

## Conflict of Interest Disclosure Form

NAME: HILDE SPORSEM

AFFILIATION: OSLO HOSPITAL PHARMACY, NORWAY

### DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Hilde SporseM

Date:

Jan 31th 2024