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**Appendix 4 – Declaration of Interest**

Name of the Clinical Evaluator: [first name and last name]

Name and mark of the Clinical Evaluation Plan: [name and mark]

Name and mark of the Clinical Evaluation Report: [name and mark]

Time spent on the clinical evaluation: [months/days]

|  |  |
| --- | --- |
| STATEMENT | ANSWER |
| Have you participated as an investigator in clinical studies of the device, or in pre-clinical testing of the device? |  |
| Do you have any ownership/shareholding in a company that can possibly be affected by the outcome of the evaluation? |  |
| … |  |
| … |  |
| … |  |
| … |  |
| … |  |
| … |  |

…

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