Cholesterol Treatment Trialists' (CTT) Collaboration Independent Oversight Panel: Declaration of Interests

The purpose of this form is to provide doctors, patients and members of the public with information about any interests that could influence how they receive and understand your role in the CTT Independent Oversight Panel.

Please provide answers to the questions below, then print your name, and sign and date the form.

	Yes No If yes, please provide details:		
	If yes, please provide details:		
	 Published articles: lipid lowering changes in relation to media activity, prescribing/use in relation to CVD risk; Been identified publicly as giving statements expressing concern regarding inaccurate reporting that could cause unwarranted cessation of statins 		
2.	Do you have any financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, your involvement in this Panel?		
	Yes No 🗸		
	If yes, please provide details:		
	N/A		
3.	Do you have any relationships to any other entities that could be perceived to have a stake (financial or otherwise) in outcomes from the CTT project?		
	Yes No 🗸		
	If yes, please provide details:		
	N/A		

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4.		have any patents, whether planned, pending or issued, broadly relevant to the wor CTT Collaboration?
	Yes	No ✓
	If yes, p	please provide details:
	N/A	
5.		any other potentially relevant information that you wish to declare in relation to le in the CTT Independent Oversight Panel?
	Yes	✓ No
	If yes, p	lease provide details:
		t accept money from pharmaceutical companies. f my work is funded by the pharmaceutical industry.
Print name:		Professor Emily Banks
Signat	ure:	
Date:		02-Feb-2018