

## European Commission Initiative on Breast Cancer

## Annual Declaration of Interests (ADol)

Name:

*[Please copy rows as needed for subsequent or parallel activities of the same nature]*

*[If it is not clear to you under which category of the form to declare an interest, you can declare it under "Other"].*

Nature of activities	Period	Entity	Subject matter
<b>1. Ownership or financial investments, including shares</b>	MM/YYYY – MM/YYYY	Companies or organisations in which the financial interest is placed	[Relevant field of activity] <b>No changes</b>
<b>2. Membership of a managing body or equivalent structure</b>	MM/YYYY – MM/YYYY	- Name - Location - Nature: public, private, etc.	Function of institution: Function of expert: Link to website of institution: <b>No changes</b>
<b>3. Membership of another scientific advisory body</b>	MM/YYYY – MM/YYYY	New : member of the Scientific committee G-I-N Conference 2020	Function of body: Function of expert: Link to website of body:
<b>4. Employment</b>	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc.	[Describe professional activities in relation to activities of this project] <b>No changes</b>
<b>5. Consultancy/Advisory</b>	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc. - Amount	[Describe role] <b>No changes</b>
<b>6. Influence on definition of research priorities</b>			<b>No changes</b>
<b>7. Research grants and other funding</b>	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc. - Amount	[Describe research] <b>No changes</b>

Nature of activities	Period	Entity	Subject matter
<b>8. Principal investigator or investigator</b>			No changes
<b>9. Intellectual property rights (IPR)</b>	MM/YYYY – MM/YYYY		No changes
<b>10. Other membership or affiliation</b>	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc.	[Describe activity, function, website] No changes
<b>11. Interests of others</b>	MM/YYYY – MM/YYYY		[Describe activity, function] No changes
<b>12. Other</b>	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc.	[Describe activity, function, website] No changes

I also declare on my honour that the information disclosed in this form is true and complete to the best of my knowledge.  
Should there be any change to the above information, I will promptly notify the responsible service of the Commission and complete a new DoI form including the changes.

Done at: \_\_\_\_\_Berlin\_\_\_\_\_

Date: \_\_\_\_2019 12 12\_\_\_\_\_



Signature: \_\_\_\_\_