



## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Vjola

Last Name: Hoxhaj

Organisation / Research Centre: University Medical Center Utrecht

Country: Netherlands

Contact e-mail Address: v.hoxhaj@umcutrecht.nl

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

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From (month and year):

If you ticked 'Past':

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## 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.

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

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1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer.

Comments: Information available in UMCU registration in ENCePP Resources Database.

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

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Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

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FULL NAME: Vjola Hoxhaj

Date: 20-06-2024

---

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Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Linda

Last Name: Nab

Organisation / Research Centre: University Medical Center Utrecht

Country: Netherlands

Contact e-mail Address: L.Nab@umcutrecht.nl

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

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Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐



From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

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Type of strategic advisory role:

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Type of strategic advisory role:

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Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer.

Comments: Information available in UMCU registration in ENCePP Resources Database.

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

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Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

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FULL NAME: Linda Nab

Date: 23/05/2024

---

**Note:**

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### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Miriam

Last Name: Sturkenboom

Organisation / Research Centre: UMC Utrecht

Country: Netherlands

Contact e-mail Address: m.c.j.sturkenboom@umcutrecht.nl

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

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Type of shares or financial interest:

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Type of shares or financial interest:

3.

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Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

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Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☒ Yes ☐

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

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Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

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From (month and year):

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To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

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Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

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Type of strategic advisory role:

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Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

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Name of Pharmaceutical Company:

Type of strategic advisory role:

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From (month and year):

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## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Pfizer

Comments: COVID-19, RSV, Paxlovid PASS

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Janseen, AstraZeneca

Comments: COVID-19 vaccine PASS

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Novartis

Comments: Entresto PASS

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

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FULL NAME: Miriam Sturkenboom

Date: 18-3-2024

---

Note:

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### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: JUDIT

Last Name: RIERA ARNAU

Organisation / Research Centre: UNIVERSITY MEDICAL CENTER OF UTRECHT

Country: THE NETHERLANDS

Contact e-mail Address: J.RIERAARNAU@UMCUTRECHT.NL

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

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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 [EU PAS Register](#)

FULL NAME: JUDIT RIERA ARNAU

Date: 05JUNE2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Constanza

Last Name: Andaur Navarro

Organisation / Research Centre: University Medical Center Utrecht

Country: Netherlands

Contact e-mail Address: c.l.andaurnavarro@umcutrecht.nl

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid During Pregnancy

Study Reference Number: EUPAS 50117

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.



1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer.

Comments: Information available in UMCU registration in ENCePP Resources Database.

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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 [EU PAS Register](#)

FULL NAME: Constanza L. Andaur Navarro

Date: 16-05-2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Albert

Last Name: Cid Royo

Organisation / Research Centre: University Medical Center Utrecht

Country: Netherlands

Contact e-mail Address: A.CidRoyo@umcutrecht.nl

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

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Please specify the pharmaceutical company and dates when employed:

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Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer.

Comments: Information available in UMCU registration in ENCePP Resources Database.

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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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 [EU PAS Register](#)

FULL NAME: Albert Cid Royo

Date: 08-04-24

---

**Note:**

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## Declaration of Interests

### INTRODUCTION

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### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Yinan

Last Name: Mao

Organisation / Research Centre: University Medical Center Utrecht

Country: Netherlands

Contact e-mail Address: Y.Mao@umcutrecht.nl

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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

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Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer.

Comments: Information available in UMCU registration in ENCePP Resources Database.

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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Should there be any change of the above due to the fact that I acquire additional interests, I shall promptly complete and upload 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 [EU PAS Register](#)

FULL NAME: Yinan Mao

Date: 04/04/2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Jungyeon

Last Name: Choi

Organisation / Research Centre: University Medical Center Utrecht

Country: Netherlands

Contact e-mail Address: J.Choi@umcutrecht.nl

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

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Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

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1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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

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If the answer to the above is YES:

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Name of Pharmaceutical Company:

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Name of Pharmaceutical Company:

Name of medicinal product:

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Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☒ Yes ☐

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From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

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If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

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If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 2.6 Grant / Funding ☐ No ☒ Yes

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Comments: Information available in UMCU registration in ENCePP Resources Database.

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature to be made known to the public.\***

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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 complete and upload 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 [EU PAS Register](#)

FULL NAME: Jungyeon Choi

Date: 2024-April-10

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.





## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Josep Ramon

Last Name: Marsal Mora

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: [jmarsal@rti.org](mailto:jmarsal@rti.org)

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐

More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐

More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐

More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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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FULL NAME: JOSEP RAMON MARSAL

Date: 12MAR2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Alicia

Last Name: Abellan

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: aabellan@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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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##### 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.

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Please specify the pharmaceutical company and dates when employed:

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Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐



From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 2.6 Grant / Funding ☐ No ☒ Yes

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

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1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

### SECTION 3: ANY OTHER INTERESTS    No ☒    Yes ☐

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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 [EU PAS Register](#)

FULL NAME: Alicia Abellan

Date: 23 February 2024

---

#### Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Xabier

Last Name: Garcia de Albeniz Martinez

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: xgarcia@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

### SECTION 2: DECLARATION OF INTERESTS RELATED TO PHARMACEUTICAL INDUSTRY

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Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

If the answer to the above is YES:

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

1.

Period: Current ☒ Past ☐

From (month and year): 01/2018

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer. Information available in RTI-HS registration in ENCePP Resources Database

Type of consultancy: Methods, oncology

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is **YES**:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

### **SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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 complete and upload 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 [EU PAS Register](#)

FULL NAME: Xabier Garcia de Albeniz Martinez

Date: 12/March/2024

---

#### Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Susana

Last Name: Perez-Gutthann

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: sperez@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐



Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

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Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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

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If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☐ Yes ☒

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

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Note that conference/seminar attendance is not considered a consultancy but should be indicated if subject to fee or honorarium.

If the answer to the above is YES:

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

1.

Period: Current ☒ Past ☐

From (month and year): 2022

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company: Bayer AG

Type of consultancy: RWE methods

2.

Period: Current ☐ Past ☒

From (month and year): sept 2021

If you ticked 'Past':

To (month and year): sept 2022

Name of Pharmaceutical Company: Actelion

Type of consultancy: RWE in Respiratory

3.

Period: Current ☒ Past ☐

From (month and year): Dec 2018

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company: UCB

Type of consultancy: Romosozumab PASS Scientific Advisory Board

## 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.

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Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

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1.

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Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in the HMA-EMA Catalogue of Studies and Data Sources

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS** No ☒ Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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 complete and upload 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 [EU PAS Register](#)

FULL NAME: Susana Perez-Gutthann

Date: 22 march 2023

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Estel

Last Name: Plana

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: eplana@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.



1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

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FULL NAME: Estel Plana

Date: 12 Mar 2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Sandra

Last Name: Bertran Melines

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: abertran@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

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If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 2.2 Financial Interest

No ☒ Yes ☐

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Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☒ Yes ☐

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

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

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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 [EU PAS Register](#)

FULL NAME: Sandra Bertran Melines

Date: 12MAR2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Rebecca

Last Name: MacKay

Organisation / Research Centre: RTI Health Solutions

Country: United States

Contact e-mail Address: rmackay@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

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Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☒ Yes ☐

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

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

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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 [EU PAS Register](#)

FULL NAME: Rebecca MacKay

Date: 22 February 2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Anne-Elie

Last Name: Carsin

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: [acarsin@rti.org](mailto:acarsin@rti.org)

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

### SECTION 2: DECLARATION OF INTERESTS RELATED TO PHARMACEUTICAL INDUSTRY

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

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Please specify the pharmaceutical company and dates when employed:

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From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 2.2 Financial Interest

No ☒ Yes ☐

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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.

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Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

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Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

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## 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

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## 2.4 Consultancy

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To (month and year):

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Type of consultancy:

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Period: Current ☐ Past ☐

From (month and year):

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Type of consultancy:

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If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

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From (month and year):

If you ticked 'Past':

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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 complete and upload 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 [EU PAS Register](#)

FULL NAME: Anne-Elie Carsin

Date: 23/02/2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.





## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Katica

Last Name: Boric

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: kboric@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

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Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

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FULL NAME: Katica Boric

Date: 23/Feb/2024

---

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### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Cristina

Last Name: Rebordosa

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: crebordosa@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☒

I am an investigator/researcher contributing to the above study: Yes ☐

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From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 2.2 Financial Interest

No ☒ Yes ☐

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Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☒ Yes ☐

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

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐



From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 2.6 Grant / Funding ☐ No ☒ Yes

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1.

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

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FULL NAME: Cristina Rebordosa

Date: 23 February 2024

---

**Note:**

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## Declaration of Interests

### INTRODUCTION

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### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: MANEL

Last Name: PLADEVALL-VILA

Organisation / Research Centre: RTI Health Solutions

Country: SPAIN

Contact e-mail Address: MPLADEVALL@RTI.ORG

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

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Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☒ Yes ☐

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

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 2.6 Grant / Funding ☐ No ☒ Yes

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

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1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature to be made known to the public.\***

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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 [EU PAS Register](#)

FULL NAME: MANEL PLADEVALL VILA

Date: 19-MARCH-2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Raquel

Last Name: Garcia Esteban

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: raqueltgarcia@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

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Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

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No ☒ Yes ☐

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Type of shares or financial interest:

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Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

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## 2.3 Patent

No ☒ Yes ☐

### Patent for a medicinal product?

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To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

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To (month and year):

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Type of consultancy:

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If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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 complete and upload 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 [EU PAS Register](#)

FULL NAME: Raquel Garcia Esteban

Date: 27 Feb 2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Nuria

Last Name: Saigi-Morgui

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: nsaigi@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.



1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

### SECTION 3: ANY OTHER INTERESTS    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature to be made known to the public.\***

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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 [EU PAS Register](#)

FULL NAME: Nuria Saigi-Morgui

Date: 12-March-2024

---

#### Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Manuel

Last Name: Zamparini

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: mzamparini.contractor@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

### SECTION 2: DECLARATION OF INTERESTS RELATED TO PHARMACEUTICAL INDUSTRY

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Please specify the pharmaceutical company and dates when employed:

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Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

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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 [EU PAS Register](#)

FULL NAME: Manuel Zamparini

Date: 5 June 2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Andrea

Last Name: Margulis

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: amargulis@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

### SECTION 2: DECLARATION OF INTERESTS RELATED TO PHARMACEUTICAL INDUSTRY

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Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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Should there be any change of the above due to the fact that I acquire additional interests, I shall promptly complete and upload 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 [EU PAS Register](#)

FULL NAME: Andrea Margulis

Date: 26 Feb 2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: David

Last Name: Martinez

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: dmartinez@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

### SECTION 2: DECLARATION OF INTERESTS RELATED TO PHARMACEUTICAL INDUSTRY

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#### 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.

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Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

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Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

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Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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

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Name of Pharmaceutical Company:

Name of medicinal product:

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Name of Pharmaceutical Company:

Name of medicinal product:

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Name of medicinal product:

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No ☒ Yes ☐

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From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

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From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

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Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

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Name of Pharmaceutical Company:

Type of strategic advisory role:

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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 complete and upload 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 [EU PAS Register](#)

FULL NAME: David Martinez

Date: 26 February 2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.





## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Maria

Last Name: Foraster Pulido

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: mforater@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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FULL NAME: Maria Foraster Pulido

Date: 26 February 2024

---

**Note:**

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## Declaration of Interests

### INTRODUCTION

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### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Jaume

Last Name: Aguado

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: jaguado@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

### SECTION 2: DECLARATION OF INTERESTS RELATED TO PHARMACEUTICAL INDUSTRY

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Please specify the pharmaceutical company and dates when employed:

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Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐



From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies fund studies and activities through contracts with my employer

Comments: Information available in RTI-HS registration in ENCePP Resources Database

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

### SECTION 3: ANY OTHER INTERESTS    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature to be made known to the public.\***

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FULL NAME: Jaume Aguado

Date: 26Jan2024

---

#### Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Silvia

Last Name: Fernández-García

Organisation / Research Centre: IDIAP Jordi Gol

Country: Spain

Contact e-mail Address: sfernandezg@idiapjgol.info

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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?

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Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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Should there be any change of the above due to the fact that I acquire additional interests, I shall promptly complete and upload 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 [EU PAS Register](#)

FULL NAME: Silvia Fernández-García

Date: 19/02/2024

---

Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Rosa

Last Name: Morros Pedrós

Organisation / Research Centre: IDIAP Jordi Gol

Country: Spain

Contact e-mail Address: rmorros@idiapjgol.org

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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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##### 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.

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Please specify the pharmaceutical company and dates when employed:

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Period: Current ☐ Past ☐



Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

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Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

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Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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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Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

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Name of Pharmaceutical Company:

Name of medicinal product:

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Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☒ Yes ☐

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

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From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

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From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

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

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Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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 complete and upload 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 [EU PAS Register](#)

FULL NAME: Rosa Morros Pedrós

Date: february 19, 2024

---

Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Dan

Last Name: Ouchi

Organisation / Research Centre: IDIAP Jordi Gol

Country: Spain

Contact e-mail Address: douchi@idiapjgol.info

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.



1.  
If the answer to the above is YES:  
Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

2.  
Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.  
Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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 [EU PAS Register](#)

FULL NAME: Dan Ouchi

Date: February 19, 2024

---

Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Marc

Last Name: Far Ruiz

Organisation / Research Centre: Idiap Jordi Gol

Country: Spain

Contact e-mail Address: mfar@idiapjgol.info

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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 ☐

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Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☒ Yes ☐

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

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period:    Current ☐    Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

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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 [EU PAS Register](#)

FULL NAME: Marc Far Ruiz

Date: 21/02/2024

---

Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Maria

Last Name: Giner-Soriano

Organisation / Research Centre: IDIAPJGol

Country: Spain

Contact e-mail Address: mginer@idiapjgol.info

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☒

I am an investigator/researcher contributing to the above study: Yes ☐

### SECTION 2: DECLARATION OF INTERESTS RELATED TO PHARMACEUTICAL INDUSTRY

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1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☒ Yes ☐

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

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Note that conference/seminar attendance is not considered a consultancy but should be indicated if subject to fee or honorarium.

If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

No

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 complete and upload 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 [EU PAS Register](#)

FULL NAME: Maria Giner-Soriano

Date: 19 February 2024

---

Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Giuseppe

Last Name: Roberto

Organisation / Research Centre: Agenzia regionale di sanità della Toscana (ARS)

Country: Italy

Contact e-mail Address: giuseppe.roberto@ars.toscana.it

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

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Please specify the pharmaceutical company and dates when employed:

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Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

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Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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

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If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☒ Yes ☐

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

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Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: AstraZeneca, Moderna, Pfizer, Novartis, Hipra, Eli Lilly, Janssen

Comments: I am employed by ARS Toscana which has subcontract with RTI, University of Southern Denmark, Penta, TEAMIT, PHARMO for studies funded by the Pharmaceutical Companies listed above and compliant with the ENCePP Code of Conduct

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

### **SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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 complete and upload 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 [EU PAS Register](#)

FULL NAME: Giuseppe Roberto

Date: 12/03/2024

---

#### Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.





## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Rosa

Last Name: Gini

Organisation / Research Centre: Agenzia regionale di sanità della Toscana (ARS)

Country: Italy

Contact e-mail Address: rosa.gini@ars.toscana.it

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: AstraZeneca, Moderna, Pfizer, Novartis, Hipra, Eli Lilly, Janssen

Comments: I am employed by ARS Toscana which has subcontract with RTI, University of Southern Denmark, Penta, TEAMIT, PHARMO for studies funded by the Pharmaceutical Companies listed above and compliant with the ENCePP Code of Conduct

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

### **SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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Should there be any change of the above due to the fact that I acquire additional interests, I shall promptly complete and upload 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 [EU PAS Register](#)

FULL NAME: Rosa Gini

Date: 10/04/2024

---

#### Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Davide

Last Name: Messina

Organisation / Research Centre: Agenzia regionale di sanità della Toscana (ARS)

Country: Italy

Contact e-mail Address: davide.messina@ars.toscana.it

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

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Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐



From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: AstraZeneca, Moderna, Pfizer, Novartis, Hipra, Eli Lilly, Janssen

Comments: I am employed by ARS Toscana which has subcontract with RTI, University of Southern Denmark, Penta, TEAMIT, PHARMO for studies funded by the Pharmaceutical Companies listed above and compliant with the ENCePP Code of Conduct

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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 complete and upload 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 [EU PAS Register](#)

FULL NAME: Davide Messina

Date: 20/03/2024

---

**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Jérémy

Last Name: Jové

Organisation / Research Centre: Bordeaux PharmacEpi

Country: France

Contact e-mail Address: jeremy.jove@u-bordeaux.fr

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Bordeaux PharmacoEpi receives currently funding from multiple pharmaceutical companies for studies and activities through contracts

Comments: Information available in Bordeaux PharmacoEpi registration in the HMA-EMA Catalogues

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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 [EU PAS Register](#)

FULL NAME: Jérémy Jové

Date: 29-Feb-2024

---

Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Caroline

Last Name: Dureau-Pournin

Organisation / Research Centre: Bordeaux PharmacEpi

Country: France

Contact e-mail Address: caroline.dureau-pournin@u-bordeaux.fr

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐



Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☒ Yes ☐

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

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If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Bordeaux PharmacoEpi receives currently funding from multiple pharmaceutical companies for studies and activities through contracts

Comments: Information available in Bordeaux PharmacoEpi registration in the HMA-EMA Catalogues

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

**In this section you should declare any other interests of commercial, financial, institutional or personal nature 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? (\*see definition in Annex 1 of ENCePP Code of Conduct)

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 complete and upload 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 [EU PAS Register](#)

FULL NAME: Caroline Dureau-Pournin

Date: 29-Feb-2024

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**Note:**

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



## Declaration of Interests

### 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. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Romain

Last Name: Sylvestre

Organisation / Research Centre: Bordeaux PharmacEpi

Country: France

Contact e-mail Address: romain.sylvestre@u-bordeaux.fr

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 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.

If the answer to the above is YES:

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

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

## 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.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

## 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.

If the answer to the above is YES:

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

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 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.



1.

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Bordeaux PharmacoEpi receives currently funding from multiple pharmaceutical companies for studies and activities through contracts

Comments: Information available in Bordeaux PharmacoEpi registration in the HMA-EMA Catalogues

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

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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 [EU PAS Register](#)

FULL NAME: Romain Sylvestre

Date: 01-Mar-2024

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## Declaration of Interests

### INTRODUCTION

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A PDF copy of this form should be uploaded to the [EU PAS Register](#).

### SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Nicolas

Last Name: Thurin

Organisation / Research Centre: Bordeaux PharmacEpi, Université de Bordeaux

Country: France

Contact e-mail Address: nicolas.thurin@u-bordeaux.fr

Study title in which context interests are declared (further referred to as 'the study'): Use and Safety of Paxlovid Among Patients with Moderate or Severe Hepatic or Renal Impairment

Study Reference Number: EUPAS 50123

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

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Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

## 2.2 Financial Interest

No ☒ Yes ☐

### Financial interests in the capital of a pharmaceutical company?

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Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐ More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

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No ☒ Yes ☐

### Patent for a medicinal product?

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Name of medicinal product:

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Name of Pharmaceutical Company:

Name of medicinal product:

## 2.4 Consultancy

No ☐ Yes ☒

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Note that conference/seminar attendance is not considered a consultancy but should be indicated if subject to fee or honorarium.

If the answer to the above is YES:

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

1.

Period: Current ☒ Past ☐

From (month and year): 03/2022

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company: Reckitt Benckiser

Type of consultancy: Scientific exchanges around Ibuprofen and Flurbiprofen

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and 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?

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Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

## 2.6 Grant / Funding ☐ No ☒ Yes

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

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1.

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Please specify the pharmaceutical company:

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Comments: Information available in Bordeaux PharmacoeEpi registration in the HMA-EMA Catalogues

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

**SECTION 3: ANY OTHER INTERESTS**    No ☒    Yes ☐

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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 [EU PAS Register](#)

FULL NAME: Nicolas Thurin

Date: 01/03/2024

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Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.