



# FINANCIAL DISCLOSURE FORM

Sponsor:	AMGEN	Study No:	AITP/20160214
Investigator Name:	Amine BEKADJA	Site No:	05
Address:	EHU Oran		

The financial interests of the investigator, his/her spouse, and dependent children must be considered in certifying the declarations on this form.

This information is collected for each investigator before study participation. Any change from the information provided above within one year after the completion of the study will be notified to the sponsor of the covered study.

The undersigned investigator herewith certifies that he/she:

<input checked="" type="checkbox"/> Does not have any financial arrangements or hold any financial interests in the sponsor company of the covered study that are required to be disclosed.
<input type="checkbox"/> Has financial arrangements or holds financial interests that are required to be disclosed as follows: <ul style="list-style-type: none"><li><input type="radio"/> Has entered into a financial arrangement with the sponsor and/or its representatives whereby the value of the compensation for conducting the study could be influenced by the outcome of the study (e.g. compensation explicitly greater for a favorable outcome, royalty interest), Has received significant payment of other sorts from the sponsor and/or its representatives, such as a grant to fund ongoing research, compensation in the form of equipment, retainer for ongoing consultation, or honoraria. <b>This excludes the cost associated with the conduct of this or any other clinical trial,</b></li><li><input type="radio"/> Has any proprietary interest in the product tested in the covered studies (e.g. patent, trademark),</li><li><input type="radio"/> Has any significant equity interest in the sponsor of the covered study.</li></ul>
Details of disclosable financial information are attached.

The undersigned declares that the information provided on this form is, to the best of his/her knowledge and belief, true, correct, and complete.

Further, he/she hereby consents to the retention by the sponsor of the covered study and the transfer of his/her personal data disclosed, herein or subsequently to one or more of the sponsor group of companies (or representatives working on their behalf) and to the European Medical Agency, Food and Drug Administration in the USA, or any other regulatory agency where the data protection laws may not exist or be comparable to those in MENA region.

Signature Pr. BEKADJA Amine.....

Chef de Service Hématologie  
et Thérapie Cellulaire  
EHU Oran

Date 19.07.2017.....