



Form for disclosure of relationships

- Background -

The Institute for Quality and Efficiency in Health Care (IQWiG) has the task of developing scientific recommendations on medical issues. According to the law (§139a (1) Social Code Book – Book V – Statutory Health Insurance https://www.gesetze-im-internet.de/sgb_5/_139a.html)), it is scientifically independent. Therefore, it also expects an unbiased fair judgement from all those involved in the preparation of its products. To this end, you as a person involved by IQWiG are asked to disclose relationships that may influence this goal, so-called conflicts of interest. This concerns all relationships with health care institutions, in particular **pharmaceutical companies, medical device manufacturers and industrial interest groups**, but also other relationships that may give rise to conflicts of interest, such as involvement in guideline development.

The disclosure of such relationships is made on the basis of the questions in this form. Answering "yes" to a question and then disclosing relationships does not automatically constitute a conflict of interest, as relationships are considered in relation to the underlying project question and the nature and extent of participation.

Details of what your information means to IQWiG and how it is handled can be found at www.iqwig.de/en/ "Frequently asked questions about the form for disclosure of relationships" (see <https://www.iqwig.de/en/participation/disclosing-relationships/faq-form-for-disclosing-relationships/>).

- Data protection -

The details of your disclosure will be treated confidentially. Only IQWiG staff involved in the review and evaluation are given access. If a contract is concluded (this only applies to external experts and reviewers), all persons who are allowed to view the contract also have access. If you are involved in the preparation of an IQWiG product, e.g. as an external expert, reviewer, or assist in the identification of patient-relevant outcomes, your information will be summarized and made publicly available in IQWiG's products on IQWiG's website www.iqwig.de/en/ or www.informedhealth.org. This information will be made publicly available for the IQWiG products. For the criteria listed in questions 1 to 7, it is only summarized whether this type of relationship exists or not. Concrete partners or amounts of payments are not mentioned.

If you participate as an external expert or reviewer, your name will also be mentioned in the product. If you help to identify patient-relevant outcomes, your name will only be mentioned if you consent to this on a separate consent form. Your consent to be named is voluntary. If you do not consent, the information about your relationships will be anonymous.

- Filling in instructions -

This form asks 7 questions about different types of relationships. If you do not have a relationship of this type, please tick "no". Otherwise, for each question, please provide a complete list of your relationships and – if requested in the respective question – the amount of any remuneration. So please fill in all columns of the table to describe a relationship, or give reasons if you cannot fill in a field. If additional space is required, you may attach additional pages. If you fill out the form

electronically as a PDF file, you can add as many rows as you like to each table.

Please indicate ALL relationships to the questions, even if you think that a relationship does not constitute a conflict of interest (exception question 7, see there).

Project (number and title):

Project number: _____

Project title _____

Task:

- Collaboration as an external expert on an IQWiG product
- Collaboration as a medical-scientific advisor (e.g. in an early benefit assessment of a new examination and treatment method with high-risk medical devices)
- Production of an HTA report according to §139b (5) SGB V
- Provision of advice on different aspects in the production of an HTA report (e.g. outcomes, ethical, social, legal, organizational aspects)
- Provision of information on patient-relevant outcomes
- Other: _____

Contact data:

Title (if any), first name, last name: _____

For queries: e-mail address: _____

or telephone number: _____

Question 1: Employment / self-employed activities / voluntary activities

Are you or have you been, within this year and the last three calendar years, employed by or, on a self-employed or voluntary basis, working for

- an organization in the health care system (e.g. a hospital, an organization in the self-government, a scientific society or a contract research organization),
- a pharmaceutical company
- a medical device manufacturer or
- an industrial interest group

or are you or have you been working on a self-employed or voluntary basis in an independent practice?

- no
 yes (if yes, please provide details in the table below)

If yes, please add the following details

Company etc.	From (month/year)	To (month/year)	Position	Employed/ self-employed/ voluntary

Question 2: Consulting relationships

Are you or have you been, within this year and the last three calendar years directly or indirectly advising

- an organization in the health care system (e.g. a hospital, an organization in the self-government, a scientific society or a contract research organization),
- a pharmaceutical company
- a medical device manufacturer or
- an industrial interest group

(e.g. as a reviewer, an expert, in connect with clinical trials as a member of an advisory board / Data Safety Monitoring Board (DSMB) or a steering committee)?

- no
 yes (if yes, please provide details in the table below)

If yes, please add the following details (separately for each company and consulting topic)

Company etc.	Consulting topic	Period	Total sum of payments

Question 3: Fees

Have you, within this year and the last three calendar years, directly or indirectly received fees (e.g. for talks, trainings, comments or articles) from

- an organization in the health care system (e.g. a hospital, an organization in the self-government, a scientific society or a contract research organization),
- a pharmaceutical company
- a medical device manufacturer or
- an industrial interest group

no

yes (if yes, please provide details in the following table)

If yes, please add the following details (separately for each company)

Company etc.	Type of work	Topic	Date / period	Total sum of payments

Question 4: Third-party funds

Have you or your employer or your practice or the institution for which you do voluntary work, within this year and the last three calendar years, received third-party funds (financial support, e.g. for research work, conduct of clinical studies, other scientific services or patent applications) from

- an organization in the health care system (e.g. a hospital, an organization in the self-government, a scientific society or a contract research organization),
- a pharmaceutical company
- a medical device manufacturer or
- an industrial interest group

(If you work in a large institution, it is sufficient to relate the required information to your working unit, e.g. hospital department, research group.)

- no
 yes (if yes, please provide details in the following table)

If yes, please add the following details (separately for each company and project topic)

Company etc.	Project type	Project topic	Period	Total sum of third-party funds	Recipient: personal/institution

Question 5: Other support

Have you or your employer or your practice or the institution for which you do voluntary work, within this year and the last three calendar years received, any other financial remuneration or payment in kind (e.g. equipment, staff, support for the organization of meetings, reimbursement of travel expenses or registration fees for trainings/meetings) from

- an organization in the health care system (e.g. a hospital, an organization in the self-government, a scientific society or a contract research organization),
- a pharmaceutical company
- a medical device manufacturer or
- an industrial interest group

(If you work in a large institution, it is sufficient to relate the required information to your working unit, e.g. hospital department, research group.)

- no
 yes (if yes, please provide details in the following table)

If yes, please add the following details (separately for each company etc.)

Company etc.	Type of support	Period	Sum	Recipient: personal/ institution

Question 6: Stocks, shares, patents, utility models

Do you possess stocks, options or other shares from

- an organization in the health care system (e.g. a hospital, an organization in the self-government, a scientific society or a contract research organization),
- a pharmaceutical company
- a medical device manufacturer or
- an industrial interest group

Do you possess shares in a “sector-specific fund” that is targeted towards pharmaceutical companies or manufacturers of medical devices?

Do you possess patents for a pharmaceutical product or a medical device, or a medical method or a utility model for a pharmaceutical product or a medical device?

- no
 yes (if yes, please provide details in the following table)

If yes, please add the following details (separately for each type of share/fund/patent/utility model etc.)

Share/fund/patent/utility model	Current value

Question 7: Other

Are you or have you ever been involved in the development of a

- clinical practice guideline
- clinical study

with a topic similar to this project?

Are there any other circumstances that, from the point of view of an impartial observer, may be assessed as a conflict of interest (e.g. activities in health-related interest groups or self-help groups, political, academic, scientific or personal interests)?

- no
 yes (if yes, please provide details in the following table)

If yes, please list them

I hereby confirm with my signature that I have truthfully and completely provided these details.

I consent to the above-mentioned details being published in the corresponding product, which is accessible on the IQWiG website and forwarded to the Bonn University and State Library and to the German National Library, in a summarized form together with my name. **“Summarized form” means that the answers to the questions of this form will be published as “yes” or “no”, but without stating the specific details (including the amount of remuneration/fees).**

Note: If I participate in a consultation on patient-relevant outcomes as a person affected, my name will only be published with my explicit consent (separate form).

Beyond this, the details I provide will not be published.

(Place, date)

(Signature)