



Public Declaration of Interests and Confidentiality Undertaking of EMA Management Board, Scientific Committees Members and Experts

This document consists of two parts, the Public declaration of interests and the Confidentiality undertaking. Both parts should be duly completed. **All pages have to be signed and dated.** If the document is completed by hand, please ensure that the information required is presented clearly.

Public Declaration of Interests

I, *Mr Gintautas Barcys*

Nationality *Lithuanian*

Organisation/Company **State Medicines Control Agency under the Ministry of Health of the Republic of Lithuania**

Professional address **139A Žirmūnų Street, LT-09120 Vilnius, Lithuania**

Email address **gintautasbarcys@vvkt.lt**

do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interests I have in the pharmaceutical industry are those listed below:

(Please tick all boxes, and specify company and product name in case of a declared interest¹. If necessary, use additional dated and signed sheets).

| Activity for a company in relation to a particular product / group of products | No | Currently or in the previous year | More than 1 year but less than 5 years ago | More than 5 years ago ² |
|---|-------------------------------------|-----------------------------------|--|------------------------------------|
| Employee | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultant ³ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Principal investigator ⁴ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Member of a steering committee, member of an advisory board, or equivalent body | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Investigator (not principal) for the development of a product ⁵ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature: on file

Date: 2-3-2011

¹ If you tick any of the shaded boxes (declared interest), you must provide additional information regarding company and products involved on Page 2. If you declare an interest in Table 1 but do not provide the relevant information on Page 2, your form will be returned to you for completion.

² You are invited to provide information on interests over 5 years ago. This information will not be used in the evaluation of declared interests but will be useful in the context of an increased transparency as regards previous interests.

³ A Consultant is defined as an expert who charges a fee (personal, institutional or both) for providing advice or services in a particular field

⁴ A Principal Investigator, for the purposes of this document, is considered to be the (co-ordinating) investigator responsible for the co-ordination of investigators at different sites participating in a multicentre trial.

⁵ An Investigator, for the purposes of this document, is considered to be an investigator involved in a clinical trial at a specific trial site. An investigator may be either the responsible leader of the clinical trial team (responsible for the conduct of the clinical trial at that site, including designation and supervision of the team) or a member of the team, who performs critical trial related procedures and makes important trial related decisions.



| | Period of activity | Company | Products Please list any products for which you had primary responsibility | Therapeutic indication |
|----------|--------------------|---------|---|------------------------|
| Employee | | | | |

| | Period of activity | Company | Products Please list any products for which you acted as a consultant with respect to their development. | Therapeutic indication |
|------------|--------------------|---------|---|------------------------|
| Consultant | | | | |

| | Period of activity | Company | Area of activity / product | Therapeutic indication |
|---|--------------------|---------|----------------------------|------------------------|
| Member of a steering committee, member of an advisory board, or equivalent body | | | | |

| | Period of activity | Company | Products | Therapeutic indication |
|------------------------|--------------------|---------|----------|------------------------|
| Principal investigator | | | | |

| | Period of activity | Company | Products | Therapeutic indication |
|------------------------------|--------------------|---------|----------|------------------------|
| Investigator (not principal) | | | | |

Signature: on file

Date: 2-3-2011

| I have a financial interest in a pharmaceutical company of: | No | Yes | Company |
|--|-------------------------------------|--------------------------|---------|
| more than 50,000 Euro or equivalent (Investment funds excluded) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| less than 50,000 Euro or equivalent (Investment funds excluded) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

| | No | Yes | Company and product name |
|---|-------------------------------------|--------------------------|--------------------------|
| I own a patent on a product | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| The organisation I am employed by receives a grant or other funding from a pharmaceutical company (I receive no personal gain) ¹ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

Further to the interests declared above, I do hereby declare on my honour that I do not have any other interests or facts that should be made known to the Agency and the public. In case of any other interests or facts, please specify:

Should there be any change to the above due to the fact that I acquire additional interests, I shall promptly notify the European Medicines Agency and complete a new Declaration of Interests detailing the changes. This declaration does not discharge me from my obligation to declare any potential conflicting interest(s) at the start of any EMA Activity² in which I participate.

Confidentiality Undertaking

In view of the following definitions:

"EMA Activities" encompass any meeting (including meeting preparation and follow-up, associated discussion or any other related activity) of the EMA's Management Board, Committees, its Working Parties, Expert Groups, or any other such meeting, work as an expert on assessments, and work as an expert on guidance development.

"Confidential Information" means all information, facts, data and any other matters of which I acquire knowledge, either directly or indirectly, as a result of my EMA Activities.

"Confidential Documents" mean all drafts, preparatory information, documents and any other material, together with any information contained therein, to which I have access, either directly or indirectly, as a result of my participation in EMA Activities. Furthermore, any records or notes made by me relating to Confidential Information or Confidential Documents shall be treated as Confidential Documents.

I understand that I may be invited to participate either directly or indirectly in certain EMA activities and hereby undertake:

- to treat all Confidential Information and Confidential Documents under conditions of strict confidentiality.
- not to disclose (or authorise any other person to disclose) in any way to any third party³ any Confidential Information or Confidential Document.
- not to use (or authorise any other person to use) any Confidential Information or Confidential Document other than for the purposes of my work in connection with EMA activities.
- to dispose of Confidential Documents as confidential material as soon as I have no further use for them.

This undertaking shall not be limited in time, but shall not apply to any document or information that I can reasonably prove was known to me before the date of this undertaking or which becomes public knowledge otherwise than as a result of a breach of any of the above undertakings.

Signature: on file

Date: 2-3-2011

¹ Excluding any fees paid by pharmaceutical industry for assessment work undertaken by National Competent Authorities.

² EMA Activity encompasses any meeting (including meeting preparation and follow-up, associated discussion or any other related activity) of the EMA Management Board, Committees, its Working Parties, Expert Groups, or any other such meeting, work as an expert on assessments, and work as an expert on guidance development. Following the assessment of the declared interests, the EMA may limit the input to EMA activities.

³ Third party does not include employees of the National Competent Authorities who either have employment contracts that provide confidentiality obligations or are encompassed by confidentiality obligations under national legislation on professional secrecy.