

European Hematology Association DISCLOSURE STATEMENT 2026

I. The Undersigned:

Name (full name)	
Employer/institution/organisation	
Position/function	
Work (postal) address	
E-mail address	
Function within guideline development group	

II. Disclosure:

I, the undersigned, declare that I have, to the best of my knowledge, disclosed any financial relationship and/or affiliations.

I understand that I am responsible for the accuracy and completeness of the submitted information. I duly complete all parts of this statement.

I declare that:

- ☐ I have no affiliation(s) and/or direct/indirect financial relationship(s) to disclose.
- ☐ I have one or more affiliations(s) and/or direct/indirect financial relationship(s) to disclose:

- a. Over the past 12 months**, I, my immediate family member (or partner), or my employing institution have received financial benefits or funding in various forms, including honoraria/fees, salaries, royalties, grants, stock options, and paid or reimbursed expenses

Please disclose the information for each recipient separately using different rows. If a single recipient took on multiple roles within a single company, the same row may be used, ticking all applicable boxes.

Name of company	Role as consultant/expert testimony	Work on scientific advisory board	Paid lectures and/or education	Paid authorship or co-authorship*	Research project funding/management responsibility in clinical trials (e.g., PI)	Proprietary interests (patent, copyright law, share/stock ownership)	Leadership role (e.g. officer or member of a board of directors)	Holding a position in a for-profit healthcare organization	Employment	Recipient of payment		
										You	Partner/immediate family member	Your institution†
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* Receiving financial compensation for contributions as an author or co-author of a manuscript, paper, article or book chapter

† Applies only if you have a direct role in deciding how financial benefits or funding are allocated

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b. Other interests or relationships

Are there any other aspects or circumstances that you feel might be perceived by third parties as limiting your objectivity or independence? (e.g. unpaid relationship, activity or interest)

☐ yes

☐ no

Information:

III. Publishing:

I agree that my disclosure will be published by EHA in order to enhance the transparency of the organization.

I declare that the foregoing is true and correct.

Date:

Signature:

Frequently Asked Questions – Disclosure Statement EHA

Q: I think I may have a financial relationship, but it is not listed above. What should I do?

A: Err on the side of over-reporting. It is better to disclose redundant relationships than risk omitting relevant relationships. Furthermore, the onus of deciding the relevance of a relationship is not on you but on the EHA.

Q: Will my disclosure be published?

A: Yes. Transparency is the cornerstone of a good disclosure policy. By publishing the disclosures of Members of the Board and Committees etc., EHA hopes to gain public trust by allowing public scrutiny of its organization.

Q: My affiliation and/ or my financial relationship has changed. What do I do?

A: In case your affiliation or financial relationship has changed – which includes the initiation or termination of an affiliation or financial relationship – you must report the change immediately to the EHA Executive Office, no later than 4 weeks after the change occurred.

Q: Many trials are conducted at our hospital. Do I have to list them all?

A: You only need to list those trials for which you are responsible (organisational responsibility).

Q: Do I need to list my investments in mixed share portfolios?

A: Only proprietary interests within the healthcare system need to be disclosed; details on mixed funds are not required.
