

# NATIONAL ESSENTIAL MEDICINES COMMITTEE (NEMLC)

## DECLARATION OF INTERESTS

Selection of medicines for the essential medicines list and development of standard treatment guidelines require measures to ensure that the best possible assessment of scientific evidence is achieved in an independent atmosphere free of either direct or indirect pressures. Thus, to assure the technical integrity and impartiality of the committees' work, it is necessary to avoid situations in which financial or other interests might affect the outcome of that work. Each expert is therefore requested to review the NEMLC's guidance document on declaration of interest prior to undertaking this declaration.

### SECTION A

**Declaration:** Have you or your partner (a spouse or other person with whom s/he has a similar close personal relationship) any knowledge of an interest (as defined in the guidance document of March 2007) in the subject-matter of the meeting or work in which you will be involved, which may be considered as constituting a real, potential or apparent conflict of interest?

Yes       No      **If yes, please give details in section B.**

**Declaration:** Does your department or organisation for which you have an employment relationship with **managerial responsibilities** have any knowledge of an interest (as defined in the guidance document of March 2007) in the subject-matter of the meeting or work in which you will be involved, which may be considered as constituting a real, potential or apparent conflict of interest?

Yes       No      **If yes, please give details in section B.**

### SECTION B

If you answered "yes" to either question in Section A, you must complete the following table

Details of Relevant Financial Relationship	
(Include all those that apply)	
Name of organisation(s)	Nature of what was received

I hereby declare that the disclosed information is correct and that no other situation of real, potential or apparent conflict of interest is known to me. I undertake to inform you of any change in these circumstances, including if an issue arises during the course of the meeting or work itself.

\_\_\_\_\_  
Members Signature

\_\_\_\_\_  
Members Printed name

\_\_\_\_\_  
Date

### TO BE COMPLETED BY THE CHAIR OF THE COMMITTEE

In consultation with the committee I have reviewed this declaration of interest and deemed there to be

No      |      Insignificant      |      Potentially Significant      |      Clearly Significant      |  
conflict of interest.

\_\_\_\_\_  
Chairman's Signature

\_\_\_\_\_  
Chairman's Printed name

\_\_\_\_\_  
Date