

International Patient Decision Aid Standards (IPDAS) Collaboration

Declaration of Interest Form

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Employer University Medical Center Hamburg-Eppendorf	Country Germany
Reporting Status New Renewal	Date of Completion (mm/dd/yy) 09/02/2018

For <u>each</u> statement below, check Yes or No to describe your situation in the last 3 years or next 12 months.	Yes	No
I. I have reportable assets or sources of income for myself, my spouse, or my dependent children (research support, grants, scholarships, awards, consulting fees, royalties, patients).		x
II. I have reportable liabilities (debts) for myself, my spouse, or my dependent children.		x
III. I have a reportable outside position(s) for myself.		x
IV. I have reportable agreements or arrangements for myself.		x
V. I have reportable gifts or travel reimbursements for myself, my spouse, or my dependent children.		x

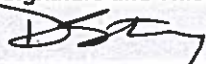
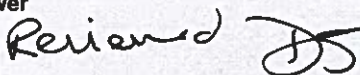
If you selected Yes for any statement, you must describe the reportable interests that you have below

Type of interest	Description of interest	Date interest began	Date interest ceased	Comments/explanation (for IPDAS)
				(add rows as needed)

I certify that the statements I have made on this form are true, complete, and correct to the best of my knowledge. I do / do not [delete as applicable] give my consent for this information to be published on the IPDAS website.

Signature Prof. Dr. Dr. Martin Härter	Date of Completion (mm/dd/yy) 08/02/2018
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FOR INTERNAL REVIEWERS' USE ONLY:

Signature and Title of IPDAS Reviewer  IPDAS Steering Committee Co-Chair	Date (mm/dd/yy) Sept 4, 2018
E-mail Address dstacey@uottawa.ca	
Comments of Reviewer Reviewed 	

Approved by the IPDAS Steering Committee: August 2018