



### 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 (2025-2027)
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 consent to have this CCI form posted publicly on the INAHTA website	Yes

Signature

A handwritten signature in blue ink, appearing to read 'Irena Guzina', written over a horizontal line.

08 October 2025

Date