

European Atherosclerosis Society Mässans Gata 10, Box 5243, SE-402 24, Göteborg, Sweden Tel: +46(0) 31 760 24 27 Email: office@eas-society.org Web: eas-society.org

Conflict of Interest Disclosure Form

EAS Conflict of Interest Disclosure Policy

The European Atherosclerosis Society (EAS) wishes to promote independence, objectivity, scientific rigor and a fair balance of representation, in all its activities.

The EAS have adopted a Conflict of Interest (COI) Disclosure Policy for the purpose of providing guidance and avoiding conflicts of interest within the Society. In order to ensure this, individuals participating in the organization of activities on behalf of the Society are expected to disclose their financial or in-kind relationships both with health industry that develop, manufacture, distribute or sell health care materials or services, or other organizations that could represent a potential COI. Such relationships exclude personal or family medical care. Full disclosure is expected even when it is not clear whether a relationship or affiliation constitutes a conflicting interest.

EAS recognizes that these relationships do not necessarily imply bias or decrease the value of participation in professional activities. Disclosure of these relationships is necessary for others to make an informed decision about the impact of the disclosed relationship. For instance, this may be relevant in the context of educational activities of the EAS.

Those requested to complete the form below include: all EAS Officers and members of the Society's Committees, members of EAS Consensus Position Paper expert panels, and EAS Course Organizers. The forms will be updated annually. The completed forms will be archived at the Society's Administrative Offices and made publicly available on the Society's website. Course and Congress Faculty will be required to present a slide summarizing any COI disclosures before their presentation.

Please disclose all relationships over the previous three calendar years (2020-2022). If you do not have any conflicts of interest to disclose please check the appropriate box, page 2.

Nature of reationship or affiliation	Company Name	Company Name	Company Name
1. Equity interests Equity interests (or entitlement to same) of stocks, stock options, royalties, etc., including income from patents or copyrights			
2. Director or employee Service as a director or employment by a commercial			
organisation, whether or not remuneration is provided for such service			
3. Owner enterprise Sole ownership, partnership, or principal of a commercial enterprise			
4. Ownership of patent(s)			
5. Royalties Receipt of royalties, including for intellectual property, such as a device or a diagnostic tool			
6. Company consultant Consultant to company including positions on medical or scientific advisory boards	AstraZeneca, Amgen, Amarain	Bayer, Boehringer Inghelheim	Esperion
	Novartis	Novo Nordisk	Pfizer
7. Company speaker honorarium Honoraria for speaking at company sponsored meetings or events.	Medtronic (Was NOT speaker bureau,I created my own conten	Edwards(Was NOT speaker bureau,I created my own content	
events.			

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8. Trial participation						
Participation in clinical trials						
9. Fellowship, travel grants Support						
in the form of fellowships, travel grants, gifts, in-kind donations, etc.						
grants, girts, in-kind donations, etc.						
10. Research grants						
Research grants, partial or full salary support from commercial organisation						
for self or employees for whom you ar	! e					
managerially responsible (i.e. laboratory technical/research fellow).						
11. Publications						
Manuscripts have been published in collaboration with non-						
academic co-author of the						
following scientific articles						
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12. Other – please indicate Any other type of financial or	Company		Conflict Type			
other relationship						
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I do not have any existing or known future financial relationships or commercial affiliations to disclose.						
Declaration						

Declaration:

I have answered fully and to the best of my ability and will update this form promptly if my circumstances change.

Digital Signature

Docusigned by:

Erin Michos

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Erin Michos

12/9/2022