

# GIN DOI form 2024-25

## GIN DOI form 2024-25

Please fill out the form completely.

If you cannot or do not want to provide information on certain questions, please give reasons for this.

In case of any questions, please contact the GIN Secretariat: [office@g-i-n.net](mailto:office@g-i-n.net).

### 1. General Information

Name, first name, job title

Professor Zachary Munn

Employment / Institution (current)

Health Evidence Synthesis, Recommendations and Impact (HESRI), School of Public Health,  
Univeristy of Adelaide  
Adelaide GRADE Centre

Employment / Institution (earlier within the current year or the 3 calendar years before)

JBI, Univeristy of Adelaide

Position / function in the institution

Director

Address

11a Margaret St, Beulah Park, South Australia

E-mail-Address

zachary.munn@adelaide.edu.au

Phone number in case for further queries

+61409843732

Function in GIN

Board Trustee

Date

5th Sept 2024

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

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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 section.

Footnotes:

- (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.

## 2.1 Consulting/Honoraria

Please provide information on the following:

- Cooperation partner/source of funding
- Period of cooperation/activity (1)
- Thematic scope of the project (2)
- Type of grant (3)
- Value of the grant (4)
- Recipient (5)

## 2.2 Advisory boards

Please provide information on the following:

- Cooperation partner/source of funding
- Period of cooperation/activity (1)
- Thematic scope of the project (2)
- Type of grant (3)
- Value of the grant (4)
- Recipient (5)

Agency for Care Effectiveness International Advisory Panel, Ministry of Health, Singapore, 2023 onwards, advice on methods, finances paid to my institution plus travel expenses covered, I am the recipient

Advisory Board of the Resilient Health Systems Evidence Collection: Partnership between PAHO and Evidence Aid, 2023-2024, no funding attached, I am the recipient

LATITUDES Advisory group, 2023 onwards, no grant involved

NIKEZ Advisory Board, <https://nikez.mzcr.cz/>, no remuneration

INGUIDE International Advisory Board, 2024 onwards, no remuneration

EDELL - International Advisory Board, Institute for Health Services and Health Systems Research Center for Health Services Research Brandenburg Brandenburg Medical School Theodor Fontane (MHB), 2023 onwards, no remuneration

NHMRC Synthesis and Translation of Research Evidence, National Health and Medical Research Council 2018 onwards

## 2.3 Lecture and/or training activities

Please provide information on the following:

- Cooperation partner/source of funding
- Period of cooperation/activity (1)
- Thematic scope of the project (2)
- Type of grant (3)
- Value of the grant (4)
- Recipient (5)

## 2.4 Paid and/or Co- authorship

Please provide information on the following:

- Cooperation partner/source of funding
- Period of cooperation/activity (1)
- Thematic scope of the project (2)
- Type of grant (3)
- Value of the grant (4)
- Recipient (5)

No paid authorship, substantial co-authorship. A list of papers is available at:  
<https://scholar.google.com.au/citations?user=Z7fpEOcAAAAJ&hl=en>

## 2.5 Research grants/contracts (restricted or unrestricted)

Please provide information on the following:

- Cooperation partner/source of funding
- Period of cooperation/activity (1)
- Thematic scope of the project (2)
- Type of grant (3)
- Value of the grant (4)
- Recipient (5)

HRB-funded Centre in Ireland for Clinical guideline support and Evidence Reviews (CICER),  
2024 onwards, 2,498,321 euro, Co-applicant

Other grants listed here: <https://researchers.adelaide.edu.au/profile/zachary.munn#grants-and-funding>

## 2.6 Owner's interest (Patents, copyrights, stock options) \*

\*Does not apply to managed funds

Please provide information on the following:

- Cooperation partner/source of funding
- Period of cooperation/activity (1)
- Thematic scope of the project (2)
- Type of grant (3)
- Value of the grant (4)
- Recipient (5)

None

### 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 section.

Footnotes:

- (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"

#### 3.1. Membership in a medical society/professional association/advocacy group

Please provide information on the following:

- Name /Main topic (please specify)
- Period of cooperation (7)
- Reference to GIN activities (8)

Many roles across JBI, GIN, Cochrane and GRADE related to guideline development.

Member of Society for Research Synthesis.

Further details here: <https://researchers.adelaide.edu.au/profile/zachary.munn#professional-activities>

#### 3.2. Scientific interest

Please provide information on the following:

- Name /Main topic (please specify)
- Period of cooperation (7)
- Reference to GIN activities (8)

### **3.3. Academic interest**

Please provide information on the following:

- Name /Main topic (please specify)
- Period of cooperation (7)
- Reference to GIN activities (8)

### **3.4. Leading participation in further education/training institutes**

Please provide information on the following:

- Name /Main topic (please specify)
- Period of cooperation (7)
- Reference to GIN activities (8)

### **3.5. Personal relationships (as partner or 1st degree relative) with an authorized representative of a health care company**

Please provide information on the following:


- Name /Main topic (please specify)
- Period of cooperation (7)
- Reference to GIN activities (8)

#### 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.

Yes      No

Signature:  \_\_\_\_\_  
(Zachary Munn)

#### REVIEWER-SECTION

This information is to be filled in by the reviewer.

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Judgment:

no conflict or low relevance/seriousness

high relevance/seriousness

Action required:

Signature: