

DECLARATION OF CONFLICT OF INTEREST FOR THE INNOVATIVE HEALTH INITIATIVE JOINT UNDERTAKING GOVERNING BOARD MEMBERS

Name: Christiane KIRKETERP DE VIRON

E-mail: _____

Position:

- Chairperson of the Governing Board
 Representative/lead delegate/alternate of the Commission
 Representative/lead delegate/ alternate of [...]
 Other (please specify)

do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interests I have in the [pharmaceutical, medical technology, biotechnology, digital health, vaccines, etc] sector[s] [are][is] those listed below:

1 Past activities:

No interest

2. Current activities:

No interests

3. Current Financial Interests

No interests

4. Any other relevant interests.

No interests declared

5. Family Member Interest

No interests declared

I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically by the Innovative Health Initiative Joint Undertaking.

Furthermore, at each meeting of the Governing Board or before any decision is taken by written procedure, I shall declare any interest which might be considered to influence or bias my judgment and therefore be prejudicial to the way an item on the agenda is handled.

Done at Brussels, 08.07.2024

Name and Signature

Christiane KIRKETERP DE VIRON