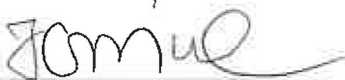




Appendix A. Competing or Conflict of Interest Form

| | |
|---|-------------------------------|
| Your name: | Irena GUZINA |
| Your INAHTA member agency name: | Haute Autorité de santé (HAS) |
| Indicate your position on the INAHTA Board of Directors and the term start/end date: | Director (2023-2025) |
| Do you currently hold any position of governance or leadership in a global/international or regional HTA-related organization? | No |
| If yes, please indicate the name of the organization, your role or position, and the term start/end dates. | Not applicable |
| Do you have any financial interests that conflict with any activities planned or underway in INAHTA? | No |
| I acknowledge that as a Board member, I cannot accept any honoraria for appearances or presentations when representing INAHTA at external events. | Yes |
| I consent to have this CCI form posted publicly on the INAHTA website | Yes |


Signature

9 October 2024
Date