

DOI - EHS Board members

1. Personal details

Name:	Barbora East
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The examples given below are not exhaustive. Please declare anything that might be conceived as a personal conflict of interest.

2. Declaration of Interests

I wish to declare that my interests are as shown on the following pages:

2.1 Financial interests for past five years

For example shares, fees for consultancy, salary or grants relating to you

Please enter 'NONE' if no interests to declare.

Name of Company/Organisation	Nature of Interest	Date interest ceased*
Technological Agency of the Czech Republic	Research grant KULTIMED: Cultivation of relationships between healthcare workers	2026
Medtronic	Hernia Basecamp online educational platform	
B Braun	Consultacy	

**if applicable*

2.2 Non-financial interests for past three years

For example publishing work or making public statements relevant to topic, participation in advisory board or patient advocacy group, holding office in relevant organisation or public body, etc.

Please enter 'NONE' if no interests to declare.

Name of Company/Organisation	Nature of Interest	Date interest ceased*
NONE		

**if applicable*

2.3 Any other interest of relevance which could be perceived to affect you impartiality

Please enter 'NONE' if no interests to declare.

Name of Company/Organisation	Nature of Interest	Date interest ceased*
NONE		

**if applicable*

Signed: _____



Date: _____ 29.8.2024 _____