



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.

31/8 2015 

Date

Signature

Form for Disclosure of Potential Conflicts of Interest

First Name: KRISTIAN Last Name: KIDHOLM Date: 2015-08-31

Affiliation: ODENSE UNIVERSITY HOSPITAL (OUH)

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?

[X] YES [] NO

If YES, explain the character of these relations:

- FUNDING FROM THE ADHOPHTA PROJECT
- BEING EMPLOYED IN THE HB-HTA UNIT AND PAID BY THE HOSPITAL

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 [X] NO

If YES, explain the character of these relations:

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

KRISTIAN KIDHOLM REPORTS PUBLIC FINANCIAL RELATIONS FROM EU AND ODENSE UNIVERSITY HOSPITAL

[Handwritten Signature]

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]