



INAHTA Policy

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) Past-Chair 2023-2025
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 HTAi Global Policy Forum but not in a leadership role.
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

11/10/2024
Date