



Declaration of Interests for ENCePP Studies

INTRODUCTION

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SECTION 1: PERSONAL DETAILS

First Name:

Last Name:

Organisation / Research Centre :

Country:

Contact e-mail Address:

ENCePP Study Reference Number: ENCEPP/SDPP/

Are you the (Primary) Lead Investigator of the above study? No Yes

Are you an investigator/researcher contributing to the above study No Yes

SECTION 2: DECLARATION OF INTERESTS RELATED TO PHARMACEUTICAL INDUSTRY

In this section you must declare any interests in the pharmaceutical industry that you currently have or had within the past 3 years. If you have interests to declare please tick 'Yes' to the relevant questions. All questions in this part must be answered.

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FULL NAME:

Preciosa Coloma

Date:

06/06/2012

SIGNATURE:

[Empty signature box]

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FULL NAME:

Giovanni Corrao

Date:

06/06/2012

SIGNATURE:

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FULL NAME:

ROSA GINI

Date:

06/06/2012

SIGNATURE:

[Empty signature box]

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Drug Safety Study: Risk of cardiac valve disorders associated with the use of biphosphonates

ENCePP Study Reference Number: ENCEPP/SDPP/

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FULL NAME:

Giampiero Mazzaglia

Date:

06/06/2012

SIGNATURE:

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Name of Pharmaceutical Company	Comments
Many	PHARMO performs studies on the PHARMO data for, amongst others, pharmaceutical companies. Many companies are former and current clients.

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FULL NAME:

Ron Herings

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FULL NAME:

Miriam Sturkenboom

Date:

06/06/2012

SIGNATURE:

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No Yes

Strategic Advisory role on activities of a pharmaceutical company during the past 3 years of study application?

Participation with the right to vote on/influence the output in a (scientific) advisory board/steering committee with the role of providing advice/expressing opinions on the future strategy, direction or development activities of a pharmaceutical company either in terms of general or product-related strategy, regardless of contractual arrangements or any form of remuneration.

2.6 Grant / Funding

No Yes

Grant/funding from a pharmaceutical company other than funds contemplated in the concerned study contract?

Refers to a grant or funding from a pharmaceutical company which is currently being received by your research group, irrespective of whether you are employed or a volunteer, and you receive no personal gain.

SECTION 3: ANY OTHER INTERESTS

No Yes

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 conflict of interest, including matters relating to members of your family?

Further to the interests declared above, I do hereby declare on my honour that I do not have any further interests or facts that should be made public in relation to the conduct of the study.

Should there be any change of the above due to the fact that I acquire additional interests, I shall promptly notify the ENCePP Secretariat and complete a new Declaration of Interests detailing the changes.

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 [ENCePP E-Register of Studies](#).

FULL NAME:

Gianluca Trifirò

Date:

06/06/2012

SIGNATURE:

[Empty signature box]

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