DECLARATION OF INTERESTS FORM

Interventions to treat Stress Urinary Incontinence (SUI) and Pelvic Organ Prolapse (POP): Current and Future Service Meetings

Name ,	Role in SUI and/or POP work	Description of Interest	Relevant Dates		Comments
			From To		
		employed by/ funded by/ research interests connected to commercial			
Ms Jane Smith		providers.	21/12/2016	21/12/2018	General description of services
				end of involvement with TVM	
Carolyn McKinley	Cons Gynaecologist	Non financial professional interest	22/02/2019	group	Lead for urogynaecology Fife
				•	•

The information submitted will be held by the Scottish Government for audit of groups as specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the Scottish Government holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the Scottish Government as soon as practicable and no later than 28 days after the interest arises.

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Signed:

I do / demot idelete as applicable give my consent for this information to published on registers that the Scottich C

Date:

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Please return this form to Mark Johnstone, Office of the Chief Medical Officer, Room 1E08, DG Health and Social Care, The Scottish Government, St Andrew's House, Edinburgh, EH1 3DG or email cmo@gov.scot