

## MINISTRY OF HEALTH

### ORDER

#### for the approval of the Declaration of Interests Form of the NMA Administrative Council members

Taking into consideration the provisions of the Government Ordinance No. 125/1998 on the setting up, organization and functioning of the National Medicines Agency, approved with changes and completions through the Law No. 594/2002 with further changes and completions

Seeing the approval report of the Pharmaceutical General Direction, Pharmaceutical Inspection and Medical Devices No. OB. 3.069/2004,

In accordance to the Government Decision No. 743/2003 regarding the organization and functioning of the Ministry of Health with further changes,

**Ministry of Health** emits the following Order:

Art. 1 –The Declaration of Interests Form of the NMA Administrative Council members is approved, in accordance with the ANNEX, which is part of the present Order.

Art. 2. – The National Medicines Agency will fulfill the provisions of the present Order.

Art. 3. – The present Order will be published in the Official Monitor of Romania, Part I.

Minister of Health,  
**Ovidiu Brînzan**

Bucharest, 19 March 2004.  
No. 293.

MINISTRY OF HEALTH  
 THE NATIONAL MEDICINES AGENCY  
 St. Av. Sănătescu no. 48, sector 1  
 Bucharest  
 Tel.: 224.11.02; Fax: 224.34.97

DECLARATION OF INTERESTS OF THE NATIONAL MEDICINES  
 AGENCY ADMINISTRATIVE COUNCIL MEMBERS

Name \_\_\_\_\_  
 Forename \_\_\_\_\_  
 Function \_\_\_\_\_

Professional address

Work place \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street, No. \_\_\_\_\_  
 Postal Code \_\_\_\_\_ City \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail address \_\_\_\_\_

A. Personal interests

Indicate all the links with manufacturing, distributing or importing of medicinal products societies as well as with the local representatives of the manufacturing distributing or importing of medicinal products societies

1. Financial participation in one of the societies from the categories above mentioned

none\*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Mark the space if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of the society..... Nature of financial participation (share holder)

2. Activity(s) which lead to personal payment

2.1. Permanent (s) or durable link(s)  
 (labor contract with regular payment)

none\*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of the society..... Nature of the liaison: permanent or durable

2.2. Punctual intervention(s) (PI): clinical studies and scientific papers

none\*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of the society.....  
papers

Nature of the studies or scientific

2.3. Punctual intervention(s) (PI): expert reports

none\*

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Name of the society.....  
report is made

Name of the product for whom the expert

2.4. Punctual intervention(s) (PI): counseling activities

none\*

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Name of the society.....

Nature of the counseling activities

\*Mark the space if necessary .

2.5. Punctual intervention(s) (PI): conferences, colloquia, formation actions

none\*

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Name of the society.....  
the formation actions

Subject of the conferences, discussions or of

2.6. Others

none \*

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Name of the society.....

Nature of the activity

3. Activities which lead to obtaining a payment to an institution budget

none \*

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\*Mark the space if necessary.

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Name of the society.....  
made

The institution to which the payments are

4. Other link(s) (without payment)

none \*

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Name of the society.....

Nature of the activity

B. Spouse's Interests

Name and forename \_\_\_\_\_

Indicate all the links with manufacturing, distributing or importing of medicinal products societies as well as with the local representatives of the manufacturing distributing or importing of medicinal products societies

\_\_\_\_\_  
\*Mark the space if necessary.

1. Financial participation in one of the societies from the categories above mentioned

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\* Mark the space if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the society..... Nature of financial participation (share holder)

2. Activity(s) which lead to personal payment

2.1. Permanent (s) or durable link(s)  
(labor contract with regular payment)

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the society..... Nature of the liaison: permanent or durable

2.2. Punctual intervention(s) (PI): clinical studies and scientific papers

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\*Mark the space if necessary.

Name of the society..... Nature of the studies or scientific papers

2.3. Punctual intervention(s) (PI): expert reports

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the society..... Name of the product for whom the expert report is made

2.4. Punctual intervention(s) (PI): counseling activities

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of the society..... Nature of the counseling activities

\_\_\_\_\_  
\*Mark the space if necessary .

2.5. Punctual intervention(s) (PI): conferences, colloquia, formation actions

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of the society.....  
formation actions

\_\_\_\_\_  
Subject of the conferences, discussions or of the

2.6. Others

none \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of the society.....

\_\_\_\_\_  
Nature of the activity

3. Activities which lead to obtaining a payment to an institution budget

none \*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\*Mark the space if necessary.

\_\_\_\_\_  
Name of the society.....  
made

\_\_\_\_\_  
The institution to which the payments are

4. Other link(s) (without payment)

none \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of the society.....

\_\_\_\_\_  
Nature of the activity

### C. Interests of the 1st degree relatives (parents, children, brothers)

Name, forename, type of relation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate all the links with manufacturing, distributing or importing of medicinal products societies as well as with the local representatives of the manufacturing distributing or importing of medicinal products societies

1. Financial participation in one of the societies from the categories above mentioned

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Mark the space if necessary.

\_\_\_\_\_  
\_\_\_\_\_

Name of the society..... Nature of financial participation (share holder)

2. Activity(s) which lead to personal payment

2.1. Permanent (s) or durable link(s)  
(labor contract with regular payment)

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the society..... Nature of the liaison: permanent or durable

2.2. Punctual intervention(s) (PI): clinical studies and scientific papers

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Mark the space if necessary.

\_\_\_\_\_  
Name of the society..... Nature of the studies or scientific papers

2.3. Punctual intervention(s) (PI): expert reports

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the society..... Name of the product for whom the expert report is made

2.4. Punctual intervention(s) (PI): counseling activities

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the society..... Nature of the counseling activities

\*Mark the space if necessary .

2.5. Punctual intervention(s) (PI): conferences, colloquia, formation actions

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of the society.....  
the formation actions

\_\_\_\_\_  
Subject of the conferences, discussions or of

2.6. Others

none \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of the society.....  
Nature of the activity

3. Activities which lead to obtaining a payment to an institution budget

none \*

\_\_\_\_\_  
\_\_\_\_\_

\*Mark the space if necessary.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of the society.....  
made

\_\_\_\_\_  
The institution to which the payments are

4. Other link(s) (without payment)

none \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of the society.....  
Nature of the activity

D. Interests of the persons in one's care

Name and forename

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate all the links with manufacturing, distributing or importing of medicinal products societies as well as with the local representatives of the manufacturing distributing or importing of medicinal products societies

\*Mark the space if necessary

1. Financial participation to the capital of a society of the above mentioned categories

none\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of the Society .....  
Nature of financial participation (share holder)

Name and forename

I declare on my own responsibility, that all direct and indirect interests susceptible of changing my objectivity, that I have to prove during my mandate, are above mentioned.

I undertake to declare immediately any modification in connection with the above mentioned.

Data \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

\*Mark the space if necessary.