



**Statement and disclosure form of potential conflict of interest**

**EVERY AUTHOR** listed in the AdHopHTA (i) “Handbook of hospital-based Health Technology Assessment (HB-HTA) (handbook), (ii) “Toolkit for hospital-based Health Technology Assessment (HB-HTA)” (toolkit), and (iii) contributor of the “database” (Database) states, that he/she **READ** and **COMPLETED** following statement on conflict of interest disclosure.

**AUTHORSHIP DISCLOSURE**

- I certify that the handbook, toolkit and database represent original and valid work under the AdHopHTA (Adopting hospital-based Health Technology Assessment (HB-HTA)) research project.
- I certify that I am a listed author and contributor of the handbook and have participated in the work sufficiently (e.g. concept, design, analysis, writing, revision of the content).
- I certify that I am a listed author and contributor of the toolkit and have participated in the work sufficiently (e.g. concept, design, analysis, writing, revision of the content).
- I certify that I am a contributor of the database and have participated in the work sufficiently (e.g. concept, design, analysis, writing, revision of the content).
- I certify that I approve the final submitted version of the handbook, toolkit and database.

**FUNDING DISCLOSURE**

- I certify that the development of the handbook, toolkit and database, products of AdHopHTA research project, has been funded from the European Union Seventh Framework Programme for Research (2007-2013) under grant agreement No 305018.

**CONFLICT OF INTEREST STATEMENT**

- I certify that I fully understood, read and completed the “*Form for Disclosure of Potential Conflicts of Interest*” and allow it to be published on the AdHopHTA website: <http://www.adhophta.eu/partners>.
- I certify that the information I have disclosed in the “*Form for Disclosure of Potential Conflicts of Interest*” is accurate and complete to the best of my knowledge.

If you are an author of the handbook, toolkit or database, please fill in the “*Form for Disclosure of Potential Conflicts of Interest*” on the next page.

I am aware of the consent to the use of my name as an author of the handbook, and/or toolkit, and/or database.

14.09.2015 \_\_\_\_\_  
 Date Signature

### Form for Disclosure of Potential Conflicts of Interest

First Name: *AGNES* Last Name: *KISSER* Date: *14.09.2015*

Affiliation: *LBI for HTA*

Name of AdHopHTA products in which development you were involved (i.e. handbook of hospital-based Health Technology Assessment, and/or toolkit for hospital-based Health Technology Assessment, and/or database):

*Handbook, toolkit, database*

1. Are there any current or past (last 12 months) **financial relations** of yours, your spouse or offspring that may, in your opinion, give rise to conflict of interest with respect to the authorship of the AdHopHTA products?

YES  NO

*If YES, explain the character of these relations:*


2. Are there any current or past (last 12 months) **non-financial relations\*** of yours, your spouse or offspring that may, in your opinion, give rise to conflict of interest with respect to the authorship of the AdHopHTA products?

YES  NO

*If YES, explain the character of these relations:*

Disclosure statement (please include one of the following statements listed below)\*\*:

*Agnes Kisser has nothing to declare.*

  
Signature

\* personal or professional relationships, affiliations, knowledge or beliefs

\*\* If all answers are NO: [Author's name] has nothing to declare / [Author's name] does not declare any conflict of interest

If there are financial relations: [Author's name] reports [character of financial relations e.g. research project grants] from [name of organisation]

If there are non-financial relations: [Author's name] reports [character of non-financial relations] with [name of organisation]