**CONFLICT OF INTEREST/BIAS DISCLOSURE FORM**

**NAME**:

**AFFILIATION**:

The purpose of this form is to provide information about your other interests that could influence the information provided in your presentation, offering the delegates details on possible conflicts of interest/bias that could influence how they understand your scientific work.

Thus, according to the principle of transparency and following the ammendments made to the accreditation procedure by the Romanian College of Physicians (Decision no. 12/ 29.06.2018, Annex no. 2a), in the interest of improving the medical act and the patients’ and doctors’ safety, it is necessary that all the speakers involved in the scientific program declare potential conflicts of interest/bias.

**Definitions:**

1.Conflict of interest - a conflict between a speakers’ personal and public interests that may favour the personal interests in the detriment of the public ones.

2.Bias - term used to describe a trend or preference to a particular perspective, ideology or outcome, especially when the tendency interferes with the ability to be impartial and objective. A bias can be scientific, political, economic, financial, religious, general or particular, discriminatory, ethnic, racial, cultural or geographic. A bias may occur in relation to a particular industry or commercial product, such as a medical device or pharmaceutical product or in relation to a particular intellectual, political, etc. view, where the action of the products or visions may also be useful or valid.

All declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be made readily available, either in printed or electronic format.

Please describe below any possible conflict(s) of interest/bias:

❑ **I have no potential conflict of interest/bias to report**

❑ **I have the following potential conflict(s) of interest/bias to report**

Handwritten Signature:Date: