



## 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), Chair (2023)
Do you currently hold any position of governance or leadership in a global/international or regional HTA-related organization?	No – participate in other organisations but not in a governance role.  Member of HTAi Annual Meeting Committee but not in a leadership role.  Member of the 2023 HTAi Annual Meeting Local Organising Committee and International Scientific Program Committee.
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

3<sup>rd</sup> September 2022

Date