

DECLARATION OF INTERESTS FORM

Interventions to treat Stress Urinary Incontinence (SUI) and Pelvic Organ Prolapse (POP): Current and Future Service Meetings

Name	Role in SUI and/or POP work	Description of Interest	Relevant Dates		Comments
			From	To	
Ms Jane Smith		employed by/ funded by/ research interests connected to commercial providers.	21/12/2016	21/12/2018	General description of services
Klara Ekevall	None.	None.			AMD for women + children services. No direct clinical work.

Please see below for information on how to populate the above boxes

The information submitted will be held by **the Scottish Government** for audit of groups as specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the **Scottish Government** holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the **Scottish Government** as soon as practicable and no later than 28 days after the interest arises.

I do / ~~do not~~ **[delete as applicable]** give my consent for this information to published on registers that the **Scottish Government** holds.
 If consent is NOT given please give reasons:

Signed: /s/ Klara Ekevall Date: 24/2/19

Please return this form to Mark Johnstone, Office of the Chief Medical Officer, Room 1E08, DG Health and Social Care, The Scottish Government, St Andrew's House, Edinburgh, EH1 3DG or email cmo@gov.scot