



## 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 publically available on the Society's website. Course and Congress Faculty will be required to present a slide summarizing any COI disclosures before their presentation.

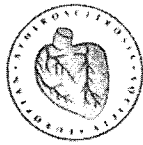
Please disclose all relationships over the previous three calendar years (2013-2015).

If you do not have any conflicts of interest to disclose please check the appropriate box, page 3.

Nature of relationship or affiliation	Company Name	Company Name	Company Name
<p>1. <b>Equity interests</b>                      Equity interests (or entitlement to same) of stocks, stock options, royalties, etc., including income from patents or copyrights</p>			
<p>2. <b>Director or employee</b>                      Service as a director or employment by a commercial organisation, whether or not remuneration is provided for such service</p>			



<p>3. <b>Owner enterprise</b> Sole ownership, partnership, or principal of a commercial enterprise</p>			
<p>4. <b>Ownership of patent(s)</b></p>			
<p>5. <b>Royalties</b> Receipt of royalties, including for intellectual property, such as a device or a diagnostic tool</p>			
<p>6. <b>Company consultant</b> Consultant to company including positions on medical or scientific advisory boards</p>	<p>Amgen</p>	<p>MSD Finland</p>	<p>Raisio</p>
<p>7. <b>Company speaker honorarium</b> Honoraria for speaking at company sponsored meetings or events.</p>	<p>Amgen  Raisio</p>	<p>Astra Zeneca</p>	<p>Sanofi Aventis</p>
<p>8. <b>Trial participation</b> Participation in clinical trials</p>			
<p>9. <b>Fellowship, travel grants</b> Support in the form of fellowships, travel grants, gifts, in-kind donations, etc.</p>	<p>Amgen</p>	<p>Sanofi Aventis</p>	



**10. Research grants**  
 Research grants, partial or full salary support from a commercial organisation for self or employees for whom you are managerially responsible (i.e. laboratory technical/research fellow for whom you are managerially responsible).

**11. Other – please indicate**  
 Any other type of financial or other relationship

Company	Conflict Type

I do not have any existing or known future financial relationships or commercial affiliations to disclose.

**Declaration:**

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

\_\_\_\_\_  
 Signature

Petri Kovanen MD

\_\_\_\_\_  
 Name printed clearly

January 18, 2016

\_\_\_\_\_  
 Date