



## 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 [Catalogue of RWD studies](#)

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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: Maria

Last Name: Foraster Pulido

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: mforaster@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopenia

Study Reference Number: EUPAS 1000000315

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 ☐

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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:

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Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

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Type of consultancy:

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### 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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To (month and year):

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Type of strategic advisory role:

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If you ticked 'Past':

To (month and year):

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Type of strategic advisory role:

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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's registration in HMA-EMA Catalogue of Institutions

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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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: 4 November 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: Heather

Last Name: Danysh

Organisation / Research Centre: RTI Health Solutions

Country: United States of America

Contact e-mail Address: hdanysh@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopenia

Study Reference Number: EUPAS 1000000315

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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 consultancy:

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Type of consultancy:

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Name of Pharmaceutical Company:

Comments:

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Name of Pharmaceutical Company:

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FULL NAME: Heather Danysh

Date: 04 Nov 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: Lia

Last Name: Gutierrez

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: lgutierrez@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopenia

Study Reference Number: EUPAS 1000000315

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':

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If you ticked 'Past':

To (month and year):

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From (month and year):

If you ticked 'Past':

To (month and year):

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More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

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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.

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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 ☒

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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's registration in HMA-EMA Catalogue of Institutions

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: Lia Gutierrez

Date: 05 Nov 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: 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'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopenia

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From (month and year):

If you ticked 'Past':

To (month and year):

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Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

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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): 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): Dec 2018

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company: UCB

Type of consultancy: Romosozumab PASS Scientific Advisory Board

3.

Period: Current ☐ Past ☒

From (month and year): June 2024

If you ticked 'Past':

To (month and year): June 2024

Name of Pharmaceutical Company: Actelion\_JnJ

Type of consultancy: PASS methods

## 2.5 Strategic Advisory Role No ☒ Yes ☐

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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 [Catalogue of RWD studies](#).

FULL NAME: Susana Perez-Gutthann

Date: 7 Nov 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 [Catalogue of RWD studies](#)

.

### 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'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopenia

Study Reference Number: EUPAS 1000000315

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's registration in HMA-EMA Catalogue of Institutions

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 [Catalogue of RWD studies](#).

FULL NAME: Raquel Garcia Esteban

Date: 8 November 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 [Catalogue of RWD studies](#)

.

### 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'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopaenia

Study Reference Number: EUPAS 1000000315

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's registration in HMA-EMA Catalogue of Institutions

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 [Catalogue of RWD studies](#).

FULL NAME: Sandra Bertran Melines

Date: 5 November 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

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A PDF copy of this form should be uploaded to the [Catalogue of RWD studies](#)

.

### 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: Johan

Last Name: Reutfors

Organisation / Research Centre: Karolinska Institutet,  
Centre for Pharmacoepidemiology

Country: Sweden

Contact e-mail Address: johan.reutfors@ki.se

Study title in which context interests are declared (further referred to as 'the study'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopaenia

Study Reference Number: EUPAS 1000000315

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

Comments: Multiple pharmaceutical companies fund post-authorization commitments with my employer including AbbVie, LEO Pharma, Merck, Novartis, Novo Nordisk, and Pfizer.

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Johnson&Johnson Innovative Medicine

Comments: Research project about depression funded through a public-private real-world evidence collaboration between Karolinska Institutet and Johnson&Johnson Innovative Medicine under contract [5-63/2015].

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 [Catalogue of RWD studies](#).

FULL NAME: Johan Reutfors

Date: 2024-11-08

### 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 [Catalogue of RWD studies](#)

.

### 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: Ji Min

Last Name: Choi

Organisation / Research Centre: RTI Health Solutions

Country: United States of America

Contact e-mail Address: jchoi@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopenia

Study Reference Number: EUPAS 1000000315

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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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.

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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's registration in HMA-EMA Catalogue of Institutions

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 [Catalogue of RWD studies](#).

FULL NAME: Ji Min Choi

Date: 4 November 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 [Catalogue of RWD studies](#)

.

### 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: Carla

Last Name: Franzoni Grau

Organisation / Research Centre: RTI Health Solutions

Country: Spain

Contact e-mail Address: cfranzoni@rti.org

Study title in which context interests are declared (further referred to as 'the study'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopenia

Study Reference Number: EUPAS 1000000315

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?

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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's registration in HMA-EMA Catalogue of Institutions

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 [Catalogue of RWD studies](#).

FULL NAME: Carla Franzoni-Grau

Date: 4 November 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 [Catalogue of RWD studies](#)

.

### 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: Christian Fynbo

Last Name: Christiansen

Organisation / Research Centre: Aarhus University

Country: Denmark

Contact e-mail Address: cfc@clin.au.dk

Study title in which context interests are declared (further referred to as 'the study'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopenia

Study Reference Number: EUPAS 1000000315

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: The Department of Clinical Epidemiology, Aarhus University, receives funding for other studies in the form of institutional research grants to (and administered by) Aarhus University. None of these studies have any relation to the present study.

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 [Catalogue of RWD studies](#).

FULL NAME: Christian Fynbo Christiansen

Date: November 5, 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 [Catalogue of RWD studies](#)

.

### 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: Henrik Toft

Last Name: Sørensen

Organisation / Research Centre: Aarhus University

Country: Denmark

Contact e-mail Address: hts@clin.au.dk

Study title in which context interests are declared (further referred to as 'the study'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopenia

Study Reference Number: EUPAS 1000000315

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: The Department of Clinical Epidemiology, Aarhus University, receives funding for other studies in the form of institutional research grants to (and administered by) Aarhus University. None of these studies has any relation to the present study.

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 [Catalogue of RWD studies](#).

FULL NAME: Henrik Toft Sørensen

Date: November 5, 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: Anna

Last Name: Ingemarsdotter

Organisation / Research Centre: Karolinska Institutet,  
Centre for Pharmacoepidemiology

Country: Sweden

Contact e-mail Address: anna.ingemarsdotter@ki.se

Study title in which context interests are declared (further referred to as 'the study'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopaenia

Study Reference Number: EUPAS 1000000315

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?

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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.

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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

Comments: Multiple pharmaceutical companies fund post-authorization commitments with my employer including AbbVie, LEO Pharma, Merck, Novartis, Novo Nordisk, Pfizer.

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 [Catalogue of RWD studies](#).

FULL NAME: Anna Ingemarsdotter

Date: 2024-11-05

### 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 [Catalogue of RWD studies](#)

.

### 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: Diego

Last Name: Giunta

Organisation / Research Centre: Karolinska Institutet,  
Centre for Pharmacoepidemiology

Country: Sweden

Contact e-mail Address: diego.hernan.giunta@ki.se

Study title in which context interests are declared (further referred to as 'the study'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopaenia

Study Reference Number: EUPAS 1000000315

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.

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From (month and year):

If you ticked 'Past':  
To (month and year):

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Type of strategic advisory role:

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Period:    Current   ☐    Past   ☐

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If you ticked 'Past':  
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Name of Pharmaceutical Company:

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Period:    Current   ☐    Past   ☐

From (month and year):

If you ticked 'Past':  
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Name of Pharmaceutical Company:

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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.

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company: Multiple pharmaceutical companies

Comments: Multiple pharmaceutical companies fund post-authorization commitments with my employer including AbbVie, LEO Pharma, Merck, Novartis, Novo Nordisk, and Pfizer.

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: Diego Hernan Giunta

Date: 2024-11-08

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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: David

Last Name: Hägg

Organisation / Research Centre: Karolinska Institutet,  
Centre for Pharmacoepidemiology

Country: Sweden

Contact e-mail Address: david.hagg@ki.se

Study title in which context interests are declared (further referred to as 'the study'): Postauthorisation Safety Study (PASS) of Avatrombopag and Haematological Malignancies in Patients With Primary Immune Thrombocytopaenia

Study Reference Number: EUPAS 1000000315

Please select one:

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Period: Current ☐ Past ☐

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From (month and year):

If you ticked 'Past':

To (month and year):

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Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

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If you ticked 'Past':

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If you ticked 'Past':

To (month and year):

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Type of consultancy:

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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:

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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:

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Comments: Multiple pharmaceutical companies fund post-authorization commitments with my employer including AbbVie, LEO Pharma, Merck, Novartis, Novo Nordisk, and Pfizer.

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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 ☐

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FULL NAME: David Hägg

Date: 2024-11-08

### Note:

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