**ANZSRS AUTHORS & REVIEWERS DECLARATION OF INTEREST**

I, (NAME) ………………………………………………………….... of (ORGANISATION)…………………………………………………………… declare my private interests, as at (DATE) …………………………………………

|  |  |  |
| --- | --- | --- |
| **Potential Conflict of Interest** | **Yes/No If Yes** | **If Yes, Provide Details** |
| **Office Holder** | | |
| Do you hold office in any external party which acts in competition with the ANZSRS or TSANZ? |  |  |
| Are you a decision maker for a group with an interest in this research area? |  |  |
| Do you hold office in a public or private organisation that could reasonably raise an expectation of a conflict of interest with your duties here? |  |  |
| Financial Interest | | |
| Do you have a financial interest in any company pertaining to healthcare items, techniques, or pharmaceutical products? |  |  |
| Do you hold any stock or financial interest in any company which may be affected by this publication? |  |  |
| Have you (or will you) receive payment, a consulting fee, or honorarium for writing or reviewing this research area? |  |  |
| Have you received income or gifts from any external parties with an interest in this research area? |  |  |
| Have you received support for travel to meetings for this research area from external parties? |  |  |
| Have you received the provision of writing assistance, medicines, equipment or external administrative support for this research area? |  |  |
| Did you or your institution at any time receive payment or services from a third party for any aspect of this research area? |  |  |
| Have you received research funding from a company which may be affected by this publication? |  |  |
| Do you have any patents (planned, pending or issued) which may be affected by this publication? |  |  |
| Do you receive substantial income or benefits in kind that could reasonably raise an expectation of a conflict of interest with your duties here? |  |  |
| Agreements | | |
| Are you, or a member of your immediate family, party to any contract, agreement or understanding that gives rise to an obligation, or an expectation of reward, that could reasonably raise an expectation of a conflict of interest with your duties here? |  |  |
| Tobacco Industry | | |
| Do you have any relationship with any tobacco companies or their affiliates? |  |  |
| Have you undertaken education, research or training which was affiliated with, or supported by (financially or in kind) a tobacco company or tobacco affiliate? |  |  |
| Other Interests | | |
| Do you hold stakes in any external party with interest opposed to the interests of the ANZSRS or the Thoracic Society? |  |  |
| Do you, or any member of your immediate family, hold any other substantial financial, or other interest, which could raise an expectation of a conflict of interest with your duties in this role? |  |  |
| Will any of your expected duties affect someone with whom you have a personal relationship with, or their employer? |  |  |
| Other issues not covered by the above: |  |  |

I, (NAME) ……………………………………………….. am aware of the (NAME OF ORGANISATION)……………………………………………………………………… Conflict of Interest Policy and my obligations under it. I declare that to the best of my knowledge the information I have provided is true and correct. I undertake to advise the Society in writing if a conflict or potential conflict of interest arises in the future and to stand down in any decision making process in which I may be compromised.

Signature of declarant ...................................................... Date ...............................

Witnessed by: (NAME)………………….………………………….. (NAME OF ORGANISATION)………………………………………………………………………………….

Signature of witness ......................................................... Date ................................