



**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: Risto

Last Name: Roine

Date: 31.8.2015

Affiliation: Helsinki and Uusimaa Hospital District

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

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:*

I have been first a full-time, and later from 2014 on a part-time, employee of the Helsinki and Uusimaa Hospital District and responsible for HTA-related matters. A small part of my salary was paid by funds from the AdHopHTA-project. Furthermore, I have since 2014 been a full-time employee of the University of Eastern Finland and a part-time employee of the Northern Savo Hospital District, Finland. I have received honoraria for lectures from some private companies arranging courses for health care personnel and from some pharmaceutical companies.

I own a very limited number of stock in the Orion pharmaceutical company in Finland.

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)\*\*:

Risto Roine reports having received limited financial support from various sources. However, this support was in no way related to, or influenced, the AdHopHTA work.

# CONFLICT OF INTEREST STATEMENT



\_\_\_\_\_  
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]*