

Guidelines International Network 2021-2022

May 20, 2021

Declaration of Interests

Name, Position (please provide your full name and position/job title): Anna R Gagliardi, PhD; Senior Scientist, Toronto General Hospital Research Institute, University Health Network; Professor, University of Toronto (Department of Surgery, Institute of Health Policy, Management & Evaluation, Institute of Medical Science)					
Activity within the GIN community (state your role/position, e.g., Trustee, Chair / Steering Group Member of WG / RC) Chair, Implementation Working Group					
Employment:					
Direct Financial Interests (declare amounts in own currency, noting the currency)					
Type of interest	Cooperation partner/ source of funding provide name/s	Name / thematic scope of the project / activity	Period of activity indicate 1. current and/or 2. past, within the last 18 months	Value of grant / gift indicate 1. < £1000 2. < £5000 3. > £5000 a) - 10.000 b)- 50.000 c) -100.000 d) >100.000	Recipient indicate 1. you and/or 2. your institution (indirect interest)
Research grants / contracts (restricted or unrestricted)					
Advisory boards					
Consulting / Honoraria					
Paid authorship					
Meeting attendance					
Patents, copyrights, retail licenses, shares					
Stock options, holdings ¹					

¹ Does not apply to managed funds

Indirect Interests	
Type of interest	Additional information
Membership in a medical society/ professional association/advocacy group	
Scientific / academic interests	
Other	
Is there any other aspect of your background or present circumstances not addressed above that might be perceived as affecting your objectivity or independence?	
To be filled in by Reviewer	
Judgment (no conflict or low relevance/seriousness or high relevance/seriousness):	
Comments:	
Action required:	



Signature:

Date: May 20, 2021