

**EUROPEAN ASSOCIATION FOR THE STUDY OF DIABETES –EASD
EUROPEAN FOUNDATION FOR THE STUDY OF DIABETES - EFSD**

DUALITY OF INTEREST 2021

FORM B: to be completed annually

A. CONTACT INFORMATION

NAME: _____

PROFESSIONAL TITLE(S): _____

INSTITUTION: _____

B. FINANCIAL RELATIONSHIPS for the period 1/1/2021-31/12/2021

1. I had no financial relationships \geq €5,000 with any commercial interests, manufacturers and/or proprietary entities.
2. I had financial relationships with commercial interests, manufacturers, and/or proprietary entities. Please report below by ticking the box ANY financial relationships \geq €5,000 that you or your spouse/children/parents had during the report period.

Commercial Interest (Name of Company)	Research Support received	Employee	Speaker's Honorarium	Board Member/ Advisory Panel	Stocks/Shares	Consultancy	Other positions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. I acknowledge the correctness of the information provided herewith and that I am duty-bound to inform EASD immediately in writing of any changes.

SIGNATURE

DATE