

## Declaration of interests form

Instructions: You should declare and describe any financial interest relevant to your Cochrane advisory board role falling into one or more of the below categories that you have held within the time period beginning 36 months prior to submission of this declaration.

An interest is relevant for this role if you have received payment from a commercial organization with an interest in the topic of the review(s) you advise on. This means that the organization has developed (or is known to be developing), or distributes (anywhere in the world), an intervention or

potential comparator related to the for work or advice that did not rela	e topic of the review(s). This applies even if the payment was mad te to the topic of the review(s).
Further details can be found in Coc	hrane's policy on Conflict of Interest for Cochrane Library Content
Name:	
1. Financial interests	
fellowship from any organisation Cochrane, a non-governmental (	ny grant, contract or gift, commissioned research, or n related to health care or medical research (for example organisation, a pharmaceutical or medical device company, a dvocacy group) to conduct research?
	$\triangleright$
Yes	No
If yes, please provide details:	
b) Had paid consultancies: any p organisation related to health ca	aid work, consulting fees (in cash or kind) from an are or medical research?
Yes	No
f yes, please provide details:	

c) Received honoraria: one-time payments (in cash or kind such as travel expenses) from an organisation related to health care or medical research?

Trusted evidence. Informed decisions.



	Yes	No
	details: or contributing to the patient version published by The Finnish Medical Soc	
	r, officer, partner, trustee, employee elated to health care or medical rese	_
	Yes	No
If yes, please provide	details:	
health care or medica	oldings, stock, stock options, equity w Il research (excludes mutual funds or crol over the selection of the shares)?	similar arrangements where the
	Yes	No No
If yes, please provide	details:	
f) Received personal ខ្	gifts from an organisation related to h	nealth care or medical research?
	Yes	No
If yes, please provide	details:	

g) Had an outstanding loan with an organisation related to health care or medical research? Trusted evidence. Informed decisions.



Yes	No		
If yes, please provide details:			
h) Received royalty payments from an or research?	organisation related to health care or medical		
Yes	No		
If yes, please provide details:			
2. Non-financial interests			
Do you have any other interests that would reasonably appear to be related to the primary interest? Such interests could include, but are not limited to, publicly declaring any strong opinions about this health area, unpaid membership of committees, advisory boards or patient advocacy groups in this health area, and being a named author of a study that might be included in this review.			
Yes	No		

If yes, please provide details:

I am a chairman of an ME/CFS patient organisation *Suomen lääketieteellinen ME/CFS-yhdistys ry*.

Trusted evidence. Informed decisions.