## ERS_Entete_ERS_Corporate

### ERS short guidance – rule and application form

### 1. Introduction

The ERS has a long history in developing official clinical practice guidelines, statements and technical standards. Although these documents are internationally recognised as major publications in the field of respiratory disease, it was acknowledged that they do not answer all clinician’s needs since they are not designed to respond very quickly to the release of new evidence that could lead to marked changes in clinical practice. As a result, the ERS offers to his members support to address, whenever required, burning questions on which urgent and precise reactions are required.

Short guidance projects are divided into 2 types of documents:

* **Short guidelines**, developed according to the GRADE approach and aiming at providing clinical research recommendation
* **Short statements**, based on a systematic literature search but without grading of the evidence. These documents cannot contain clinical practice recommendation.

Both type of manuscripts are intended to be concise, very focused and developed within a maximum of 1 year. After completion, they should be published in an ERS journal as an official ERS paper.

### 2. Format

ERS short guidance should be based on preferable 1 PICO question. Depending on the topic to address, a maximum of 2 PICO questions can be allowed. The use of the GRADE approach is strongly encouraged and, in accordance with ERS rules, is mandatory when the intention is to formulate clinical practice recommendations.

These documents are intended to be short: between 2000 and 3000 words are anticipated.

### 3. Submission, reviewing and selection

### Any ERS member may submit an application to the ERS as soon as a need to provide short guidance for clinicians is identified. Filled in application forms are to be submitted by email to [guidelines\_statements@ersnet.org](mailto:guidelines_statements@ersnet.org).

3.1 Reviewing and selection

Applications are reviewed under the supervision of the ERS Guidelines Director who appoints, with the support of the relevant ERS Assembly Heads, a minimum of two external reviewers to assess the proposal. The relevance and quality of the application is also evaluated by the ERS Guidelines Director, Science Council Chair and relevant Assembly Head(s). Their recommendations are then presented to the ERS Executive Committee for final decision. If no Executive Committee meeting is planned within the expected timeframe for selection (2 months), the final decision may be made by the ERS Management Group.

3.2 Timeline

The applicant will be notified within 2 months about acceptance or rejection of the proposal by ERS.

### 4. Panel of experts

To ensure a prompt completion, the panels of experts should not exceed **10 people**, including 2 project chairs and at least one member experienced in guideline development (conducting systematic reviews and using the GRADE approach), who will be in charge of the methodology. The inclusion of one patient representative with an advisory role is also encouraged.

### 5. Methodology

# 5.1 Type of document

The methodology to follow depends on the type of document developed:

# Short guidelines:

Applicants aiming to produce ERS short guideline documents following GRADE approach are asked to include in their application a detailed description of the methodology they intend to use, particularly regarding formulation of clinical questions, systematic review of the literature, grading of evidence and of recommendations.

# Short statements:

ERS short statements, not following GRADE approach, are less methodologically demanding but should be based on a systematic literature search of the evidence which need to be detailed in their application. In accordance with the ERS rules, documents not following GRADE approach cannot contain clinical practice recommendations.

# 5.2 Role of ERS in-house methodologists

The ERS also has in-house methodologists who can assist in the process of producing ERS short guidance documents. Upon submission, each application is reviewed for methodological consistency. Should the proposal be accepted, an initial telephone discussion with one of the ERS methodologist will take place, during which the methodological requirements for the project are discussed. It is the role of the task force members to conduct literature searches, statistical analyses or grade the evidence. The ERS methodologists cannot perform these tasks. They will instead oversee the entire process throughout the development of the document and provide guidance to ensure that the ERS methodological requirements are met. If needed, funding to cover external methodological support (for example for literature searches) can be included in the application form, under the appropriate section. These funds cannot cover the work of the task force panellists.

Table: Summary of what support the ERS in-house methodologist can and cannot provide:

|  |  |
| --- | --- |
| **Yes** | **No** |
| Initial consultation on the right methodology for the project and the steps required | Literature searches |
| Help with formulating questions in the PICO format | Data extraction, data management, statistical analyses |
| Regular contact and support to the task force member responsible for the methodology throughout the duration of the project | Compiling evidence tables |
| Provide teaching sessions for task force members, in order to assist them with applying the GRADE approach | Grading of the evidence (support could be provided to ensure consistency and quality) |

### 6. Development

# 6.1 Duration and timeline

ERS short guidance are intended to be completed within 1 year. The ERS Science Council suggests the following timeline:

* Month 0: submission
* Months 0-2: reviewing and decision process
* Months 2-6: Evidence assessment, which may include:
  + Literature review
  + Whenever a methodologically adequate systematic review/ evidence-based guideline is available, new evidence identified by the literature review should be added to the already existing evidence
  + In cases where there is not a good systematic review/ evidence-based guideline available, conducting a full systematic review for this evidence is required
  + Summary of the identified evidence in tabulated format
  + Assessment of the quality of evidence based on GRADE
* Months 6-8: Manuscript writing
* Months 8-12: final manuscript reviewing and revision via ERJ, or another ERS journal if more appropriate
* Months 13 or 14: Endorsement and publication

# 6.2 Start of the project

Applicants whose proposals are approved will receive a notification by email that will describe the terms and conditions of the document’s development. The project is initiated directly after receipt of the acceptance letter by the chairs.

# 6.3 Kick-off teleconference

Upon approval of the application, a kick-off teleconference will be organised with the chairs, the ERS Guidelines Director, and the ERS methodologist(s) and staff.

### 7. Teleconferences and meetings

It is anticipated that most communication between the panellists will be made via emails and teleconferences. The ERS can provide login access for teleconference at no cost. If required for a timely completion and approved by the ERS Science Council, the organisation of **one** face-to-face meeting can be considered. This meeting should ideally take place upon completion of the evidence assessment and can be organised at:

# an ERS Congress:

Upon request from the chairs, the ERS will provide a free meeting room located within the congress centre. Basic catering may be provided if budget is available. Financial support for travel and accommodation is not provided for meetings held at an ERS Congress. Few exceptions may be considered for panellists who are not respiratory physicians and will travel to the congress only to take part in the task force meeting without attending the rest of the event.

# the ERS Headquarters (HQ), Lausanne, Switzerland:

The ERS can provide meeting room facilities in its HQ located in Lausanne, Switzerland. The ERS HQ is easily and quickly reachable from Geneva airport by train. For meetings held at the ERS HQ, the ERS office can provide logistical support which includes:

* + Sending invitations to the participants
  + Travel arrangements through the ERS official travel agency
  + Organising the participants’ accommodation
  + Catering’s organisation

# An event not organised by the ERS:

Meetings at a conference or congress organised by another society than ERS may also be accepted if most of the panellists take part in the event anyway. No logistical support would be provided by the ERS except for the booking of the flight tickets that would have to be made via the ERS Official Travel agency. Accommodation, catering and room rental would be arranged by the chairs. Travel and accommodation support will only be provided to panellists traveling to the meeting only to attend the task force meeting without taking part in the rest of the event. The ERS travel policy would apply.

### 8. Funding

Budget for the development of short guidance documents is not to be considered as an ERS grant, but funding that the ERS has earmarked for a 1-year period to cover the routine expenses of the project. The chairs are responsible for ensuring that the approved budget is not over-spent.

Funding can be requested for:

* Meeting organisation
* Methodological support

Applicants should indicate in the application the type of funding they would require to develop the document.

8.1 Funding for meetings’ organisation

With the exception of catering, ERS funds cannot be used for meetings held at an ERS or other society’s Congress or event. For meetings at an ERS congress, a room will be provided free of charge. No travel, accommodation or registration financial support will be provided to the panellists attending the meeting. Few exceptions may be considered for panellists who are not respiratory physicians and will travel to the congress only to take part in the task force meeting without attending the rest of the event.

For meetings organised at the ERS Lausanne Headquarters, funding provided by the ERS would serve to cover travel, accommodation and catering expenses according to the ERS travel policy available on pages 8-9. Project chairs and members are required to comply with the rules outlined in the ERS travel policy. Industry-sponsored dinners are not acceptable. No entertainment should be covered by ERS funds. Reimbursement of personal expenses via the ERS online reimbursement form must be accompanied by the relevant receipts. Only requests complying with the ERS travel policy on expenses in use at the time of the meeting will be accepted and reimbursed.

The maximum amount provided by the ERS for meeting organisation is set to:

* 6’000€ for a meeting at the ERS Headquarters
* 1’000€ for a meeting at an ERS Congress

8.2 Funding for methodological support:

Unless the panel is experienced enough in performing systematic literature searches and applying the GRADE approach, the ERS recommends that the chairs requests funding for methodological support as follows:

* Medical librarian: up to 2’000€. Chairs are encouraged to suggest a librarian from their own institute to conduct the literature searches and provide a relevant offer. If needed, the ERS may also suggests a medical librarian. Support from a medical librarian can be requested for both type of document: short guidelines and short statements.
* Methodological support for conducting the systematic review (including statistical analyses and grading of the evidence): the maximum amount provided by the ERS to this aim is 5’000€ per PICO question. This type of external support would only be approved for project aiming at produced a short guideline (not a short statement).

# 9. Conflicts of interest and confidentiality

9.1 Conflict of interest management

The ERS requests that the project’s chairs disclose their potential conflicts of interest at the time of the application. The ERS conflict of interest form for task forces is available at the end of the application form. The forms, fully completed and signed by both chairs, should be submitted along with the task force application.

Upon approval of the project, all panellists will be requested to complete and sign the ERS COI form **within 3 weeks**. The ERS office will compile all potential COIs and forward them to the chairs who are responsible for ensuring throughout the development of their document that all panellists are aware of the potential conflicts of interest of the other members.

Furthermore, the ERS requests that the chairs and other members proactively report any conflict of interest they may have should their situation change during the development of the document.

9.2 Confidentiality agreement

The ERS requests that all information related to the content and development of the document is kept strictly confidential until completion of the reviewing of the final document. Chairs and panellists are required not to disclose any information on the project to any third party not directly involved.

All panellists will be asked to complete and sign a Confidentiality Agreement within 3 weeks after approval of the project and to send it to the ERS Office.

The confidentiality agreement no longer applies from the point that the chairs are notified that the document is ready to be submitted by the ERS Office to the ERS Science Council and Executive Committee for endorsement

10. Short guidance joint with other organisation(s)

Mention should be made by the applicants of the desirability (if any) of establishing collaboration with other organisations or societies. The expected contribution (e.g. funding, methodological support, resources) and requirements (e.g. single or dual publication) of the other organisation(s) should be specified in the application form. As a rule, the ERS aims to publish the final document in any of the ERS publications and dual publication in other journals is discouraged. Under exceptional circumstances, dual publication may be considered provided that:

* the request is clearly specified in the initial proposal submitted to the Science Council for approval
* all societies equally contribute to the project
* the target audience of the two journals is different enough to justify the dual publication

Any request for dual publication after approval of the project by the Science Council or during document development will not be accepted. Instead, the ERS encourages the simultaneous publication of an editorial in the other societies’ journals.

If collaboration with another organisation is approved, a written agreement will be signed by all parties. This will include details of how the expenses will be shared and how and where the final document will be published.

If a joint publication is agreed, the requirements of both journals must be fulfilled, with specific consideration given to (but not limited to) policies regarding the disclosures of potential conflicts of interest, and the transfer (or otherwise) of authors' copyrights. All parties' requirements regarding publication schedules should also be considered when proposing jointly published documents.

11. Endorsement, publication and dissemination

11.1 Document format

ERS short guidance are expected to be submitted for publication to the European Respiratory Journal (ERJ), or, if appropriate or part of another agreement, in another ERS journal. All manuscripts are subject to peer review and decision to accept (or not) is the responsibility of the Chief editor of the respective journal.

More detailed information regarding the preparation of manuscripts for publication in the European Respiratory Journal can be found at <http://erj.ersjournals.com/authors/instructions>.

11.2 Endorsement

The final document must be pre-approved by the ERS Guidelines Director and one of the ERS methodologists before being submitted to ERJ. Once the document has been pre-approved, the peer-reviewing process is initiated through the online submission platform of the ERJ, ScholarOne Manuscripts (<mc.manuscriptcentral.com/erj>). It is the chairs’ responsibility to upload the document to the submission platform and to identify it as an ERS official document. Subject to satisfactory peer review and if the reviewed document is accepted for publication by the ERJ, the Guidelines Director presents the document to the Science Council and Executive Committee for endorsement. Following endorsement by the Executive Committee, the document is published by the ERJ as an official ERS document.

For documents jointly produced with another society, the endorsement and publication processes may need to be modified in order to fulfil the requirements of all societies involved.

**Short guidance documents are not automatically accepted for publication and eventual publication is purely an editorial decision following external peer review. The Editor may also decide to transmit the final document to another ERS journal than ERJ (ERR or ERJ Open Research for instance), if considered more appropriate.**

11.3 Dissemination at an ERS Congress

The ERS encourages chairs to present the outcome of their document during the ERS Congress. The guidance will be presented in one talk scheduled in a session identified by the ERS International Congress Programme Committee (ICPC). In order to be presented at the upcoming congress, final documents should be submitted for pre-approval by March of the same year.

11.4 Other dissemination and implementation tools

The chairs are encouraged to consider dissemination tools (small leaflet-size pocket guide, short key-points summary, slides kit for instance) and activities (e.g. presentation at international or national event) to promote the guidance after publication. These tools can be used by the ERS on the ERS website and by-products with unrestricted rights.

It is also recommended to include in the manuscript a list of evidence gaps that need to be addressed by future research, with precise suggestions regarding the type(s) of studies that are needed.

### 12. Public and patient involvement

The Science Council recognises that patient input into task forces is desirable when appropriate and may help to:

* underpin guidelines and statements with patient experience,
* highlight areas where the patient’s perspective differs from that of health professionals,
* ensure that guidelines and statements address key issues of concern to patients or that may be overlooked by healthcare professionals,
* provide input from a number of European countries to increase the transferability of guidelines and statements to different settings,
* to gain access to hard to reach patient populations, or
* optimise patient engagement and compliance with the resulting guideline or statement.

ELF welcomes contact from any group keen to investigate ways that patient input could enhance their work. They have expert experience of patient input and an established network of patient organisations across Europe, with access to patients, carers and advocacy groups, who are keen to support task force activities.

Options include a patient-focused literature review, patient consultation (including surveys and focus groups), the development of a patient version of the outcome document as well as participation of patient representatives in guideline panels.

ERS Policy on Expenses

for ERS Task Forces

1. The ERS requires that Committee Members and Meeting Participants book via HRG (ERS Official Travel Partner) to attend Standing Committee Meetings and/or the above mentioned events. For low cost carriers members/meeting participants are asked to book their own flights.

If HRG is not to be used, ERS and HRG must be notified within two (2) weeks of the date of the invitation. ERS will only reimburse an amount up to the equivalent of the price quoted by HRG two (2) weeks after the invitation was issued.

ERS covers only the economy flight from the hometown to the meeting destination and return. ERS will cover the cost of other itineraries up to the equivalent of the price quoted by HRG for the return flight from the hometown to the meeting destination, two (2) weeks after the invitation was issued. If the preferred routing costs more, the committee member shall make the reservations him/herself and submit a request for reimbursement. Any cost supplement (flexible ticket, business class, etc.) will not be borne by the ERS.

Once the flight ticket has been issued, any additional costs (flight rebooking, etc.) will only be covered by the ERS in exceptional circumstances such as death or serious illness of an immediate family member. Should it be necessary to change or cancel a flight for any reason, please contact the ERS Office beforehand.

Committee Members are required to be present for the entire period of a committee meeting and travel is to be scheduled accordingly. As stated in Article V 13, repeated failure to attend an official committee meeting without prior notification to the office or for a major reason can result in the replacement of the officer concerned.

1. Expenses for lounge access (airports, train stations, etc.) will not be borne by the ERS.
2. Personal vehicle transportation to the nearest train station or airport will be reimbursed on a basis of € 0.45 per kilometre (to a maximum of 120 km each way). Parking fees are limited to € 50 only.

A maximum of € 50 each way will be reimbursed for private hire transport or taxi to the nearest train station or airport.

Please note that if you wish to travel by car to your meeting destination, you will NOT be reimbursed per kilometre. Reimbursement will be on the basis of the cost of a first class return train ticket from the hometown to the meeting destination.

1. When organised through the ERS Office, hotel accommodation and daily breakfast in a designated restaurant will be prepaid by the ERS directly.
2. Incidental expenses such as mini-bar, other bar bills, room service, room service breakfast, laundry and personal phone calls will not be paid by the ERS.
3. The ERS will cover the cost of the hotel accommodation needed to attend all meetings in which the officer/meeting participant is involved (member or official observer/participant) plus one night where it is impossible to arrive in time for the meeting or impossible to return home the same day, following the meeting.

It is very important that any exceptions to these rules are approved in advance by the ERS Office concerned or they will not be reimbursed.

As a rule, hotel expenses for Task Force meetings should not exceed € 150 per person per night (bed and breakfast only).

1. The ERS will refund internet access costs for the duration of the time you are at the meeting, based on a receipt of the costs.

8**.** As a rule, catering cannot exceed € 50 per person and per day. Reimbursement will only be effected where original receipts are supplied.

1. All expenses should be reported and all original receipts and bills sent with the travel expense form attached to this document. Submission of only credit card slips without valid receipts will not be recognised.
2. Travel expense forms must be submitted after the meeting according to the following rule:

* Meetings taking place after the Congress
  + Expense claims can be submitted up until the Spring Meeting (including on-site during the Spring Meeting).
* Meetings taking place after the Spring meeting
  + Expense claims can be submitted up until the Congress (including on-site during the Congress).

Travel expense forms submitted after this 6 months delay will not be considered.

* + Please keep a copy of all documents until the reimbursement has been transferred to your bank account.
  + Unusually large claims will be referred to the Treasurer for individual approval.

## Finally, if an unusually large expense is anticipated, please contact the ERS to discuss this in advance.

## Application form for ERS short guidance

To be submitted by e-mail to the ERS office ([guidelines\_statements@ersnet.org](mailto:guidelines_statements@ersnet.org)).

### Type of document, title and ERS Assembly(ies)

**Type of document:**

Short guideline

Short statement

**Title:**

**ERS Assembly(ies):**

|  |  |
| --- | --- |
| 1. General Pneumology  2. Respiratory Intensive Care  3. Basic and translational sciences  4. Sleep and Breathing disorders; and clinical physiology  5. Airway Diseases, Asthma and COPD  6. Epidemiology and Environment  7. Paediatrics | 8. Thoracic Surgery and Transplantation  9. Allied Respiratory Professionals  10. Respiratory Infections  11. Thoracic Oncology  12. Interstitial Lung Diseases  13. Pulmonary Vascular Diseases  14. Clinical Techniques, Imaging and Endoscopy |

**ERS main disease domain(s):**

|  |  |
| --- | --- |
| Airway diseases  Interstitial Lung diseases  Respiratory Critical Care  Respiratory Infections | Paediatric Respiratory Diseases  Pulmonary Vascular Diseases  Sleep and Breathing Disorders  Thoracic Oncology |

### Panel

**Chairs:**

|  |  |  |
| --- | --- | --- |
|  | **Chair 1: (initiator)** | **Chair 2:** |
| Last name: |  |  |
| First name: |  |  |
| Title (Dr., Prof., PhD) : |  |  |
| Institution : |  |  |
| Department : |  |  |
| Street address : |  |  |
| Post code and city : |  |  |
| E-mail address : |  |  |
| Phone : |  |  |

***Important:***

I confirm that I am going to join to my application**:**

* A short list of references for both chairs justifying expertise in the field;
* The chairs’ conflict of interest and confidentiality form fully completed and signed

The ERS conflict of interest and confidentiality form is available at the end of this application form.

**Proposed list of expert members (up to 10):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | **Name** | **Surname** | **Speciality** | **Institution** | **City** | **Country** | **Email address** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

### 3. Project details

**Rationale and objective of the project (200 words maximum)**

Background and details of the project to be submitted separately (5 pages maximum)

**Why this topic should be addressed by a short guideline /short statement (instead of a full guideline or statement)?** *Please indicate the recent publication or data justifying why the development of this type of document fulfils an urgent need.*

**Timetable**

*Indicate a tentative timetable for the completion of the TF, including milestones and expected dates (e.g.: kick-off meeting/TC, definition of sub-groups, literature searches, writing phase…)*

### 4. Methodology

**Development**

*Please describe the methodological steps for the production of your document (e.g. literature review, grading of evidence and recommendations for guidelines, etc.):*

**Who will perform the methodological tasks?** *Please include a brief description of their methodological experience*.

### 5. Other societies involved

Please indicate if one or several other societies have been approached to take part in this task force:

No, it is an ERS only project

Yes, one or several other societies are involved in this task force

If your answer is yes, please provide below the following information:

- Name of the society(ies):

- Name and email address of your contact person in the other society:

- Nature of the collaboration (financial, administrative/methodological support):

- Is the involvement/contribution of the other society(ies) confirmed?

**6. Publication**

Please note that any statement or other official communication in the name of the society must be approved by the ERS Executive Committee before publication.

If a publication is planned, please specify:

To be submitted to ERJ or other official ERS publication

To be submitted to another journal *(please indicate which one:*      *)*

***Important****:*

*ERS official documents are not automatically published as publication is purely an editorial decision.*

### *For joint task forces with other societies, note that the ERS does not allow dual publication and favours instead, the publication of editorial in other journal(s)*

### 7. Patient input

### If patient involvement is required, the chairs must consider how patients/patient organisations could be involved. We recommend contacting ELF ([info@europeanlung.org](mailto:info@europeanlung.org)) to discuss before submitting your application.

For further information on the ways that patients can be involved and facilitated please view the [ELF process diagram](https://taskforces.ersnet.org/images/ELF_patient_input_process_diagram_-_FINAL.pdf).

**I would like 1 patient representatives to attend the meeting and/or teleconference in an advisory function:**

Yes  No

**I would like to consider additional/alternative ways of involving patients (if yes, please explain in the table below). These costs will be covered and managed by ELF once an approach has been agreed.**

Yes  No

**Patient input factors (200 words max):**

### 8. Financial support

##### Budget should be submitted in **EUROS**.

# Methodological support:

Please chose the appropriate answer:

* We don’t need methodological support. All tasks will be performed by the TF members at no cost
* We need support (you may click one of both boxes below, depending on your need):
  + for literature searches by a medical librarian. Estimated requested amount:
  + for the evidence searches and grading. Estimated requested amount:

*Should you want to work with a specific organisation for the literature searches, evidence searches and grading, please join to your application an offer.*

# Meeting

Please chose the appropriate answer:

* No meeting needed
* We plan a meeting at the ERS Congress\*
* We plan a meeting at the ERS Headquarters\*
* We plan a meeting at a non-ERS event\*

\* The required budget will be calculated by the ERS office according to your panel.

### 9. Signatures

Chair 1 Signature:

Date:

Chair 2 Signature:

Date:

|  |
| --- |
| **ERS Conflict of Interest and Confidentiality Agreement forms for task force chairs and members** |

Please complete and tick ☑ the following statements as appropriate.

**A. CHAIR/MEMBER INFORMATION**

1. Task force’s details

Full title:

Chairs’ name:

Number (for approved TF)

2. Personal Information:

Title and name and surname:

**B. CONFIDENTIALITY AGREEMENT**

*The ERS requests that all information related to the content and development of a task force is kept strictly confidential until completion of the reviewing of its Final Document.*

*Task force chairs and members are requested to complete the Confidentiality Agreement within four weeks after acceptance of the project by the ERS Science Council and Executive Committee. The Confidentiality Agreement remains effective until completion of the final document’s reviewing. A notification is sent by the ERS Office to the task force chairs once the Confidentiality Agreement no longer applies.*

I agree and understand that I am not allowed to disclose any information I obtain as task force member to any third party not directly involved.

**C. CONFLICT OF INTERESTS**

1. General Disclosure of Conflicts of Interests

I understand that the intent of this disclosure is not to prevent a task force member or chair with a significant financial or other relationship from participating in task force, but rather to provide other members with information on which they can make their own judgments. It remains for the other task force member and chairs to determine whether my interests or relationships may influence my participation in the project. The ERS does not view the existence of these interests or commitments as necessarily implying bias or decreasing the value of the task force member/chair’s participation. May my situation change during the development of the task force, it is my responsibility to proactively report any new conflict of interest.

**Yes**, I have the following, real or perceived conflicts of interest that relate to this task force. I understand that I have to disclose them to the other task force members during the first meeting or teleconference.

**No**, I have no, real or perceived, conflicts of interest that relate to this task force.

2. Tobacco Industry-related Conflicts of Interests

Please note that ERS does not accept faculty who are or who have been, full or part-time, employees of, or paid consultants to, or those with any real or perceived, direct or indirect links, to the tobacco industry, or who have received any financial or in-kind benefit from the tobacco industry, at any time after **1 January 2000**. Exclusion will also be applied as of **1 January 2020** of persons who have conflicts of interest relating to alternative nicotine delivery products such as e-cigarette and heated tobacco products.

Please select what applies to you:

**NO.** I declare that I have not been full or part time employee of, paid consultant or advisor to /received a grant from the tobacco industry at any time **after 1.1.2000**, for any project or programme nor have I any conflict of interest relating to alternative nicotine delivery products such as e-cigarette and heated tobacco products after **1.1.2020**, nor will a conflict arise before the Task Force for which I am invited to participate in.

**YES.** I declare that I have been a full or part time employee of, paid consultant or advisor to/received a grant from the tobacco industry at any time **after 1.1.2000**, for any project or programme or I have conflicts of interest relating to alternative nicotine delivery products such as e-cigarette and heated tobacco products **after 1.1.2020**.

Signature:               Date:               

**Please return this form to the ERS Headquarters, duly completed and signed to** [guidelines\_statements@ersnet.org](mailto:guidelines_statements@ersnet.org)