International Patient Decision Aid Standards (IPDAS) Collaboration

Declaration of Interest Form

Name/ email Richard Thomson richard.thomson@ncl.ac.uk	
Position/Title Professor of Epidemiology and Public Health	
Employer Newcastle University	Country England
Reporting Status New	Date of Completion (mm/dd/yy) 08/31/18

For <u>each</u> statement below, check Yes or No to describe your situation in the last 3 years or next 12 months.	Yes	No
I. I have reportable assets or sources of income for myself, my spouse, or my dependent children (research support, grants, scholarships, awards, consulting fees, royalties, patients).	х	
II. I have reportable liabilities (debts) for myself, my spouse, or my dependent children.		х
III. I have a reportable outside position(s) for myself.		×
IV. I have reportable agreements or arrangements for myself.		х
V. I have reportable gifts or travel reimbursements for myself, my spouse, or my dependent children		T _X

If you selected Yes for any statement, you must describe the reportable interests that you have below

Type of interest	Description of interest	Date interest began	Date interest ceased	Comments/explanation (for IPDAS)
1	Multiple completed and ongoing grants related to SDM	Ongoi ng	ongoin g	
				(add rows as needed)

I certify that the statements I have made on this form are true, complete, and correct to the best of my knowledge. I do / do not [delete as applicable] give my consent for this information to be published on the IPDAS website.

Signature	Date of Completion (mm/dd/yy)		
Richard Thomson	08/31/18		

FOR INTERNAL REVIEWERS' USE ONLY:

Signature and Tit	Date (mm/dd/yy)	
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E-mail Address	dsterey evoltamoca	
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Approved by the IPDAS Steering Committee: August 2018