



### **Declaration of Conflict of Interest**

All participants in ESPE consensus meetings must disclose all conflicts of interest prior to establishment of the Consensus Steering Committee and collaboration.

Following this disclosure, acceptance of any conflicts of interest arising will be subject to review by the Clinical Practice Committee and ESPE Council. All conflicts of interest will be included in the consensus or guideline publications.

#### **Conflicts of Interest**

I am currently working on another guideline.

I have a role in or I am in receipt of funding from a commercial company.

I have a position that could potentially give rise to a conflict of interest.

Please provide details of the above:

I have no conflicts of interest.

#### **Declaration**

To the best of my knowledge, I confirm that the above information is correct.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Date: \_\_\_\_\_