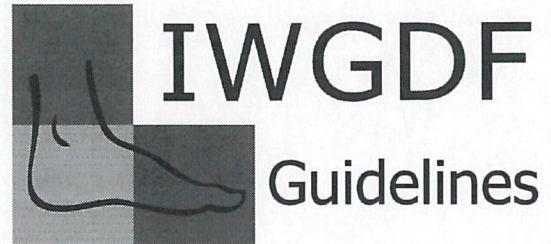


IWGDF Guidelines – Disclosure of interest form



Name: Neal Ryan Barshes

Affiliation: Baylor College of Medicine

Position: Associate Professor of Surgery

IWGDF Working Group: P.A.D.

For the following items, please disclose any interest from the past five years that might be perceived by others as potentially influencing your judgment in any topic in the IWGDF Guideline(s) that you contribute to.

- Ancillary positions: None.

- Personal financial interests: None.

- Personal relations (this includes personal relations or relations via close family that might be perceived by others as potentially influencing your judgment): None.

- Externally funded research (this includes research funding awarded to you as project member, or to your department, for funding that might be perceived by others as potentially influencing your judgment). If yes, name the title/topic of the grant. None.

- Other disclosures: None.

When you have nothing to disclose, please state here: I have no disclosures.

Signature and date:

Neal Barshes

05/12/2015
May 12th, 2015