



European Board for Accreditation in Pneumology Annual Declaration of Interest

Please complete all three sections of the form. This form must be returned duly signed even if no declaration of interest is made. The amounts of funds received are to be recorded according to the following table:

(a)	(b)	(c)	(d)
less than 1000 Euro	1-5000 Euro	5-20'000 Euro	more than 20'000 Euro

Please indicated below your personal details:

First name: GEORGIA
Last name: HARDAVELLA
Institution: "SOTIRIA' ATHENS CHEST DISEASES HOSPITAL

1. Service to Scientific Societies

I wish to declare to the European Board for Accreditation in Pneumology that my only interests in other Scientific Societies which could potentially conflict with my work for EBAP, are as follows:

Please make sure you list all the committees on which you serve. Thank you.

Member of the following ERS Committees:

- Executive Committee (including Elect posts)
- ERS Standing Committees (please see Bylaws article VII)
- ERS Education Council
- HERMES Task Force, Committee or Working Group(s)
- Long Range Planning Committees
- Council Auditors
- National Delegates
- Editors of ERS publications
- Associate Editors of ERS publications
- Assembly Delegates to Council
- Candidate Vice President
- Candidate ERS Scientific Committee Chair Elect
- Candidate Chair of the Tobacco Control Committee
- Chair of the Lung Science Conference
- Group Chair
- Group Secretary
- Scientific Task Force
- Other (specify):

Member of the following Committees from other Scientific Societies:

(Please list all Committees from other Scientific Societies in which you serve)

CHAIR, LUNG CANCER GROUP, HELLENIC THORACIC SOCIETY

2. Potential conflict of interest with pharmaceutical and medical equipment industries

I wish to declare to the European Board for Accreditation in Pneumology that my only interests in the pharmaceutical and medical equipment industries, and any other interests, which could potentially conflict with my work for EBAP, are as follows:

Personal Interest (over the last 12 months)

Regular Paid Consultancy Work

Company	Area	Product	Amount of funds received (please indicate a-b-c or d according to table on page 2)
NO			

Personal Benefits

This section may include fees for lectures or occasional advisory committees from which you benefit personally. Benefits in kind should also be registered.

Company	Purpose of Payment	Amount of funds received (please indicate a-b-c or d according to table on page 2)
NO		

Personal Travel Grants or expenses for conferences etc.

Travel grants for yourself whether paid directly or indirectly but not travel grants for other members of your Department.

Company	Purpose and Nature of Benefit	Amount of funds received (please indicate a-b-c or d according to table on page 2)
NO		

Shares in any Relevant Companies (excluding mutual funds)

Company	Approximate value (please indicate a-b-c or d according to table on page 2)
NO	

Non-Personal Interests

Fees, grants etc, paid to the group or department in which you are personally involved and which are used for research, education, equipment, salaries including benefit in kind and fees for your own work if you do not benefit personally.

Company	Nature of Support	Amount of funds received (please indicate a-b-c or d according to table on page 2)
NO		

Other Interests that may be seen as potential conflicts

For example commercial interest of spouse or partner; being trustee or member of outside organisations, including pressure groups.

Company or organisation	Nature/Purpose of Support
NO	NO

3. Tobacco-Industry related Conflicts of Interests

Holding office in EBAP is not open to persons who are or have been full or part time employees of, paid consultants or advisors to, or those with any real or perceived, direct or indirect links to the tobacco industry, at any time after 1.1.2000. This includes receiving a grant at any time after 1.1.2000 from the tobacco industry (or institutions funded by the tobacco industry) for any project or programme. By grant is meant any support whether in cash or in kind, and to include (e.g.) equipment, facilities, consumables, travel, personnel. EBAP reserves the right to take appropriate measures to preserve its interests.

Yes. I declare that I have been full or part time employee of, paid consultant or advisor to/received a grant from the tobacco industry at any time after 1.1.2000, for any project or programme.

No. I declare that I have not been full or part time employee of, paid consultant or advisor to /received a grant from the tobacco industry at any time after 1.1.2000, for any project or programme.

I hereby confirm that the above is true and correct.

Signature:

Print name: GEORGIA HARDAVELLA

Date: 06/09/2023

Please return to EBAP
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