

Appendix A. Competing or Conflict of Interest Form

| Your name: | Rosa Maria Vivanco Hidalgo |
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| Your INAHTA member agency name: | Agency for Health Quality and Assessment of Catalonia (AQuAS) |
| Indicate your position on the INAHTA Board of Directors and the term start/end date: | Board Director 2023-2025 |
| Do you currently hold any position of governance or leadership in a global/international or regional HTA-related organization? | No |
| If yes, please indicate the name of the organization, your role or position, and the term start/end dates. | N/A |
| Do you have any financial interests that conflict with any activities planned or underway in INAHTA? | No |
| I acknowledge that as a Board member, I cannot accept any honoraria for appearances or presentations when representing INAHTA at external events. | Yes |
| I consent to have this CCI form posted publicly on the INAHTA website | Yes |
| | |
| Signature | Date |