International Patient Decision Aid Standards (IPDAS) Collaboration

Declaration of Interest Form

Position/Title	professor implementation of gu	idelines and shar	ed decision	n making			
Employer Maastricht University			Count	Country the Netherlands			
Reporting Status			Date o	Date of Completion (08/16/18)			
	Renewal	 .		·			
	tement below, check Yes o	r No to descril	be your si	tuation in the last 3 years	Yes	No	
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children	(research support, grants, sch	olarships, award	is, consult	ing fees, royalties, patients).		_ X	
	portable liabilities (debts) for m		se, or my d	ependent children.		Х	
III. I have a reportable outside position(s) for myself.						X	
IV. I have reportable agreements or arrangements for myself.V. I have reportable gifts or travel reimbursements for myself, my spouse, or my dependent children.						X	
V. I have rep	ortable gifts or travel reimburs	ements for mys	elf, my spo	ouse, or my dependent childre	n.	X	
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ignature and Title of IPDAS Reviewer Date (mm/					/dd/yy)		
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Approved by the IPDAS Steering Committee: August 20