

# DISCLOSURE FORM

**Date:** 22.01.25

**Name:** Ajit Lalvani

**Professional details:**

**Main occupation and employing organisation:**

**Event:** 7<sup>th</sup> Forum on Respiratory Tract Infections

**Provider organisation:** Lena Events and Communication

**Date of event:** 03/02/2025 – 05/02/2025

**Please declare any interests here relating to the 36 months prior to the event:**

**Commercial**

*The existence of any significant financial activity or other relationship the speaker or programme planner has with manufacturer(s) of any commercial product and/or providers of commercial services used on or produced for patients these include:*

**Research grants**

**nil relevant**

**Speaker fees**

**None**

**Other educational activities**

**Nil relevant**

**Honoraria or consultation fees**

**None**

**Ownership of stocks or shares, directorships**

**None**

**Any other financial relationship**

**None**

**Other conflicts of interest such as expert functions in health care and health guidance processes: None**

*E.g. Board member in a development project, member of health board in the municipality*



**Signature:**

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