

## ANNUAL DECLARATION OF INTERESTS (ADoI)

<b>Title (Prof, Dr, Mr, Ms, Mrs)</b>	Mr
<b>Name</b>	Marc
<b>Family name</b>	Fischer
<b>Profession</b>	Advisor to the Government
<b>EFSA involvement(s)</b>	Advisory Forum

- 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.**

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<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.

## II. MANAGERIAL ROLE

II. Managerial role	Period <sup>1</sup> <i>From/To</i> <i>(Month/Year)</i>	Organisation <sup>2</sup>	Subject matter <sup>3</sup>	Impact on annual earnings <sup>4</sup>
	-	-	-	<input checked="" type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <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 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 ADoI.

## IV. EMPLOYMENT

IV. Employment	Period <sup>1</sup> <i>From/To</i> <i>(Month/Year)</i>	Organisation <sup>2</sup>	Subject matter <sup>3</sup>	Impact on annual earnings <sup>4</sup>
	-	-	-	<input checked="" type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <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 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 ADoI.

## VI. RESEARCH FUNDING

VI. Research funding	Period <sup>1</sup> <i>From/To</i> <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> ?
	-	-	-	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

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 providing the research funding.
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.).
4. Please include also research funding received by your employing organisation.

## VIII. OTHER MEMBERSHIP OR AFFILIATION

VIII. Other membership or affiliation	Period <sup>1</sup> <i>From/To</i> <i>(Month/Year)</i>	Organisation <sup>2</sup>	Subject matter <sup>3</sup>	Impact on annual earnings <sup>4</sup>
	-	-	-	<input checked="" type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <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 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 ADoI.

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: 30/03/2022

Signature: \_\_\_\_\_

If you need more sheets to declare your interests, do not hesitate to use blank ones or to ask for them, but please sign each one of them and attach them 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.