

**Public Declaration of Interests
The European Patients' Forum
Board Members**

Public Declaration of Interests

I,

Name: ELENA MOYA

Organisation: FORO ESPAÑOL DE PACIENTES

Country: SPAIN

do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interests I have in healthcare industries are those listed below:

Please indication N/A (Not applicable) as appropriate

2.1 Employment in the healthcare industry N/A

Period	Company	Job title

2.2 Consultancy N/A

- Consultancy to a company shall mean: any activity where the board member provides advice (including training on a one to one basis) to a company regardless of contractual arrangements or any form of remuneration.

Period	Company	Subject Matter

2.3. Consultancy/advisory role on patient-related activities in the last year

- The board member provides advice or participates in consultations regarding patient-related activities of a company that are strictly non-commercial (e.g. educational seminars, preparation and participation in patient meetings/trainings, development of non-product patient specific materials, participation in trainings of a company staff on patient-centricity etc.)

N/A

Strategic

Period	Company	Subject Matter

Advisory Role **N/A**

Strategic advisory role for a company shall mean: any activity where the board members participating (with a right to vote/influence the outputs) in a(n) (scientific) advisory board/steering committee with the role of providing advice/expressing opinions on the (future) strategy, direction and development activities of a healthcare company, either in terms of general strategy or product related strategy, regardless of contractual arrangements or any form of remuneration.

Period	Company	Product	Therapeutic Indication

2.4 Financial Interests **N/A**

Period	Company	Subject Matter

2.5 Principal Investigator **N/A**

Period	Company	Subject Matter

2.6 Investigator **N/A**

Period	Company	Subject Matter

2.7 Grant / Funding to Organisation /Institution in 2022 (This is the organisation which nominated you to become a member of EPF) **N/A**

Company	Subject Matter and amount

2.8 Close Family Member Interest **N/A**

Period	Company	Interest

2.9 Any Other Interests or Facts

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I confirm the information declared on this form is accurate to the best of my knowledge and I acknowledge that my information will be stored electronically and published on the EPF website.

Full Name	ELENA MOYA
Date	JUNE 2 ND , 2024