**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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