



Appendix A. Competing or Conflict of Interest Form

Your name:	Tracy Merlin
Your INAHTA member agency name:	Adelaide Health Technology Assessment (AHTA)
Indicate your position on the INAHTA Board of Directors and the term start/end date:	Chair (2020-2022)
Do you currently hold any position of governance or leadership in another global/international or regional HTA-related organization?	No. Member of HTAi Annual Meeting Committee but not in a leadership role (2021-2023).
If yes, please indicate the name of the organization, your role or position, and the term start/end dates.	
Do you have any financial interests that conflict with any activities planned or underway in INAHTA?	No.
I consent to have this CCI form posted publicly on the INAHTA website	Yes.

Tracy Merlin
Signature

8/10/2021

Date