

Formal obligation

The signatory has disclosed to the Institute for Quality and Efficiency in Health Care (IQWiG) all connections that could lead to a potential conflict of interest. If the signatory intends to make new connections during the period of his or her contractual relationship with IQWiG, i.e., connections as outlined in the “Form for disclosure of potential conflicts of interest”, he or she commits himself or herself to announcing this intention to the Institute and to obtaining its permission in advance.

The “Form for disclosure of potential conflicts of interest” is to be used to indicate his or her intention.

(Date, signature)

(Academic title, first name, and surname in block letters)