

# ANNUAL DECLARATION OF INTERESTS (ADOI)

|                               |                           |
|-------------------------------|---------------------------|
| Title (Prof, Dr, Mr, Ms, Mrs) | Mr                        |
| Name                          | Egidijus                  |
| Family name                   | PUMPUTIS                  |
| Profession                    | Veterinarian              |
| EFSA involvement(s)           | Management Board (member) |

- ☐ Any modification made to the structure and content of the present template will make the document invalid.
- ☐ Please fill in all fields, as appropriate.
- ☐ Please declare any interest overlapping with EFSA's complete set of responsibility that you or your close family members<sup>1</sup> currently have or have had in the past five years.

<sup>1</sup> "Close Family Member" means: i. a spouse, meant as the person engaged in the marital relationship with the concerned individual; ii. a partner with whom a Concerned individual has contracted a registered partnership, on the basis of the legislation of the relevant legal system; iii. the direct descendants and ascendants who are financially dependent on the Concerned individual.

## I. FINANCIAL INVESTMENTS

| I. Financial investments | Period <sup>1</sup><br><i>From/To</i><br>(Month/Year) | Organisation <sup>2</sup> | Subject matter <sup>3</sup> |
|--------------------------|-------------------------------------------------------|---------------------------|-----------------------------|
|                          |                                                       |                           | NO INTEREST                 |

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name and location of the organization on which the investment has been made.
3. Please indicate any investment such as economic stake or share in an entity with an interest directly or indirectly falling within EFSA's remit, including its stocks, equities or bonds, or of one of its subsidiaries or of a company in which it has a holding. Please provide a description of the investment, including whether you have influence over it (e.g. "no control as it is a fund managed by a professional company with no possibility of deciding the fund's strategy", or "complete control as this corresponds to ordinary shares I can sell or buy at will") and the field activity of the organisation on which the investment is made.

## II. MANAGERIAL ROLE

| II. Managerial role | Period <sup>1</sup><br><i>From/To</i><br>(Month/Year) | Organisation <sup>2</sup>                                                                  | Subject matter <sup>3</sup>                                                                                                                                                                                            | Impact on annual earnings <sup>4</sup>                                                                                                                   |
|---------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                     | 05/2022 – to date                                     | National Food and Veterinary Risk Assessment Institute – State Food and Veterinary Service | Director: Representation of the institution in relations with other institutions, organizations and natural persons, management of the institution, management of the quality and timeliness of the performance of the | <input type="checkbox"/> 0%<br><input type="checkbox"/> >0% but <5%<br><input type="checkbox"/> >5% but <25%<br><input checked="" type="checkbox"/> >25% |

|  |  |  |                                                                                                                                                                                                                                                                                 |  |
|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  |  |  | institution's functions and compliance with the requirements of the field of activity, management of the institution's resources, execution of other non-permanent assignments related to the institution's activities, performance of other functions specified in legal acts. |  |
|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any participation, paid or unpaid, in the internal decision-making process (such as board membership, directorship, etc.) of an entity with an interest falling within EFSA's remit. Please describe your tasks and responsibilities, the remit of the organisation and how its activities relate to the remit of EFSA. Please indicate also whether the organisation carries out risk management activities, whether you are personally empowered to validate or take management actions/decisions and if you serve as a member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication needs to be given also for past interests older than one year prior to the submission of the ADol.

### III. MEMBER OF A SCIENTIFIC ADVISORY ENTITY

| III. Member of a scientific advisory entity | Period <sup>1</sup><br><i>From/To</i><br><i>(Month/Year)</i> | Organisation <sup>2</sup> | Subject matter <sup>3</sup> | Impact on annual earnings <sup>4</sup>                                                                                                        |
|---------------------------------------------|--------------------------------------------------------------|---------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
|                                             |                                                              |                           | NO INTEREST                 | <input type="checkbox"/> 0%<br><input type="checkbox"/> >0% but <5%<br><input type="checkbox"/> >5% but <25%<br><input type="checkbox"/> >25% |

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the entity.
3. Please indicate any participation in the works of a scientific advisory entity with an interest falling directly or indirectly within EFSA's remit and other than those organised by EFSA (such as membership of Scientific Panels, Working Groups, Peer review meetings, Networks, etc.). Please provide a description of the remit of the advisory entity, the subject matter (e.g. substances, products, guidance documents, policies, etc.), your precise role (e.g. Chair, member, etc.), the nature of the advice delivered (e.g. opinion, statement, advice, etc.), the recipient of the advice, and how the subject matter of the advisory entity relates to the remit of EFSA and/or of the relevant EFSA scientific group(s). Please indicate whether the entity carries out risk management activities, whether you are personally empowered to validate or take management actions/decisions or not, or whether

- you serve as member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication needs to be given also for past interests older than one year prior to the submission of the ADoI.

## IV. EMPLOYMENT

| IV. Employment | Period <sup>1</sup><br>From/To<br>(Month/Year) | Organisation <sup>2</sup>                                                                  | Subject matter <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Impact on annual earnings <sup>4</sup>                                                                                                                   |
|----------------|------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | 05/2022 – to date                              | National Food and Veterinary Risk Assessment Institute – State Food and Veterinary Service | Director: Representation of the institution in relations with other institutions, organizations and natural persons, management of the institution, management of the quality and timeliness of the performance of the institution's functions and compliance with the requirements of the field of activity, management of the institution's resources, execution of other non-permanent assignments related to the institution's activities, performance of other functions specified in legal acts. | <input type="checkbox"/> 0%<br><input type="checkbox"/> >0% but <5%<br><input type="checkbox"/> >5% but <25%<br><input checked="" type="checkbox"/> >25% |
|                | 07/2021 – 05/2022                              | State Food and Veterinary Service                                                          | Head of the Boarder Food and Veterinary Control Department: Coordination of border food and veterinary control, implementation of border veterinary control of consignments of animals, animal products, non-animal food and feed imported or transported in transit to                                                                                                                                                                                                                                | <input type="checkbox"/> 0%<br><input type="checkbox"/> >0% but <5%<br><input type="checkbox"/> >5% but <25%<br><input checked="" type="checkbox"/> >25% |

|  |                   |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                          |
|--|-------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |                   |                                                             | the EU. Coordination of issues of export to the countries of the Eurasian Economic Union.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                          |
|  | 08/2017 - 07/2021 | Permanent Representation of Lithuania to the European Union | Veterinary and Phytosanitary Attaché: Implementation of the veterinary, phytosanitary and food safety policy of the Republic of Lithuania in accordance with the regulatory areas under the competence of the Ministry of Agriculture of the Republic of Lithuania and the State Food and Veterinary Service. Representation of Lithuanian veterinary, phytosanitary and food in the EU Institutions of the safety sector. Contribution to the organization of visits to EU institutions by representatives of the Ministry and relevant institutions in its regulatory area and the State Food and Veterinary Service. | <input type="checkbox"/> 0%<br><input type="checkbox"/> >0% but <5%<br><input type="checkbox"/> >5% but <25%<br><input checked="" type="checkbox"/> >25% |

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any form of regular occupation or business, part-time or full-time, paid or unpaid, including self-employment, and any consultancy activities performed in the context of employment and provided to individual business operators or other private parties and indicate their identities. Please describe the remit of the employing entity or organisation, your precise role, tasks, responsibilities and the nature or area of your work, what the activity is about (e.g. types of substances, products, guidance documents, processes or policies) and how it relates to the remit of EFSA and/or of the relevant EFSA scientific group(s). Please indicate whether the employing entity or organisation carries out risk management activities, whether you are personally empowered to validate or take risk management actions/decisions or not, or whether you serve as member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADOL.

## V. OCCASIONAL CONSULTANCY

| V. Occasional consultancy | Period <sup>1</sup><br><i>From/To</i><br><i>(Month/Year)</i> | Organisation <sup>2</sup> | Subject matter <sup>3</sup> | Impact on annual earnings <sup>4</sup>                                                                                                        |
|---------------------------|--------------------------------------------------------------|---------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
|                           |                                                              |                           | NO INTEREST                 | <input type="checkbox"/> 0%<br><input type="checkbox"/> >0% but <5%<br><input type="checkbox"/> >5% but <25%<br><input type="checkbox"/> >25% |

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any consultancy activity occurring rarely so that it does not become a regular occupation, and in which the you provide advice or services, paid or unpaid, to companies, trade associations or other bodies with an interest falling directly or indirectly within EFSA's remit. Please provide a description of what the consultancy/advice is about, the topic of the delivered consultancy and the nature of the associated deliverable (e.g. study, report, assessment report, etc.). Please indicate whether the occasional consultancy implies risk management activities, whether you are personally empowered to validate or take risk management actions/decisions or whether you serve as member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADOI.

## VI. RESEARCH FUNDING

| VI. Research funding | Period <sup>1</sup><br><i>From/To</i><br><i>(Month/Year)</i> | Organisation <sup>2</sup> | Subject matter <sup>3</sup> | Does the funding received from the private sector during the two years preceding the submission of the ADOI exceeds 25% of the total research budget that is managed by you for the area under concern <sup>4</sup> ? |
|----------------------|--------------------------------------------------------------|---------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      |                                                              |                           |                             |                                                                                                                                                                                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  | NO INTEREST | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------|------------------------------|-----------------------------|
| <ol style="list-style-type: none"> <li>1. Please specify the relevant period of time each activity took place in month/year.</li> <li>2. Please indicate name, legal nature and location of the organization providing the research funding.</li> <li>3. Please indicate any funding for research or development work received from any public or private entity either in a personal or professional capacity and falling within EFSA's entire set of responsibilities. It includes grants, rents, reimbursement of expenses, sponsorship and fellowship. Please indicate the topic of the research activity and the nature of the associated output (e.g. study, report, publication, etc.).</li> <li>4. Please include also research funding received by your employing organisation.</li> </ol> |  |  |             |                              |                             |

## VII. INTELLECTUAL PROPERTY RIGHTS

| VII.<br>Intellectual<br>property rights                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Period <sup>1</sup><br><i>From/To<br/>(Month/Year)</i> | Organisation <sup>2</sup> | Subject matter <sup>3</sup> | Impact on annual<br>earnings <sup>4</sup>                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        |                           | NO INTEREST                 | <input type="checkbox"/> 0%<br><input type="checkbox"/> >0% but <5%<br><input type="checkbox"/> >5% but <25%<br><input type="checkbox"/> >25% |
| <ol style="list-style-type: none"> <li>1. Please specify the relevant period of time each activity took place in month/year.</li> <li>2. Please indicate name, legal nature and location of the organization.</li> <li>3. Please indicate the all works resulting from human intellectual creativity (e.g. patents, trademarks, inventorship, etc.) for which you have been granted rights, irrespective of whether they grant a financial gain, and that fall, directly or indirectly, within EFSA's remit. Please indicate if the intellectual property is still valid or if it expired and provide a description of the topic covered by the granted right (e.g. GMO, pesticides, feed, etc.), your role (e.g. patent holder, contributor etc.) and how the intellectual property right relates to the remit of EFSA and/or of the EFSA relevant scientific group.</li> <li>4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADotI.</li> </ol> |                                                        |                           |                             |                                                                                                                                               |

## VIII. OTHER MEMBERSHIP OR AFFILIATION

| VIII. Other membership or affiliation | Period <sup>1</sup><br><i>From/To</i><br><i>(Month/Year)</i> | Organisation <sup>2</sup> | Subject matter <sup>3</sup> | Impact on annual earnings <sup>4</sup>                                                                                                        |
|---------------------------------------|--------------------------------------------------------------|---------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
|                                       |                                                              |                           |                             |                                                                                                                                               |
|                                       |                                                              |                           | NO INTEREST                 | <input type="checkbox"/> 0%<br><input type="checkbox"/> >0% but <5%<br><input type="checkbox"/> >5% but <25%<br><input type="checkbox"/> >25% |

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any membership or affiliation with entities with an interest falling within EFSA's remit not falling under the categories defined above and relevant for the purposes of the EFSA decision on Competing Interest Management. This shall include relevant roles and membership in professional associations, learned society, Non-Governmental-Organisations and comparable entities. Please provide a description of your precise role, tasks, responsibilities, the activities of the entity or person with whom the activity is engaged, of its remit, and when possible of its funding , and how the activity relates to the remit of EFSA and/or of the EFSA relevant scientific group.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADol.

## IX. OTHER RELEVANT INTEREST

| IX. Other relevant interest | Period <sup>1</sup><br><i>From/To</i><br><i>(Month/Year)</i> | Organisation <sup>2</sup> | Subject matter <sup>3</sup> | Impact on annual earnings <sup>4</sup>                                                                                                        |
|-----------------------------|--------------------------------------------------------------|---------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
|                             |                                                              |                           |                             |                                                                                                                                               |
|                             |                                                              |                           | NO INTEREST                 | <input type="checkbox"/> 0%<br><input type="checkbox"/> >0% but <5%<br><input type="checkbox"/> >5% but <25%<br><input type="checkbox"/> >25% |

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any interest not falling under the other eight categories above (such as prizes, gifts, awards and hospitality) and relevant for the purposes of the EFSA decision on Competing Interest Management. Please provide a description of the interest, such as the subject matter of the activity (e.g. GMO, pesticides, feed, etc.), your precise role, tasks, responsibilities, deliverables and, if any, the context in which the activity takes place, the field of activities of the organisation and how these relates to the remit of EFSA and of the EFSA relevant scientific group(s).
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADol.

I confirm that:

☒ I think **I do not have a conflict of interest** with respect to my activity(ies) at EFSA

OR

☐ I think **I have a conflict of interest** with respect to the following EFSA activity \_\_\_\_\_ and for the following reasons \_\_\_\_\_

I hereby declare that I have read the [EFSA Decision on Competing Interest Management](#) implementing EFSA's Policy on Independence and that the above declaration is truthful and complete.

Date: 06/03/2023

Signature: *(either physical or electron*

If you need more sheets to declare your interests, do not hesitate to use blank ones or to ask for more to this form.

Note regarding the processing of personal data:

EFSA processes all Declarations of Interests (DoIs) in accordance with Regulation (EU) 2018/1725. DoI processing is necessary in order to safeguard the independence of EFSA and enable the Authority to carry out its mission and comply with its obligations under Regulation (EC) No 178/2002.

The Executive Director of EFSA is the data controller with respect to the handling of DoIs.

Concerned individuals have the right to access, rectify, erase and object to the processing of their ADoI at any time. Nevertheless, for certain categories of individuals (e.g., experts), it may be a mandatory requirement to submit a DoI to EFSA so as to verify the absence of conflicts of interests and thus protect the independence of EFSA. Concerned individuals will be contacted if EFSA becomes aware of information that is not consistent with the declared interest such as on the occasion of compliance monitoring activities outlined in the relevant [Standard Operating Procedure](#).

Certain ADOIs shall be made publicly available in accordance with Article 38(1)(d) of Regulation (EC) No 178/2002. Furthermore, ADOIs may be transferred to bodies in charge of monitoring, auditing or inspection in conformity with EU Law.

The conservation period for ADOIs per category of data subjects is 10 years from the date of submission of the relevant ADoI.

Concerned individuals may direct any queries regarding personal data processing by EFSA to the data protection officer [DataProtectionOfficer@efsa.europa.eu](mailto:DataProtectionOfficer@efsa.europa.eu). They are entitled to submit a complaint at any time to the European Data Protection Supervisor: <http://www.edps.europa.eu>

The legal basis for ADoI processing is provided for in Articles 22, 37 and 38 of Regulation (EC) No 178/2002.