

Guidelines International Network
2024 - 25
Declaration of Interests

Declaration of interest

1. General information

Name, first name, job title		Earlier within the current year or the 3 calendar years before.
Employment / Institution	Current Northwestern University	
Position / function in the institution	Vice Chair, Department of Dermatology	
Address	259 E Erie Street, Ste 2020, Chicago, IL 60611	
E-mail-Address	m-alam@northwestern.edu	
Phone number in case for further queries	312-636-8345	
Function in GIN		
Date	10/30/2024	
Period to which the declaration refers to		

2. Direct Financial Interest (declare amounts in own currency, noting the currency)

Here, financial relationships with companies, institutions or interest groups in the healthcare sector are reported. Have you or the institution for which you work received grants within the current year or the three calendar years before from companies in the health care industry (e.g. pharmaceutical industry, medical device industry), industrial associations, commercially oriented contract research institutes, insurance companies/insurance providers, or from non-profit public sponsors (e.g. ministries), self-governing bodies/institutions, foundations, or other funding agencies? Please provide specific information on all applicable aspects in the following table.

Type of interest	Cooperation partner/source of funding	Period of cooperation ¹ /activity	Thematic scope of the project ²	Type of grant ³	Value of the grant ⁴	Recipient ⁵
Consulting/Honoraria						
Advisory boards						
Lecture and/or training activities						
Paid and/or Co- authorship						
Research grants/contracts (restricted or unrestricted)						
Owner's interest (Patents, copyrights, stock options ⁶)						

¹ Within the reporting period, i.e. in the current and the past 3 years: from (month/year) until (month/year)

² Specifying the topic, in case of preparation/devices also trade name or name of active substance (free text). Additionally, indication of a self-assessment of the reference to the guideline "No" or "Yes"

³ Fees, third-party funds, monetary value advantages (e.g. personnel or material resources; travel expenses, participation fees, hospitality generally at events), sales (or retail) license

⁴ Rounded amounts (e.g., for amounts > 1000 € to the next thousandth digit): The figures refer to the total amount of grants for a given activity over the reporting period, please indicate: from (month/year) until (month/year).

This information will be treated confidentially.

⁵ Please indicate: a) you b) the institution, you are working for and you are direct responsible within your institution for decisions on the use of the grants/funds.No disclosures are required if you do not have a direct decision making role.

⁶ Does not apply to managed funds

3. Indirect Interests

Here, personal relationships with interest groups in the health care system, "intellectual", academic, and scientific interests or viewpoints, as well as main topics of clinical activities/income sources are reported (for the period of the current year or the 3 calendar years before). This also includes those that may be indirectly connected with financial personal interests.

- Are you or have you been active in scientific societies, professional associations, self-governing institutions, patient self-help groups, consumer groups or other associations? If so, in which function (e.g. mandatory for this/other guidelines, board of directors)?
- Can you name main topics of your scientific and/or clinical activities? Do you feel that you belong to certain "schools"?
- Did you play a leading role in the content of further training courses?
- Do you have personal relations (as partner or 1st degree relative) to an authorized representative of a company in the health care industry? Please provide specific information on all applicable aspects in the following table.

Type of cooperation/activity	Name / Main topic (please specify)	Period of cooperation/activity ⁷	Reference to GIN activities ⁸
Membership in a medical society/professional association/advocacy group	Incoming President-Elect of AAD	March 2025- March 2027	None
Scientific interest			
Academic interest			
Leading participation in further education/training institutes			
Personal relationships (as partner or 1st degree relative) with an authorized representative of a health care company	-		

⁷ Within the reporting period, i.e. in the current and the past 3 years: from (month/year) until (month/year)

⁸ Self-assessment of the reference to the guideline "No" or "Yes"

4. Other Interest

Is there any other aspect or present circumstances that might be perceived as affecting your objectivity or independence?

I hereby declare to the best of my knowledge and belief that I have listed all circumstances known to me at present that could possibly lead to a personal conflict of interest regarding my role within GIN. I am informed that the information will be published in a standardised summary on the GIN-Website, and that this form will be kept safe from access by unauthorized third parties. I agree to this.

10/30/2024

Date


Signature

Supplementary notes

- Please fill out the form completely.
- If you cannot or do not want to provide information on certain questions, please give reasons for this.
- Please save the completed form and send it to the GIN Secretariat: [mailto: xxx@yy.com](mailto:xxx@yy.com)

To be filled in by Reviewer

Judgment (no conflict or low relevance/seriousness or high relevance/seriousness):

Comments:

Action required: