

## **Declaration of Interests for ENCePP Studies**

## INTRODUCTION

This document includes your personal details and your declaration of interests to be made public in line with the provisions of the ENCePP Code of Conduct. All parts must be duly completed. Your declaration will not be accepted if any fields are left empty. You are responsible for the accuracy and completeness of the submitted information.

The form is designed to be filled in electronically and emailed as PDF to the ENCePP Secretariat for publication on the <u>ENCePP E-Register of Studies</u>. In addition, a printed and hand signed copy has to be returned to the ENCePP Secretariat.

## SECTION IN PERSONAL DETAILS First Name: ELENA RAMIREZ Last Name: Organisation / Research Clinical Pharmacology Department, HULP, UAM Centre: Spain Country: elena.ramirez@uam.es Contact e-mail Address: ACUTE AND CHRONIC ACETAMINOPHEN OVERDOSE IN PEDIATRIC POPULATION: PROSPECTIVE STUDY OF COHORT TO EVALUATE CLINIC FACTORS AND BIOMARKERS TO PREDICT DEVELOPMENT OF HEPATOTOXICITY 6 ENCePP Study Reference Number: ENCEPP/SDPP/ Are you the (Primary) Lead Investigator of the above study? **V** Are you an investigator/researcher contributing to the above study No

SECTION 2: DECLARATION OF INTERESTS RELATED TO	) PHARMAGEUTICAL INDUSTRY
In this section you must declare any interests in the pharmaceutical indus past 3 years. If you have interests to declare please tick 'Yes' to the relevable answered.	stry that you currently have or had within the ant questions. All questions in this part must
2.1 Employment No 🕢 Y	ſes ○
Employment in a pharmaceutical company during past 3 year Pharmaceutical company includes supply or service companies which cont and maintenance of a medicinal product. Employment relates to salaries of pharmaceutical company.	ribute to research, development, production
2.2 Financial Interest	res O
Financial interests in the capital of a pharmaceutical compa Financial interests relate to current holding of shares of a pharmaceutical managed investment funds/pensions schemes that are not exclusively based	company with the exclusion of independently
2.3 Patent No 🕢 Y	(es ()
Patent for a medicinal product? Relates to a patent for a medicinal product currently owned by either you centre, and you as individual are the beneficiary.	as individual or your organisation/ research
2.4 Consultancy No Ø Y	∕es ⊝
Consultancy for a pharmaceutical company during the past Consultancy refers to provision of advice or services to a pharmaceutical concluding but not limited to reviewing activities, data monitoring, statistical of contractual arrangements or any form of remuneration such as consulting Note that conference/seminar attendance is not considered a consultancy honorarium.	company excluding the concerned study and al analysis, end point committees, regardless ing fees or honoraria.
2.5 Strategic Advisory Role No 🕢 Y	∕es. ○
Strategic Advisory role on activities of a pharmaceutical corstudy application? Participation with the right to vote on/influence the output in a (scientific) role of providing advice/expressing opinions on the future strategy, direct pharmaceutical company either in terms of general or product-related strategy form of remuneration.	advisory board/steering committee with the ion or development activities of a
2.6 Grant / Funding No 🕢 Y	(es ()
Grant/funding from a pharmaceutical company other than f study contract?  Refers to a grant or funding from a pharmaceutical company which is curr irrespective of whether you are employed or a volunteer, and you receive	rently being received by your research group
SECTION 3: ANY OTHER INTERESTS	res 🔘
In this section you should declare any other interests	to be made known to the public.
Any other relationships/conditions/circumstances that present a potential to members of your family?	conflict of interest, including matters relating
Further to the interests declared above, I do hereby declare on my honou facts that should be made public in relation to the conduct of the study.	er that I do not have any further interests or
Should there be any change of the above due to the fact that I acquire ad ENCEPP Secretariat and complete a new Declaration of Interests detailing	Iditional interests, I shall promptly notify the the changes.

 $\checkmark$  I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the <u>ENCePP E-Register of Studies</u>.

FULL NAME:	ELENA RAMIREZ		Date:	09/01/2013
SIGNATURE:	<b></b>	1/2		
	V			

Send signed copy to
ENCEPP Secretariat
European Medicines Agency
7 Westferry Circus
Canary Wharf
London, E14 4HB
UK