**ESHRE Guideline:**

**Management of women with Endometriosis**

**Application Guideline group 2017**

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| --- | --- |
| Name |  |
| Country (work) |  |
| Institution |  |
| Gender |  |

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| **Disclosure of any conflicts of interest** *Please indicate whether or not you have potential COIs to report, and specify* |
| **...... I have no potential conflict of interest from the last 3 years to report** **...... I have the following potential conflict(s) of interest from the last 3 years  to report:** * Research grant(s) from one or more companies, namely from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Consulting fee(s) for e.g. services on an advisory board or legal testimony, namely from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Speaker’s fee(s) for instance as compensation for lecturing and travel, namely from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Salary or position funding, namely from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Ownership interest by stock (options) or partnership of a healthcare company, namely from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (financial) benefit e.g. by institutional conflicts of interest in the topics or issues addressed in the document, namely \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ |

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| Why should you be involved in the Endometriosis Guideline? *(max 500 words)* |
|  |
| What would be your role in the guideline group? *(max 200 words)* |
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