

CONFLICT OF INTEREST DISCLOSURE FORM

Full name: *Oh, JUN*
Organization/institution: *University Medical Center
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Role within the ESPN: *ex. Council, treasurer*

All financial interests or benefits in kind of value over 100 € must be disclosed, including known future interests. Interests will lapse after 2 years and thereafter no longer need to be disclosed.

Do you have, or have you had during the past 2 years, received any personal fees from an entity? (compensation, honoraria, stock options, equities other than stocks and bonds, partnership interest, IP rights including patents, trademarks and knowhow, other)

No ___ Yes

If yes, please specify *Mylan, Alexion, AstraZenca,
Bollinger, Clinin, Prokato, Samsung*

Are you a recipient of a grant or other form of funding from a pharmaceutical company, on behalf of your organization/institution?

No ___ Yes

If yes, please specify *Milum, Alexion*

Are you a member (current) of any kind of committee, board, working group of another scientific association with similar aims as ESPN?

No ___ Yes

If yes, please specify *IPNA, IPTA, GPN, ASN,*

Do you have, or have you had during the past 2 years, received any non-financial support from an entity?

No Yes ___

If yes, please specify

Are any of your close family members employed by a pharmaceutical company in a consultancy role, strategic advisory role, or any other kind of professional relationship, or hold any financial interests with a pharmaceutical company?

No Yes

If yes, please specify

If you feel that you may have, in any other way, a potential conflict of interest that has not already been covered within this form, please provide further details.

Place, date:

HH 24.01.2025

Signature:



By signing this document, you confirm that the information declared is accurate to the best of your knowledge. This declaration does not discharge you from the obligation to declare any potential conflicting interest(s) that may develop in the future.