**Annex 6 Declaration of Interests**

**{放入临床评价团队人员签署的利益声明}**

*（参考示例:*

*Evaluator and Manufacturer,* ***{公司名称}*** *Co., Ltd*

*declare that:*

*The evaluator,* ***{评价人员的姓名}*** *agrees to take part in the clinical evaluation team of the manufacturer,* ***{公司名称}*** *Co., Ltd, to conduct clinical evaluation work of* ***{产品名称}*** *.*

* *There is no grants, sources of revenue or benefits paid or promised to be paid from the manufacturer within the 36 months prior to the evaluation.*
* *There is no financial interests of family members included (namely spouse or partner living in the same residence as the evaluator, children and adults for whom the evaluators is legally responsible).*
* *There is no ownership/ shareholding possibly affected by the outcome of the evaluation.*
* *Grants do not sponsored by the manufacturer.*
* *There is no benefits such as travelling or hospitality (if beyond what is reasonably necessary for the work as an employee or external evaluator)*
* *There is no interests in connection with the manufacturing of the device or its constituents.*
* *There is no interests in connection with intellectual property, such as patents, copyrights and royalties (whether pending, issued or licensed) possibly affected by the outcome of the evaluation.*
* *There is no other interests or sources of revenues possibly affected by the result of the Evaluation.*

*Evaluator (signature)*

***{完成签名和日期}***

*Company Representative for* ***{公司名称}*** *Co., Ltd (signature)*

***{完成签名和日期}***

*)*