**Declaration for Clinician Input**

Declaration for Clinician 1

**Name:** <Enter full name>

**Position:** <Enter currently held position>

**Date:** <DD-MM-YYYY>

[ ]  **I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

**Table 2: Conflict of Interest Declaration for Clinician 1**

|  |  |
| --- | --- |
| **Company** | **Check appropriate dollar range\*** |
| **$0 to** **$5,000** | **$5,001 to** **$10,000** | **$10,001 to $50,000** | **In excess of $50,000** |
| Add company name |  |  |  |  |
| Add company name |  |  |  |  |
| Add or remove rows as required |  |  |  |  |

\* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 2

Name: <Enter full name>

Position: <Enter currently held position>

Date: <DD-MM-YYYY>

[ ]  I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

**Table 3: Conflict of Interest Declaration for Clinician 2**

|  |  |
| --- | --- |
| **Company** | **Check appropriate dollar range\*** |
| **$0 to** **$5,000** | **$5,001 to** **$10,000** | **$10,001 to $50,000** | **In excess of $50,000** |
| Add company name |  |  |  |  |
| Add company name |  |  |  |  |
| Add or remove rows as required |  |  |  |  |

\* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 3

Name: <Enter full name>

Position: <Enter currently held position>

Date: <DD-MM-YYYY>

[ ]  I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

**Table 4: Conflict of Interest Declaration for Clinician 3**

|  |  |
| --- | --- |
| **Company** | **Check appropriate dollar range\*** |
| **$0 to** **$5,000** | **$5,001 to** **$10,000** | **$10,001 to $50,000** | **In excess of $50,000** |
| Add company name |  |  |  |  |
| Add company name |  |  |  |  |
| Add or remove rows as required |  |  |  |  |

\* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 4

Name: <Enter full name>

Position: <Enter currently held position>

Date: <DD-MM-YYYY>

[ ]  I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

**Table 5: Conflict of Interest Declaration for Clinician 4**

|  |  |
| --- | --- |
| **Company** | **Check appropriate dollar range\*** |
| **$0 to** **$5,000** | **$5,001 to** **$10,000** | **$10,001 to $50,000** | **In excess of $50,000** |
| Add company name |  |  |  |  |
| Add company name |  |  |  |  |
| Add or remove rows as required |  |  |  |  |

\* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 5

Name: <Enter full name>

Position: <Enter currently held position>

Date: <DD-MM-YYYY>

[ ]  I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

**Table 6: Conflict of Interest Declaration for Clinician 5**

|  |  |
| --- | --- |
| **Company** | **Check appropriate dollar range\*** |
| **$0 to** **$5,000** | **$5,001 to** **$10,000** | **$10,001 to $50,000** | **In excess of $50,000** |
| Add company name |  |  |  |  |
| Add company name |  |  |  |  |
| Add or remove rows as required |  |  |  |  |

\* Place an X in the appropriate dollar range cells for each company.