

## Conflict of Interest

**Name** Hayser Medina Lucena

**Organisation** Addenbrooke's Hospital

**Disclosing as**

**Title of role** Associate member representative

**Do you or any member of your immediate family or your business partner(s) have any relevant financial or intellectual relationships with commercial interests (entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in any amount within the past 12 months?**

**Please list the commercial entities with the type of relationship listed below.**

**I understand that I will be required to submit this COI disclosure form initially and every year as long as I serve in a leadership function.**