

**Public Declaration of Interests
The European Patients' Forum
Board Members**

Public Declaration of Interests

I,

Name: Marzena Nelken

Organisation: Federation of Polish Patients

Country: Poland

do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interests I have in healthcare industries are those listed below:

Please indication N/A (Not applicable) as appropriate

2.1 Employment in the healthcare industry

Period	Company	Job title
N/A	N/A	N/A

2.2 Consultancy

- Consultancy to a company shall mean: any activity where the board member provides advice (including training on a one to one basis) to a company regardless of contractual arrangements or any form of remuneration.

Period	Company	Subject Matter
N/A	N/A	N/A

2.3. Consultancy/advisory role on patient-related activities in the last year

- The board member provides advice or participates in consultations regarding patient-related activities of a company that are strictly non-commercial (e.g. educational seminars, preparation and participation in patient meetings/trainings, development of non-product patient specific materials, participation in trainings of a company staff on patient-centricity etc.)

Strategic

Period	Company	Subject Matter
N/A	N/A	N/A

Advisory Role

Strategic advisory role for a company shall mean: any activity where the board members participating (with a right to vote/influence the outputs) in a(n) (scientific) advisory board/steering committee with the role of providing advice/expressing opinions on the (future) strategy, direction and development activities of a healthcare company, either in terms of general strategy or product related strategy, regardless of contractual arrangements or any form of remuneration.

Period	Company	Product	Therapeutic Indication
N/A	N/A	N/A	N/A

2.4 Financial Interests

Period	Company	Subject Matter
N/A	N/A	N/A

2.5 Principal Investigator

Period	Company	Subject Matter
N/A	N/A	N/A

2.6 Investigator

Period	Company	Subject Matter
N/A	N/A	N/A

2.7 Grant / Funding to Organisation /Institution in 2016 (This is the organisation which nominated you to become a member of EPF)

Company	Subject Matter and amount

2.8 Close Family Member Interest

Period	Company	Interest
N/A	N/A	N/A

2.9 Any Other Interests or Facts

N/A

I confirm the information declared on this form is accurate to the best of my knowledge and I acknowledge that my information will be stored electronically and published on the EPF website.

Full Name	Marzena Nelken
Date	9.07.2018