

## DECLARATIONS OF INTEREST



Please refer to the attached guidance notes before completing this register entry. In addition to guidance on each section, examples of information required are also provided. Where you have no relevant interests in the relevant category, please enter '**none**' in the register entry.

Please return this form by e-mail as a word document.

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| <b>Name:</b> | DAVID HADDOW |
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**Please list all MRC bodies you are a member of:** E.g. Council, Strategy Board, Research Board, Expert Panel etc and your position (e.g. chair, member).

*MRC REGENERATIVE MEDICINE RESEARCH COMMITTEE PANEL*

**Main form of employment:** Name of University and Department or other employing body (include location), and your position.

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**Research group/department web page:** Provide a link to any relevant web pages for your research group or individual page on your organisation's web site.

NONE

**Please give details of any potential conflicts of interests arising out of the following:**

**1. Personal Remuneration:** Including employment, pensions, consultancies, directorships, honoraria. See section 1 for further guidance.

*NONE*

**2. Shareholdings and Financial Interests in companies:** Include the names of companies involved in medical/biomedical research, pharmaceuticals, biotechnology, healthcare provision and related fields where shareholdings or other financial interests. See section 2 for thresholds and further guidance.

NONE

**3. Research Income during current session (financial year):** Declare all research income from bodies supported by the MRC and research income from other sources above the limit of £50k per grant for the year. See section 3 for further guidance.  
You do not need to provide the total value of the award or your total anticipated grant income within the year though you may wish to do so.

*NONE*

**4. Major academic collaborators [national and international]:** Declare all significant collaborations outside your primary institution or organisation. See section 4 for further guidance.

*NONE*

**5. Un-remunerated involvement with and membership of medical, bio-medical, pharmaceutical, healthcare provision or science organisations or health**

**policy/communication and similar activities/organisations:** This may include non-executive and advisory positions, directorships and other positions of authority. See section 5 for further guidance.

*STAKEHOLDER PANEL MEMBER, HUMAN TISSUE AUTHORITY*

**6. Political/pressure group associations:** Members are expected not to occupy paid posts, or hold high-profile unpaid roles within a political party, pressure group or similar organisation. Any political/pressure group association should be declared. See section 6 for further guidance.

*NONE*

**7. Family:** Provide details of any potential conflicts that may arise out of any known interests of immediate family. See section 7 for further guidance.  
Please indicate which section (1-6) above applies. Family members do not need to be identified, either by name or their relationship to you.

*NONE*