



# Declaration of Interests and confidentiality undertaking of the European Directorate for the Quality of Medicines and HealthCare (EDQM) Group of Experts, Working parties and Committees.

#### **Instructions**

The document consists of three parts:

- 1- your Personal Details,
- 2- the Declaration of Interests and
- 3- the Confidentiality Undertaking.

**All parts must be duly completed**. You are responsible for the accuracy and completeness of the submitted information.

#### 1. Personal Details

Enter your full name, your organisation/company name, country of organisation/company, the email address on which you would like to be contacted regarding this declaration and the identification of the EDQM Group(s) / Committee(s) / Meeting(s) you are willing to take part.

Your e-mail address will be kept confidential and will not be published.

#### 2. Declaration of Interests

This section asks you to declare any interests in a concerned commercial entity (\*) that you currently have or have had within the past 3 years. If you have interests to declare, please tick 'Yes' to the relevant questions. All questions in this section must be answered. Your declaration will not be accepted if any fields are left empty.

You may also provide information on interests over 3 years ago. This information could be useful in the context of increased transparency regarding previous interests. If this should be the case, please declare under  $\S 2.6$ .

(\*) The expression "Concerned commercial entity" is used throughout this document and includes any commercial business, industry association, research institution or other enterprise whose funding is significantly derived from commercial sources with an interest related of the meeting or work.

## 3. Confidentiality Undertaking

Read carefully the confidentiality undertaking agreement. Signing this Declaration of Interests and confidentiality undertaking implies that you adhere to the information declared in this part.

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1: PERSONAL DETA	AILS				
First name:		Last name:			
Institution / Comp	oany:				
Country:					
Contact e-mail add	dress:				
Identification of E	DQM Group/Com	mittee/Meeting:			
		to the best of my kno al entity are those listed		rect or indirect	
Please specify the interests that you currently have (at the time of completion of the form) or have had within the past 3 years.					
2: DECLARATION	OF INTERESTS				
<b>2.1. Employment i</b> $\rightarrow$ <i>If NO, please go to s</i>		mmercial entity		□ No □ Yes	
EMPLOYMENT <sup>1</sup>					
Period <sup>2</sup> : □ Current	□ Past				
From Month:	From Year:	To Month:	To Year:		
Name of concerned commercial entity <sup>3</sup> :					
EMPLOYMENT <sup>1</sup>					
Period <sup>2</sup> : □ Current	□ Past				
From Month:	From Year:	To Month:	To Year:		
1 Please indicate any form of 2 Please select the appropria For current ongoing activity Note: current is interpreted need to update your Decompleted within the specific process.	of occupation, part time of atteresponse (Current or lities, indicate starting date and as at the time of complectaration of Interest form cified time, please indicate vice companies which con		concerned commercial entingage in future activities of tare no longer ongoing a	ty. This nature, you will and that have been	

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2.2. Consultancy*				□ No	□ Yes
	u provide(d) consultancy serents or any form of remune ection 2.3.		o a concerned com	nercial entity	regardless
CONSULTANCY <sup>1</sup>					
Period $^2$ : $\square$ Current	□ Past				
From Month:	From Year:	To Month:	To Year:		
Name of the concerr	ned commercial entity:				
CONSULTANCY <sup>1</sup>					
Period $^2$ : $\square$ Current	□ Past				
From Month:	From Year:	To Month:	To Year:		
Name of the concern	ned commercial entity:				
date (month / year). <u>Note</u> : current is interprete need to update your De	riate response (Current or Passed as at the time of completion coloration of Interest form according time, please indicate star	n of the form. Should you ecordingly. For activities th	engage in future activinat are no longer ong	ities of this nat	ure, you will
2.3. Financial Inte	erests*			□ No	☐ Yes
<ul> <li>Holding of stocks and commercial entity(ies in non-nominal unit to (i.e. not exclusively be influence on their final intellectual property by the individual or or</li> </ul>	rights including patents, tra f which the individual is dire d as at the time of completion	ies, bonds and or partner interests through an invests would not need to be for) and they are independently and they are independently a beneficiary.	estment fund, pensi e declared provided endently managed (i	on fund and/o that they are i.e. the individ	or interests diversified dual has no
	s, including holding er fees / honoraria	of shares in a con	ncerned commo	ercial enti	ity and
Name of concerne	ed commercial entity	F	inancial Interest		
1.					
2.					
3.	-				

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# Patent Ownership

Name of concerned commercial entity	Subject Matter
1.	
2.	
3.	
4.	
5.	
2.4. Grant / Funding to Institution/O	rganisation*
*Refers to any funding received from a concerned co	ommercial entity by the organisation/institution to which you belong, which is used to support any of your activity whether or not it is
→If NO, please go to section 2.5.	
Grant or Other Funding	
Name of concerned commercial entity	Subject Matter
1.	
2.	
3.	
2.5. Close Family Member Interests*	□ No □ Yes
* Means known interests from first-line members of	f your family (i.e. spouse or partner, children and parents).
Interest of Close Family Member 1	
Name of concerned commercial entity	Type of Interest Declared
1.	
2.	
3.	
	•

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<sup>1</sup> Please indicate known interests currently held by first-line members of your family (i.e. spouse or partner, children and parents). In order to maintain privacy, neither the relationship nor the name need be declared. Interests to be declared include all current Direct Interests (i.e. Employment, Consultancy, Current Financial interests or current Patent Ownership).

<b>2.6. Any other matte</b> * Means any other matters advice to another standardi commercial entity, etc.	that might be of in	nterest for transparency pu	rposes e.g. working for or	providing expert
Work for or provide	expert advice	e to non-European p	harmacopoeias:	□ No □ Yes
If Yes, please specify t	he non-Europea	an pharmacopoeia(s):		
☐ International Ph.	$\square$ USP	$\square$ Chinese Ph.	$\square$ Indian Ph.	
☐ Other pharmacopoe	ia:			

Further to the interests (direct and indirect) declared above, I do hereby declare on my honor that I do not have any other interests or facts that should be made known to the EDQM and the public.

Should there be any change to the above due to the fact that I acquire additional interests, I shall promptly notify the EDQM and complete a new Declaration of Interests detailing the changes. This declaration does not discharge me from my obligation to declare any potential conflicting interest(s) at the start of any EDQM Activity or meeting/session in which I participate.

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## 3: CONFIDENTIALITY UNDERTAKING

In view of the following definitions:

Signature:

"EDQM Activities" encompass any meeting (including meeting preparation and follow-up, associated discussion or any other related activity) of the EDQM, Committees, Working Parties, Expert Groups, or any other such meeting; work as an expert on guidance development.

"Confidential Information" means all information, facts, data and any other matters of which I acquire knowledge, either directly or indirectly, as a result of my EDQM Activities.

"Confidential Documents" mean all drafts, preparatory information, documents and any other material, together with any information contained therein, to which I have access, either directly or indirectly, as a result of my participation in EDQM activities. Furthermore, any records or notes made by me relating to Confidential Information or Confidential Documents shall be treated as Confidential Documents.

<u>Note</u>: the confidentiality status does not apply where the individual has a legitimate access to the data from sources other than the EDQM confidential documents or where EDQM provides public access to a document (for example: Technical Guides, Rules of Procedure, Guide for Work).

I understand that I may be invited to participate either directly or indirectly in certain EDQM activities and hereby undertake:

- ✓ to treat all Confidential Information and Confidential Documents under conditions of strict confidentiality,
- ✓ not to disclose (or authorize any other individual to disclose) in any way to any third party any Confidential Information or Confidential Document,
- ✓ not to use (or authorize any other individual to use) any Confidential Information or Confidential Document other than for the purposes of my work in connection with EDQM activities,
- ✓ to dispose of Confidential Documents as confidential material as soon as I have no further use
  for them and take all measures to protect them especially when handled in public area (e.g.
  airport, train etc.).

I also understand that in case I do involve other persons in the work for the EDQM where this is useful for the conduct of the work, I am responsible for ensuring that these persons are aware of the confidential nature of the information and document/data provided and that the results of the work shall be used by the EDQM only.

This undertaking shall not be limited in time, but shall not apply to any document or information that I can reasonably prove was known to me before the date of this undertaking or which becomes public knowledge other than as a result of a breach of any of the above undertakings.

I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being made available to public in case of request.

someone to my milorination being made availab	no to public in case of requesti	
Full name:	Date:	

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