

TITLE:

I DECLARE:

Within the	e preceding	twelve	months,	I received	financial	support	from	the pharmace	utical i	ndustry,	clinical
laboratorie	es or other o	companie	s in the f	form of per	diem allow	wances,	airfare	or educational	grants	for partic	ipating
in medical	l events.										

No Yes

Within the preceding twelve months, I received payment or other forms of reimbursement from the pharmaceutical industry, clinical laboratories or other companies in return for lecturing at technical or scientific conferences.

No

Yes

I am an employee, owner, partner or stakeholder, in a medical, pharmaceutical or medical equipment company, or I own shares in such a company.

No

Yes

I am a civil servant or an employee of a nongovernmental organization.

No

Yes

I am a researcher, and my research is sponsored by the pharmaceutical industry or the medical equipment industry.

No

Yes

I am a permanent consultant for the World Health Organization, the Pan-American Health Organization, the Brazilian National Ministry of Health or the Department of Health (State or Municipal), and I receive "allowances" for my participation in meetings.

No

Yes

I am a member of the board of a nongovernmental organization whose aim is to safeguard the interests of patients and health professionals.

No

Yes

I am or I have been in any relationship (financial or other) with the tobacco industry or corporate affiliates or with eletronic-cigarettes industry or affiliates?

No

Yes



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