



Statement and disclosure form of potential conflict of interest

EVERY AUTHOR listed in the AdHopHTA (i) "Handbook of hospital-based Health Technology Assessment (HB-HTA) (handbook), (ii) "Toolkit for hospital-based Health Technology Assessment (HB-HTA)" (toolkit), and (iii) contributor of the "database" (Database) states, that he/she **READ** and **COMPLETED** following statement on conflict of interest disclosure.

AUTHORSHIP DISCLOSURE

- X I certify that the handbook, toolkit and database represent original and valid work under the AdHopHTA (Adopting hospital-based Health Technology Assessment (HB-HTA)) research project.
- X I certify that I am a listed author and contributor of the <u>handbook</u> and have participated in the work sufficiently (e.g. concept, design, analysis, writing, revision of the content).
- X I certify that I am a listed author and contributor of the <u>toolkit</u> and have participated in the work sufficiently (e.g. concept, design, analysis, writing, revision of the content).
- X I certify that I am a contributor of the <u>database</u> and have participated in the work sufficiently (e.g. concept, design, analysis, writing, revision of the content).
- X I certify that I approve the final submitted version of the handbook, toolkit and database.

FUNDING DISCLOSURE

X I certify that the development of the handbook, toolkit and database, products of AdHopHTA research project, has been funded from the European Union Seventh Framework Programme for Research (2007-2013) under grant agreement No 305018.

CONFLICT OF INTEREST STATEMENT

- X I certify that I fully understood, read and completed the "Form for Disclosure of Potential Conflicts of Interest" and allow it to be published on the AdHopHTA website: http://www.adhophta.eu/partners.
- X I certify that the information I have disclosed in the "Form for Disclosure of Potential Conflicts of Interest" is accurate and complete to the best of my knowledge.

If you are an author of the handbook, toolkit or database, please fill in the "Form for Disclosure of Potential Conflicts of Interest" on the next page.

I am aware of the consent to the use of my name as an author of the handbook, and/or toolkit, and/or database.

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2015-09-14	 Date	Signature



Form for Disclosure of Potential Conflicts of Interest

First	Name:	Last Name:	Date:	
Katri	ne	Frønsdal	2015-09-14	
Affilia	ation:			
Norw	regian Knowledge Centre for the Health Serv	vices		
Name of AdHopHTA products in which development you were involved (i.e. handbook of hospital-based Health Technology Assessment, and/or toolkit for hospital-based Health Technology Assessment, and/or database):				
Tooll	dbook of hospital-based Health Technology Assist for hospital-based Health Technology Assistase			
1.		e) financial relations of yours, your spouse or with respect to the authorship of the AdHopH ⁻		
2.		ss) non-financial relations* of yours, your sp interest with respect to the authorship of the A		
Discl	osure statement (please include one of the follo	owing statements listed below)**:		
Katri	ine Frønsdal has nothing to declare			
			Signature	

^{*} personal or professional relationships, affiliations, knowledge or beliefs

** If all answers are NO: [Author's name] has nothing to declare / [Author's name] does not declare any conflict of interest

If there are financial relations: [Author's name] reports [character of financial relations e.g. research project grants] from [name of organisation]

If there are non-financial relations: [Author's name] reports [character of non-financial relations] with [name of organisation]