

Appendix 6. Declaration of interest

A conflict of interest occurs under circumstances in which the professional opinion of a primary interest, such as patient safety or the validity of research, may be excessively influenced by other secondary interests, whether this be financial benefit, prestige, or personal or professional promotion.

Several types of financial interactions may be considered in relations between professionals and the healthcare industry (pharmaceutical, healthcare technology, etc.).

- Support and financing of research.
- Employment as a consultant for a pharmaceutical company.
- Shareholder or economic interests in a pharmaceutical company.

In turn, these potential conflicts of interest are considered to be of two types in the preparation of CPGs.

- Personal interests: these involve professional fees or personal benefits for a member of the team.
- Non-personal interests: these involve financing that benefits the department or unit under the management responsibility of a member of the team, who does not receive it personally. The economic funding to create a unit or department, financial support for hiring personnel for those units, and financing of research in the unit can be considered to fall into this category.

The potential conflict of interest exists regardless of whether or not the professional considers the relations to have an influence on his or her scientific criteria. The following is a form on the declaration of conflicts of interest designed for the purpose of covering the aforementioned aspects.

Conflict of Interest Statement

First and Last name: _____

Profession: _____

Institution for which you work:

Name of the centre: _____

Address: _____

City: _____

Postal Code: _____

Institution that you represent (association, scientific society, etc. – answer only if different from the one specified above):

Contact telephone (reachable): _____

Email for sending documentation (@): _____

Mr./Ms. _____

with National Identity Document _____, after reading the policy of the Preparation program for Clinical Practice Guidelines (CPG) based on evidence, to assist in clinical decision-making in the National Healthcare System (SNS) in regard to conflicts of interest, I hereby declare that I DO DO NOT have conflicts of interest in regard to the activities related to the subject that is the object of the CPG within **the last three years**.

If so, specify what the conflicts are in tables 1 to 3.

Signature

Date: February 22, 2007

Table 1. Personal interests

	Activity	Institution	Date
Financing for participating in a study			
Consulting for a pharmaceutical or other technological company			
Shareholder/commercial interests in a company (patents...)			
Economic interests in a private company related to healthcare (as the owner, employee, shareholder, private consultant...) that could be significant in relation to the preparation of the guideline			
Non-economic conflicts of interest that could be significant in the preparation of the guideline			

Table 2. Non-personal interests

	Activity	Institution	Date
Financing or economic funding for the creation of a unit or service			
Significant allocation of material to the unit or services			
Hiring or economic funding to hire personnel in the unit or services			
Economic funding to finance a research study			

Table 3. Other possible conflicts of interest not indicated in the previous sections (specify)

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