

<div style="border: 1px solid black; padding: 10px; width: 100%; height: 100%;"> Manufacturer Logo </div>	<div style="border: 1px solid black; padding: 5px; width: 100%; height: 100%;"> <p style="margin: 0;">Declaration of Interest</p> <p style="margin: 0;">Device Name</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DOCUMENT NO:</td><td style="width: 50%;">REVISION NO:</td></tr> <tr> <td>REVISION DATE: DD/MM/YYYY</td><td>EFFECTIVE DATE: DD/MM/YYYY</td></tr> </table> </div>	DOCUMENT NO:	REVISION NO:	REVISION DATE: DD/MM/YYYY	EFFECTIVE DATE: DD/MM/YYYY
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Declaration of Interest

Device Name by Name of the Manufacturer

CER Device Name	Device Name
CER Reference / Version / Date	Device Name according to MDR 2017/745, CER/Release/DD-MM-YYYY
Manufacturer (name, address)	Name of the Manufacturer Registered Address.
Evaluator (name, function, company)	<i>To be filled by CTM</i>
Role	<input type="checkbox"/> CER Reviewer/Approver <input type="checkbox"/> Clinical Expert

Instructions for the Evaluator: Indicate by marking **YES** or **NO** if any of the financial interests described below apply to you, your spouse or partner living in the same residence as you, your children, or to adults for whom you are legally responsible:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	I am employed by the manufacturer.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	I participated as an investigator in clinical studies of the device, or in pre-clinical testing of the device.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	I have an ownership or shareholding possibly affected by the outcome of the clinical evaluation.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	I am paid or am promised to be paid from the manufacturer grants, sources of revenue, or benefits other than specified in the assigned work order for the clinical evaluation, and/or I have been paid or have I been promised to be paid any such payments in the 36 months prior to the evaluation.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	I receive or am promised benefits such as travelling or hospitality that is beyond what is reasonably necessary for the work as an external evaluator, and/or I received or have I been promised any such benefits in the 36 months prior to the evaluation.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	I have financial interests in connection with the manufacturing of the device or its constituents, and/or I had such financial interests in the 36 months prior to the evaluation.

Once printed, this document becomes **UNCONTROLLED**. User must verify latest version before each use.

Manufacturer Logo		Declaration of Interest Device Name	
		DOCUMENT NO:	REVISION NO:
		REVISION DATE: DD/MM/YYYY	EFFECTIVE DATE: DD/MM/YYYY

YES <input type="checkbox"/>	NO <input type="checkbox"/>	I hold an intellectual proprietary interest in the device evaluated, such as patents, copyrights and royalties (whether pending, issued or licensed) possibly affected by the outcome of the evaluation, and/or I had such financial interests in the 36 months prior to the evaluation.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	I have other interests or receive other sources of revenues possibly affected by the results of the evaluation, and/or I had such interests in the 36 months prior to the evaluation.

Instructions for the Evaluator: If you have answered YES to any of the items listed on page 1 of this document, please provide details below or in an attachment (indicate 'see attachment' below if submitting an attachment). Please provide a description of steps taken to minimize the potential bias of the clinical evaluation results by anyof the disclosed arrangements or interests.

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I, the Evaluator, declare that the information provided on this form is, to the best of my knowledge and belief, true, correct, and complete. Furthermore, if my financial interests change from the information provided above during the course of the clinical evaluation, I will provide the Manufacturer with an updated Declaration of Interest promptly.

Signature Evaluator: To be signed	Date: DD-MM-YYYY
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I, the Manufacturer, declare that I have read the information provided on this form and agree that this information is, to the best of my knowledge and belief, true, correct, and complete.

Signature Manufacturer: To be signed	Date: DD-MM-YYYY
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