

European Commission Initiative on Breast Cancer

Annual Declaration of Interests (ADoI)

Name: **Jan Daneš**

[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
1. Ownership or financial investments, including shares	01/2017 – present	Radiodiagnostika, Ltd.	counseling, health care
2. Membership of a managing body or equivalent structure	12/1995 – present	- Name : Radiodiagnostika, Ltd. - Location : Ořech, CZ - Nature: private	Function of institution: medical practice Function of expert: radiologist, managing director (2017) Link to website of institution: www.mamocentrum.eu
	06/2003 – present	- Name : Commission on Breast Cancer Screening - Location : Prague, CZ - Nature: public	Function of institution: Ministry of Health (Czech Rep) Function of expert: Chairperson Link to website of institution: www.mzcr.cz
	08/2008 – present	- Name : Association of Czech Breast Radiologists - Location : Prague, CZ - Nature: non-profit organisation	Function of institution: Association of Professionals Function of expert: vice-president Link to website of institution: www.mamo.cz
3. Membership of another scientific advisory body	MM/YYYY – MM/YYYY	- Name - Location - Nature: public, private, etc.	Function of body: Function of expert: Link to website of body:
4. Employment	09/1983 – present	- Name : General Teaching Hospital, Prague, CZ -Type: public	Radiologist www.vfn.cz

Nature of activities	Period	Entity	Subject matter
	10/1989 – 12/2017	- Name : Charles University, First Faculty of Medicine, Prague, CZ -Type: public	Professor, University Teacher www.lf1.cuni.cz
5. Consultancy/Advisory	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc. - Amount	[Describe role]
6. Influence on definition of research priorities			
7. Research grants and other funding	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc. - Amount	[Describe research]
8. Principal investigator or investigator			
9. Intellectual property rights (IPR)	MM/YYYY – MM/YYYY		
10. Other membership or affiliation	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc.	[Describe activity, function, website]
11. Interests of others	MM/YYYY – MM/YYYY		[Describe activity, function]
12. Other	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc.	[Describe activity, function, website]

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: Prague, CZ_____

Date: January 2, 2021_____

Signature: _____