries or a company in which it holds part of the capital, within the limit of your immediate awareness and understanding, must be declared. You must state the name of the institution, company or organization, the type and quality of the stock or percentage of capital held.

(Collective investment products such as SICAVs or FCPs – whose management or composition are not controlled by the body concerned – are excluded from the declaration.)

STRUCTURE CONCERNED	TYPE OF INVESTMENT (*)
---------------------	------------------------

- 5 Close relatives and/or employees having a financial interest in any structure whose company objects are within the field of competence of Inserm, that you consider should be brought to the notice of the organization concerned in the declaration

The persons concerned are:

- spouse, cohabitee or partner and their parents (father and mother) or children;
- children;
- parents (father and mother).

This must be completed if the declarer is aware of the activities of his close relatives.

I have no interest to declare under this head, whether currently or in the course of the last five years:

Close relative(s) associated with the following organizations (The relationship is to be entered in table D.1)	ORGANIZATIONS CONCERNED
---	-------------------------

6 - Other potential conflicts of interest that you consider should be brought to the notice of Inserm

☐ I have no interest to declare under this head, whether currently or in the course of the last five years:

ITEM OR MATTER CONCERNED	COMMENTS (the amount received is to be entered in table E.1)	START (month/ year)	END (month/ year)
--------------------------	--	---------------------------	-------------------------

7 If you have completed no item after 1, tick the box: and sign on the last page

8 Tables of unpublicized information

Professional address:

Professional telephone number(s):

Professional fax number(s):

Professional e-mail address:

Personal address (optional):

Personal telephone number(s) (optional):

Personal fax number(s) (optional):

Personal e-mail address (optional):

Table A.1.

ORGANIZATION	AMOUNT RECEIVED
--------------	-----------------

Table A.2.

ORGANIZATION	AMOUNT RECEIVED
--------------	-----------------

Table A.3.

ORGANIZATION	AMOUNT RECEIVED
--------------	-----------------

Table A.4.

COMPANY OR ORGANIZATION	AMOUNT RECEIVED
-------------------------	-----------------

Table A.5.

STRUCTURE	AMOUNT RECEIVED
-----------	-----------------

Table B.1.

ORGANIZATION	PERCENTAGE OF THE AMOUNT of finance in relation to the operating budget of the structure and the sum paid by the funding provider
--------------	---

Table C.1.

STRUCTURE	PERCENTAGE of investment in the capital of the structure and quantity held
-----------	--

Table D.1.

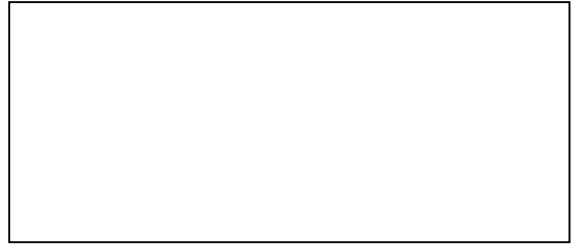
	EMPLOYMENT	STOCKHOLDING			
Organization	Title and position in the structure (state, where appropriate, whether it is a managerial post)	Montant si > 5000 euros ou 5 % du capital	Relationship	Start (month/year)	End (month/year)

Table E.1.

ITEM OR MATTER CONCERNED	SPECIFY sums received, where appropriate
--------------------------	--

Signed in

on



Obligatory signature
(will not be published)