



# 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.

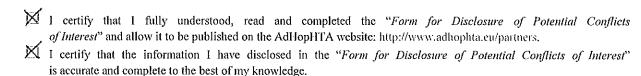
#### **AUTHORSHIP DISCLOSURE**

$\mathbf{A}$	Throught about the boundhoods and the control of th						
	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.						
X	I certify that I am a listed author and contributor of the handbook and have participated in the work sufficiently (c.						
	concept, design, analysis, writing, revision of the content).						
X	I certify that I am a listed author and contributor of the toolkit and have participated in the work sufficiently (e.g. concep						
,	design, analysis, writing, revision of the content).						
X	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).						
X	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



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.

Sept. 10th 2015 Wholen Ochens
Date Signature



## Form for Disclosure of Potential Conflicts of Interest

First Name:		Last Name:			Date:		
NIKOLAUS Affiliation:		PATER	A	Sept.	10 2015		
	/)	7.11.	1.1.1.	HTA Vie	AT		
LBI-HTA Lodwig Bollzmann Institute for HTA, Vienna, AT 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):							
нанрвоок	, TOOLKIT,	DATABASE					
opinion, give		12 months) financial relatest with respect to the aut			g that may, in your		
If YES, explain	the character of these rela	utions:					
opinion, give		months) non-financial re est with respect to the aut relations:			ng that may, in your		
Disclosure statement (please include one of the following statements listed below)**:							
Nikolavs	PATERA	k as	nothing	to Jec	lare.		
Sept.	10 <sup>4h</sup> 2015		Nekob	Sun Paters	Signature		

<sup>\*</sup> 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]