

Form for Disclosure of Potential Conflicts of Interest

Please declare any relevant conflict of interest

No, I have no financial relationship(s) to disclose

Yes, I have one or more financial relationship(s) to disclose. If yes, please fill out the appropriate information below (regardless of amount of compensation). Use one line for each entity; add as many lines as you need by adding another row to the table:

Name of Company	Type of affiliation (example: grant; personal fees, non-financial support; intellectual Property - patents & copyrights; royalties)
Celgene	Research Grant
Celgene; Amgen; Novartis; APFH (Associação Portuguesa de Farmacêuticos Hospitalares)	Non-remunerated activities (consultancy, teaching)
Institutional payments	BMS

Relationships not covered above

Are there other relationships or activities that could be perceived to have influenced, or that give the appearance of potentially influencing your work?

No other relationships/conditions/circumstances that present a potential conflict of interest

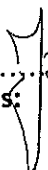
Yes, the following relationships/conditions/circumstances are present (explain below):

Teaching activities with Faculdade Medicina da Universidade de Lisboa

Please enter your personal details

Name	Joana Desterro
Organization/Institute/Company	IPO de Lisboa, Portugal
Work (postal) address	R. Prof. Lima Basto 1099-023 Lisboa
Email address	jdesterro@ipolisboa.min-saude.pt

I declare that I have, to the best of my knowledge, disclosed any relevant financial relationship.

Signature:  Date: 1 July 2022

Clarifications: