

Conflict of Interest Disclosure Form

NAME : MATTIAS PAULSSON

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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:	Fresenius Kabi, B Braun and Baxter Medical
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature:

Mattias Paulsson

Date:

Jan 30th 2024