



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.


28.8.2015

Date



Signature

Form for Disclosure of Potential Conflicts of Interest

First Name:	Last Name:	Date:
Iris	Pasternack	28.8.2015
Affiliation: Helsinki University Hospital and University of Helsinki (HUS)		
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):		
AdHopHTA Handbook, Toolkit and Database		
<p>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?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>If YES, explain the character of these relations:</i></p>		
<p>During AdHoHTA project I have been employed temporary, part time by the Helsinki University Hospital (HUS) which is one of the AdHopHTA partners.</p>		
<p>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?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>If YES, explain the character of these relations:</i></p>		
<p>I am the founder and sole owner of a company (Summaryx Ltd) which main field of operation is HTA and producing tools to support rational and equal decision making in health care, mainly in Finland.</p>		
<p>Disclosure statement (please include one of the following statements listed below)**:</p> <p><i>Iris Pasternack reports temporary part-time employment status at the Helsinki University Hospital and ownership of an HTA-company Summaryx Ltd.</i></p>		
		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]