

# Declaration of Interest Form

Dr Susan Leech  
Submitted:

## Your Information

First Name

Susan

Last Name

Leech

Date of completion

2021-11-11

Please tell us all the BSACI Committees/Groups you are a member of, or if you are a speaker please name the event (E.G. WAO/BSACI 2022)

BSACI Council BSACI Standards of Care Committee BSACI Paediatric Committee

## Initial Declaration

Do you have any Conflicts of Interest that you need to declare?

yes

## Personal Benefits

1. Ongoing Personal Benefit(s)

2. Personal Benefit(s) completed within the last year

Aimmune - Advisory Board - 2021

Thermofisher - fees for speaking - 2021

3. Personal Benefit(s) completed 1-2 years ago

Thermofisher - fees for speaking 2020

4. Personal Benefit(s) completed 2-3 years ago

Thermofisher - fees for speaking - 2019

## Personal Travel Grants/Expenses for Conferences etc..

1. Ongoing Personal Travel Grants/Expenses for Conferences

2. Personal Travel Grants/Expenses for Conferences received within the last year

3. Personal Travel Grants/Expenses for Conferences received within 1-2 years

4. Personal Travel Grants/Expenses for Conferences received within 2-3 years

## Personal Shares

Personal Share(s)

## Non-Personal Interests

1. Ongoing Non-personal interests

2. Non-personal interests completed within the last year

3. Non-personal interests completed within 1-2 years

4. Non-personal interests completed within 2-3 years

## Other potential conflicts of interest

1. Ongoing Conflict of interest
2. Conflict of interest within the last year
3. Conflict of interest within 1-2 years
4. Conflict of interest within 2-3 years

## Additional Interests

Additional interest