

CONFLICT OF INTEREST DISCLOSURE FORM

Governing Board Members, Journal Editor-in-Chief and Co-Editors, Clinical Practice Guidelines Panel
Members & other people acting on behalf of EASL

It is the policy of EASL to ensure balance, independence, objectivity, and scientific rigor in all its sponsored scientific and educational programs. All members of the EASL leadership and members of the EASL Clinical Practical Guidelines panel, EASL Committees or Task Forces, consultants, faculty and others acting on behalf of EASL must disclose any financial or beneficial relationships with a commercial interest that could be viewed as presenting a potential conflict of interest, and must declare any relationship that may lead to a potential commercial bias as outlined in the EASL Code of Conduct. You are strongly encouraged to review the Code of Conduct prior to completing this form.

All conflicts of interests must be identified and resolved prior to commencing any project implementation. For the Secretary General and Editor-in-Chief of the Journal of Hepatology, disclosures will be made public. For other constituents, disclosures will be reviewed internally.

DEFINITIONS¹

Company: A Company is an entity that develops, produces, markets, or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions and whose interests could reasonably be seen to overlap with the interests, missions and values of EASL.

Direct Financial Relationship: A Direct Financial Relationship is a remunerated affiliation with a Company held by an individual that should generate an annual income report.

Educational Grant: An Educational Grant is a sum awarded by a Company for the specific purpose of supporting an educational or scientific activity offered by the recipient. An Educational Grant may also be “in-kind.”

Gifts “in kind”: Compensation in goods or services rather than money; non-monetary gifts, benefits or emoluments (for example access to advisory or consultant services, specific resource allocation or access).

Research Grant: A Research Grant is an award that is given by a Company or other funding agency to an individual, institution, or practice to fund the conduct of scientific research. Companies may provide an individual, institution, or practice with programmatic support (e.g., an Educational Grant) designated for the specific purpose of funding Research Grants.

INSTRUCTIONS FOR COMPLETING THIS FORM¹

In keeping with the EASL policies, it is usually better to disclose an activity or relationship than not to do so.

The time period for disclosure is the 12 months preceding and including the date of the disclosure. The form does provide for disclosing a future material change in the event you have been asked to complete the form and are aware of an imminent, relevant material change.

1. IDENTIFYING INFORMATION

First name and Last name should be provided as reflected in the EASL Membership Directory.

2. DISCLOSURE STATEMENT

You should report all relevant sources of revenue paid, or promised to be paid, either directly to you, or to your institution on your behalf, over the preceding 12 months and including the date of the disclosure.

For Grants, disclose support only from entities that are, or might be, defined as a Company within the definition provided in EASL Code and in the “definitions” section.

Public funding sources such as government agencies, charitable associations, etc., generally need not be disclosed. However, in the event that a particular relationship with one of these public funding sources might be perceived as creating an actual or potential conflict of interest, disclose the relationship and provide relevant information in the Comments entry. Similarly, any royalties (defined as use-based payments made to you or your institution as the holder of a patent, copyright, registered trademark, or other property) should be disclosed.

PERSONAL INFORMATION

First name:

Francesco Paolo

Last name:

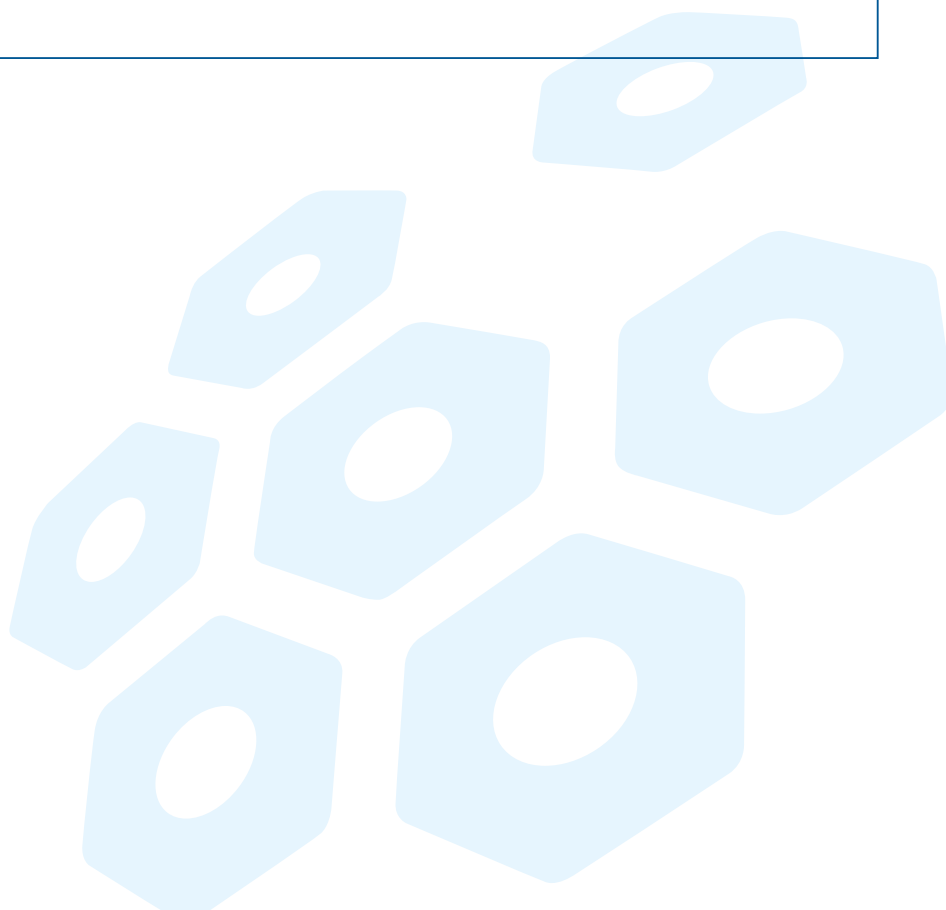
Russo

Reason for disclosure:

Governing Board / Editorial Board candidacy

Date

24/6/19



DISCLOSURE STATEMENT

Within the last 12 months, do you have or have you had financial or other relationships / activities that could be perceived to influence or that give appearance of potentially influencing your EASL related activities?

Yes No

If yes, please complete the following sections according to relationship category / categories that are applicable to you.



1. Governing Board Position in related International Society or Foundation (except the EILF)

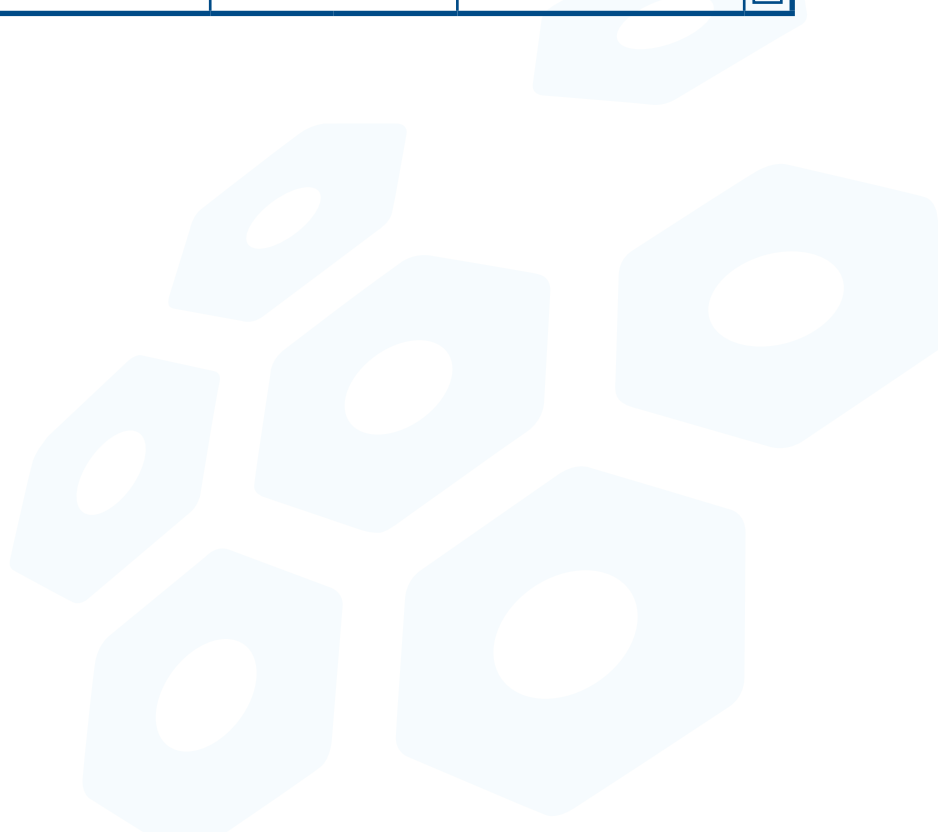
Yes	<input type="checkbox"/>	If yes, please specify:
No	<input checked="" type="checkbox"/>	

2. Consultant / Advisor for pharmaceutical and biomedical industries

Organisation / Company name			
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 20 000	<input type="checkbox"/>
		20 000 -50 000	<input type="checkbox"/>
		More than 50 000	<input type="checkbox"/>
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 20 000	<input type="checkbox"/>
		20 000 -50 000	<input type="checkbox"/>
		More than 50 000	<input type="checkbox"/>
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 20 000	<input type="checkbox"/>
		20 000 -50 000	<input type="checkbox"/>
		More than 50 000	<input type="checkbox"/>
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 20 000	<input type="checkbox"/>
		20 000 - 50 000	<input type="checkbox"/>
		More than 50 000	<input type="checkbox"/>

3. Speaker or author in educational activities supported by industry for promotional purposes

Organisation / Company name			
Abbvie	Money paid to	You	<input checked="" type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 5000	<input checked="" type="checkbox"/>
		5000 - 10 000	<input type="checkbox"/>
		10 000 - 20 000	<input type="checkbox"/>
	More than 20 000	<input type="checkbox"/>	
Gilead	Money paid to	You	<input checked="" type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 5000	<input checked="" type="checkbox"/>
		5000 - 10 000	<input type="checkbox"/>
		10 000 - 20 000	<input type="checkbox"/>
	More than 20 000	<input type="checkbox"/>	
MSD	Money paid to	You	<input checked="" type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 5000	<input checked="" type="checkbox"/>
		5000 - 10 000	<input type="checkbox"/>
		10 000 - 20 000	<input type="checkbox"/>
	More than 20 000	<input type="checkbox"/>	
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 5000	<input type="checkbox"/>
		5000 - 10 000	<input type="checkbox"/>
		10 000 - 20 000	<input type="checkbox"/>
	More than 20 000	<input type="checkbox"/>	



4. Speaker in industry sponsored satellite activities during official EASL meetings

Organisation / Company name			
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 5000	<input type="checkbox"/>
		5000-10000	<input type="checkbox"/>
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 5000	<input type="checkbox"/>
		5000-10000	<input type="checkbox"/>
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 5000	<input type="checkbox"/>
		5000-10000	<input type="checkbox"/>
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 5000	<input type="checkbox"/>
		5000-10000	<input type="checkbox"/>

5. Employee, Officer, Director in a corporate company producing / marketing / distributing devices, drugs, etc.*

Organisation / Company name		

* Restrictions and disclosure also apply to 1st degree family members

6. Employee, Officer, Director or stock holder* in University start-up or spin-off**

Organisation / Company name			
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 10 000	<input type="checkbox"/>
		10 000 - 50 000	<input type="checkbox"/>
		More than 50 000	<input type="checkbox"/>
		Money paid to	You
Institution			<input type="checkbox"/>
Amount €		Below 10 000	<input type="checkbox"/>
		10 000 - 50 000	<input type="checkbox"/>
		More than 50 000	<input type="checkbox"/>
		Money paid to	You
	Institution		<input type="checkbox"/>
	Amount €	Below 10 000	<input type="checkbox"/>
		10 000 - 50 000	<input type="checkbox"/>
		More than 50 000	<input type="checkbox"/>
		Money paid to	You
Institution			<input type="checkbox"/>
Amount €		Below 10 000	<input type="checkbox"/>
		10 000 - 50 000	<input type="checkbox"/>
		More than 50 000	<input type="checkbox"/>

*If stockholder, please indicate amount

**Restrictions and disclosure also apply to 1st degree family members



7. Stock/Stock Options in pharmaceutical and biomedical industries and companies engaging in EASL activities*

Organisation / Company name			
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 10 000	<input type="checkbox"/>
		10 000 - 50 000	<input type="checkbox"/>
		More than 50 000	<input type="checkbox"/>
		Money paid to	You
Institution			<input type="checkbox"/>
Amount €		Below 10 000	<input type="checkbox"/>
		10 000 - 50 000	<input type="checkbox"/>
		More than 50 000	<input type="checkbox"/>
		Money paid to	You
	Institution		<input type="checkbox"/>
	Amount €	Below 10 000	<input type="checkbox"/>
		10 000 - 50 000	<input type="checkbox"/>
		More than 50 000	<input type="checkbox"/>
		Money paid to	You
Institution			<input type="checkbox"/>
Amount €		Below 10 000	<input type="checkbox"/>
		10 000 - 50 000	<input type="checkbox"/>
		More than 50 000	<input type="checkbox"/>

* Restrictions and disclosure also apply to 1st degree family members



8. Grants / Research support from pharmaceutical and biomedical industries

Organisation / Company name			
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 10 000	<input type="checkbox"/>
		10 000 - 50 000	<input type="checkbox"/>
		50 000 - 100 000	<input type="checkbox"/>
	More than 100 000	<input type="checkbox"/>	
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 10 000	<input type="checkbox"/>
		10 000 - 50 000	<input type="checkbox"/>
		50 000 - 100 000	<input type="checkbox"/>
	More than 100 000	<input type="checkbox"/>	
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 10 000	<input type="checkbox"/>
		10 000 - 50 000	<input type="checkbox"/>
		50 000 - 100 000	<input type="checkbox"/>
	More than 100 000	<input type="checkbox"/>	
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 10 000	<input type="checkbox"/>
		10 000 - 50 000	<input type="checkbox"/>
		50 000 - 100 000	<input type="checkbox"/>
	More than 100 000	<input type="checkbox"/>	

9a. Intellectual Property Rights and Patents*

Yes	<input type="checkbox"/>	
No	<input checked="" type="checkbox"/>	
Money paid to	You	<input type="checkbox"/>
	Institution	<input type="checkbox"/>

* Restrictions and disclosure also apply to 1st degree family members

9b. Royalties*

Organisation / Company name		
	Money paid to	You <input type="checkbox"/>
		Institution <input type="checkbox"/>
	Amount €	Below 10 000 <input type="checkbox"/>
		10 000 - 50 000 <input type="checkbox"/>
		50 000 - 100 000 <input type="checkbox"/>
		More than 100 000 <input type="checkbox"/>
	Money paid to	You <input type="checkbox"/>
		Institution <input type="checkbox"/>
	Amount €	Below 10 000 <input type="checkbox"/>
		10 000 - 50 000 <input type="checkbox"/>
		50 000 - 100 000 <input type="checkbox"/>
		More than 100 000 <input type="checkbox"/>
	Money paid to	You <input type="checkbox"/>
		Institution <input type="checkbox"/>
	Amount €	Below 10 000 <input type="checkbox"/>
		10 000 - 50 000 <input type="checkbox"/>
		50 000 - 100 000 <input type="checkbox"/>
		More than 100 000 <input type="checkbox"/>
	Money paid to	You <input type="checkbox"/>
		Institution <input type="checkbox"/>
	Amount €	Below 10 000 <input type="checkbox"/>
		10 000 - 50 000 <input type="checkbox"/>
		50 000 - 100 000 <input type="checkbox"/>
		More than 100 000 <input type="checkbox"/>

* Restrictions and disclosure also apply to 1st degree family members



10. Honoraria and travel for CME if criteria for unrestricted educational content are met

Organisation / Company name			
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 5000	<input type="checkbox"/>
		5000-10000	<input type="checkbox"/>
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 5000	<input type="checkbox"/>
		5000-10000	<input type="checkbox"/>
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 5000	<input type="checkbox"/>
		5000-10000	<input type="checkbox"/>
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 5000	<input type="checkbox"/>
		5000-10000	<input type="checkbox"/>

11. Pharmaceutical company sponsored Travel and Accommodation to meetings of continental societies

Organisation / Company name			
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 2000	<input type="checkbox"/>
		2000-5000	<input type="checkbox"/>
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 2000	<input type="checkbox"/>
		2000-5000	<input type="checkbox"/>
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 2000	<input type="checkbox"/>
		2000-5000	<input type="checkbox"/>
	Money paid to	You	<input type="checkbox"/>
		Institution	<input type="checkbox"/>
	Amount €	Below 2000	<input type="checkbox"/>
		2000-5000	<input type="checkbox"/>

Do you have other relationships or activities that could be perceived to influence, or give the appearance of potentially influencing your EASL related activities?

For example, this would include uncompensated services provided to a Company.



No other relationships/conditions/circumstances that present a potential conflict of interest.



Yes, the following relationships/conditions/circumstances are present:

Additional comments/relationship information:

I acknowledge that submission of this form is confirmation of full disclosure of my potential conflicts of interest.

NAME :

Francesco Paolo Russo

DATE:

24/6/19

SIGNATURE:

Francesco Paolo Russo

Firmato digitalmente da Francesco Paolo Russo

Data: 2019.06.24 13:51:51 +02'00'