



Declaration of Interests for ENCePP Studies

INTRODUCTION

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The form is designed to be filled in electronically and emailed as PDF to the ENCePP Secretariat for publication on the [ENCePP E-Register of Studies](#). In addition, a printed and hand signed copy has to be returned to the ENCePP Secretariat.

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.

2.1 Employment

No ☒ Yes ☐

Employment in a pharmaceutical company during past 3 years of study application?

Pharmaceutical company includes supply or service companies which contribute to research, development, production and maintenance of a medicinal product. Employment relates to salaries currently being directly paid to you by a pharmaceutical company.

2.2 Financial Interest

No ☒ Yes ☐

Financial interests in the capital of a pharmaceutical company?

Financial interests relate to current holding of shares of a pharmaceutical company with the exclusion of independently managed investment funds/pensions schemes that are not exclusively based on the pharmaceutical sector.

2.3 Patent

No ☒ Yes ☐

Patent for a medicinal product?

Relates to a patent for a medicinal product currently owned by either you as individual or your organisation/ research centre, and you as individual are the beneficiary.

2.4 Consultancy

No ☐ Yes ☒

Consultancy for a pharmaceutical company during the past 3 years of study application?

Consultancy refers to provision of advice or services to a pharmaceutical company excluding the concerned study and including but not limited to reviewing activities, data monitoring, statistical analysis, end point committees, regardless of contractual arrangements or any form of remuneration such as consulting fees or honoraria. Note that conference/seminar attendance is not considered a consultancy but should be indicated if subject to fee or honorarium.

Please specify the pharmaceutical company, types of consultancy and dates when fees/honoraria paid:

Period: ☒ Current ☐ Past

From Month: From Year:

Name of Pharmaceutical Company:

Type of consultancy:

Please specify the pharmaceutical company, types of consultancy and dates when fees/honoraria paid:

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From Month: From Year:

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Type of consultancy:

Please specify the pharmaceutical company, types of consultancy and dates when fees/honoraria paid:

Period: ☒ Current ☐ Past

From Month: From Year:

Name of Pharmaceutical Company:

Type of consultancy:

2.5 Strategic Advisory Role

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.

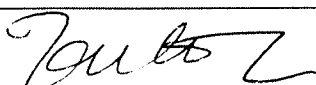
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☒ I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the [ENCePP E-Register of Studies](#).

FULL NAME: Jorma Lahtela

Date: 26/03/2015

SIGNATURE:



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



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SECTION 1: PERSONAL DETAILS

First Name:	<input type="text" value="Susanna"/>
Last Name:	<input type="text" value="Pozarek"/>
Organisation / Research Centre :	<input type="text" value="AstraZeneca Nordic Baltic"/>
Country:	<input type="text" value="Sweden"/>
Contact e-mail Address:	<input type="text" value="susanna.pozarek@astrazeneca.com"/>

"A retrospective nationwide cohort study to investigate the treatment of type 2 diabetic patients in Finland – DAHLIA"

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 ☒

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Please specify the pharmaceutical company and dates when employed:

Period: ☒ Current ☐ Past

From Month: From Year:

Name of Pharmaceutical Company:

2.2 Financial Interest

No ☐ Yes ☒

Financial interests in the capital of a pharmaceutical company?

Financial interests relate to current holding of shares of a pharmaceutical company with the exclusion of independently managed investment funds/pensions schemes that are not exclusively based on the pharmaceutical sector.

Please specify type of shares and financial interest (excluding investment funds) of:

Share Value (please select)	Type of shares or financial interest
<input type="text" value="Less than 10,000 EUR or equivalent"/>	<input type="text" value="Stocks"/>

2.3 Patent

No ☒ Yes ☐

Patent for a medicinal product?

Relates to a patent for a medicinal product currently owned by either you as individual or your organisation/ research centre, and you as individual are the beneficiary.

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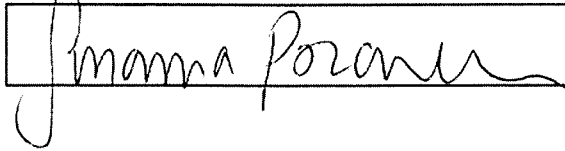
FULL NAME:

Susanna Pozarek

Date:

08/04/2015

SIGNATURE:



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SECTION 1: PERSONAL DETAILS

First Name:

Johan

Last Name:

Bodegard

Organisation / Research
Centre :

AstraZeneca Nordic-Baltic

Country:

Norway

Contact e-mail Address:

johan.bodegard@astrazeneca.com

A retrospective nationwide cohort study to investigate the treatment of type 2 diabetic patients in Finland - DAHLIA

ENCePP Study Reference Number: ENCePP/SDPP/

8202

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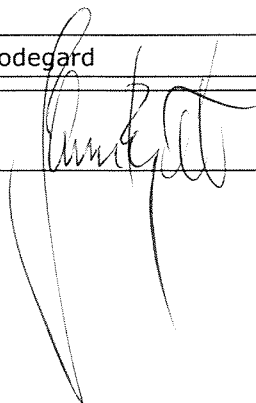
FULL NAME:

Johan Bodegard

Date:

09/04/2015

SIGNATURE:



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First Name:	<input type="text" value="Joni"/>
Last Name:	<input type="text" value="Alvesalo"/>
Organisation / Research Centre :	<input type="text" value="AstraZeneca, Finland"/>
Country:	<input type="text" value="Finland"/>
Contact e-mail Address:	<input type="text" value="joni.alvesalo@astrazeneca.com"/>
	<input type="text" value="A retrospective nationwide cohort study to investigate the treatment of type 2 diabetic patients in Finland – DAHLIA"/>

ENCePP Study Reference Number: ENCEPP/SDPP/

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FULL NAME:

Joni Alvesalo

Date:

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