

MINISTRY OF HEALTH

ORDER

for the approval of the Declaration of Interests Form of the NMA Scientific 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. 3.068/2004,

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 Scientific 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. 294

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 SCIENTIFIC COUNCIL MEMBERS

Name _____
Forename _____
Function _____

Professional address

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

Activity carried out in the NMA SC

President; vice-president; member

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*

*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.....
report is made

Name of the product for whom the expert

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 made

4. Other link(s) (without payment)

none *

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 report

none*

_____	_____
_____	_____
_____	_____

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

Name of the product for whom the expert

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

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.....
report is made

Name of the product for whom the expert

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, discussion ,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.