



## Declaration of interests

(Title)

### Preliminary remarks

All members of the panel are obligated to fill out the Declaration of Interests form below. Declaration is issued to the chairperson of the association. This should be issued upon beginning of the appointment period. For longer-term projects, the declaration must be renewed once a year until the end of the appointment period.

All interests must be listed in the declaration irrespective of whether the declaring party themselves sees a topical relationship to the panel work or a conflict of interest or not. Third parties should be the ones to assess whether conflicts of interest exist and whether there are any doubts about the necessary level of neutrality for involvement in the panel work or in special areas/key questions of the panel work in which the professional judgment of an expert might be unduly influenced by secondary interests and then discussed by third parties. The declaration covers interests within **the current year and the 3 preceding years**.

The originals of the declarations shall remain confidentially with the chairperson of the medical society. The contents of the declarations should be disclosed in a standardised summary. Additionally, the collection method, the appraisal of the declarations and the results of the discussion on managing conflicts of interest should be presented.

### Information to be provided where personal data are collected from the data subject pursuant to Article 13 GDPR

Your data is collected for the purpose of the above-mentioned panel work and according to Article 6(1)(b) GDPR. The data is not made available to third parties unless it is for the purpose of complying with the AWMF Guidance Manual. The data are deleted as soon as they are no longer required for the purpose of processing. Within the scope of the panel work, you are entitled to request information about the data stored on you and have the right to rectify inaccurate data or demand erasure of data in case of any unauthorised data storage.

# Declaration

## 1. General information

Surname, first name, title	Prof. Dr. Ina Kopp	
Employer / Institution	Presently	Earlier within the current year or the 3 preceding calendar years
	Association of the Scientific Medical Societies in Germany (AWMF)	Association of the Scientific Medical Societies in Germany (AWMF)
Position / Function at the institution	Director AWMF-Institute for Medical Knowledge Management (AWQMF-IMWi)	Director AWMF-Institute for Medical Knowledge Management (AWQMF-IMWi)
Address	c/o Philipps-University Karl-von Frisch-Str.1 35043 Marburg Germany	
Email address	kopp@awmf.org	
For any questions, reachable by telephone at	0049 6421 2862296	
Function within the panel		
Date	Nov 13, 2024	
Time period framing the declaration	01.01.2021 - 13.11.2024	

## 2. Direct, financial interests

Financial relationships with companies, institutions or interest groups in the health care system are recorded here. Have you or the institution for which you work received financial benefits/funding within the current year or the 3 preceding calendar years from companies in the health industry (e.g. pharmaceutical industry, medical device industry), industrial interest groups, commercially oriented contract institutes, insurers/health insurance providers, or from public donors (e.g. ministries), corporate entities/self-government bodies, foundations or other donors? In the following table, please enter concrete details on all relevant aspects.

Nature of relationship/type of activity	Names of the joint-venture partners	Time period of the relationship/ type of activity <sup>1</sup>	Topic, context to the panel <sup>2</sup>	Type of financial benefits/funding <sup>3</sup>	Amount of financial benefits/funding <sup>4</sup>	Recipient(s) <sup>5</sup>
Role as consult/expert	German Accreditation Body (DAkKS)	01.01.2020 - 03.08.2023	Accreditation of personal certification bodies according to ISO/IEC17024: 2012 for the field of wound therapist/wound assistan	honoraria, travel costs	8.000	persönlich
Role as consult/expert	European Federation of Periodontology	01.01.2020 - 03.08.2023	Guideline Methodologist	honoraria, travel costs	10.000	persönlich
Role as consult/expert	British Society for Periodontology	01.01.2020 - 03.08.2023	Guideline Methodologist	honoraria	10.000	persönlich
Role as consult/expert	European Society of Endotontology (ESE)	01.01.2020 - 03.08.2023	Guideline Methodologist	honoraria	7.000	persönlich

<sup>1</sup> Within the documentation period, i.e. covers the current year and the 3 preceding years, dates: from (month/year) to (month/year)

<sup>2</sup> State the topic, also the active principle and/or trade name of drugs and/or devices (free text), additionally give a self-rating of the context to the panel work: "No" or "Yes"

<sup>3</sup> Honoraria, third-party funds, non-cash perks (e.g. personnel or materials; travel expenses, sponsorship of attendance at meetings and hospitality at events), sales license

<sup>4</sup> The amounts can be rounded off (e.g. for amounts > € 1000 round up to the nearest 1000): The disclosures refer to the total sum of financial benefits/funding received for a given activity during the documentation period, dates: from (month/year) to (month/year).

These details will be treated confidentially.

<sup>5</sup> Please specify: a) if you personally receive the financial benefits/funding or b) the institution for which you work and you have a direct decision-making role in the allocation of financial benefits/funding within your institution. No disclosures are required if you do not have a direct decision-making role.

Role as consult/expert	European Society for Contact Dermatitis (ESCD)	2021 - 2021	Guideline Methodologist	honoraria	500	persönlich
Seat on a scientific advisory board		01.01.2020 - 03.08.2023	G			persönlich
Role as lecturer and/or educator	EBM Frankfurt, Working Group at the Institute for Family Medicine, Goethe-University Frankfurt	01.01.2020 - 03.08.2023	EBM Frankfurt, Working Group at the Institute for Family Medicine, Goethe-University Frankfurt	honoraria, travel costs	600	persönlich
Role as lecturer and/or educator	German Society for Paediatric Infectiology	2021 - 2022	Lecturer in courses on evidence-based antibiotic stewardship	honoraria	500	persönlich
Role as lecturer and/or educator	European Business School (EBS) Wiesbaden	2021 - 2022	Lecturer in courses on evidence-based medicine and clinical practice guidelines	honoraria	1.000	persönlich
Role as lecturer and/or educator	European Association of Dental Implantologists (BDIZ)	2021 - 2021	Lecturer in courses on evidence-based medicine and clinical practice guidelines	honoraria, travel costs	550	persönlich
Authorship or co-authorship		-				
Research projects/conduct of clinical trials						
Research projects/conduct of clinical trials						
Research projects/conduct of clinical trials						
Research projects/conduct of clinical trials						
Research projects/conduct of clinical trials						

AWMF-Form for declaration of interests in clinical guideline  
projects  
as of 2023

Proprietary interests (patent, copyright law, share ownership)*						
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\* Only applies to proprietary interests within the health care system; details on mixed funds are not required here either.

### 3. Indirect Interests

Personal relationships with interest groups within the health care system, “intellectual”, academic and scientific interests or points of view as well as focus of clinical activities/revenue streams (time period covering the current year or the 3 preceding calendar years). This also includes ones that might be indirectly related to personal financial interests.

- Have you been or are you currently active in any scientific or medical societies, professional association, self-government bodies/institutions, patient self-help groups, consumer advocate organisations or other associations? If so, in which function (e.g. proxy or representative for practice guidelines, board chairperson)?
- Can you detail the focus of your scientific and/or clinical activities? Do you feel you belong to a particular “school of thought”?
- Have you played a leading role in shaping the substantive content of continuing education programmes?
- Do you have personal relationships (as partner or first-degree relative) to a representative of a company in the health care industry?

In the following table, please enter concrete details on all relevant aspects.

Nature of relationship/type of activity	Names/areas of special focus (please specify in concrete terms)	Time period of the relationship/type of activity <sup>6</sup>	Topically relevant to panel work <sup>7</sup>
Membership/function in interest groups		-	
Focus of scientific activities, publications		-	
Focus of clinical activities		-	
Leading role in continuing education programmes/educational institutions		-	
Personal relationships (as partner or first-degree relative) to a representative of a company in the health care industry		-	

<sup>6</sup> Within the documentation time period, i.e. covers the current year and the 3 preceding years, dates: from (month/year) to (month/year)

<sup>7</sup> Give a self-rating "No" or "Yes"

#### 4. Other interests

Are there any other aspects or circumstances that you feel might be perceived by third parties as limiting your objectivity or independence?
No

I hereby declare to the best of my knowledge and belief that I have listed all circumstances currently known to me that might potentially lead to a personal conflict of interest affecting my participation in the panel work on this topic. I moreover declare that I shall treat the discussion of the declarations of the other members of the panel as absolutely confidential. I have been informed that the details will be published in a standardised summary, and that the present form will be archived and protected against viewing by unauthorised third parties. I hereby agree.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**

#### Supplementary notes

<ul style="list-style-type: none"><li>• Please complete the following form in full.</li><li>• Please state the reasons for any information you cannot or do not wish to provide on certain questions.</li><li>• If no digital record is made: Please save the completed form and send it to the secretary: <a href="mailto:xxx@yyy.zz">xxx@yyy.zz</a></li></ul>
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