

European Commission Initiative on Breast Cancer

Annual Declaration of Interests (ADoI)

Name: Jan Daneš

[Please copy rows as needed for subsequent or parallel activities of the same nature]

[If it is not clear to you under which category of the form to declare an interest, you can declare it under "Other"].

Nature of activities	Period	Entity	Subject matter
1. Ownership or financial investments, including shares	MM/YYYY – MM/YYYY	Companies or organisations in which the financial interest is placed	[Relevant field of activity]
2. Membership of a managing body or equivalent structure	12/1995 – 11/2015	- Name Radiodiagnostika, Ltd - Location: Beroun, CZ - Nature private.	Function of institution: Small private medical practice Function of expert: radiologist Link to website of institution: www.mamocentrum.eu
	06/2003 – 11/2015	- Name Commission on breast cancer screening - Location Prague, CZ - Nature public	Function of institution: Ministry of Health (Czech Rep.) Function of expert: Chairperson Link to website of institution: www.mhzcj.cz
	08/2008 – 11/2015	- Name Association of Czech Breast Radiologists - Location : Prague, CZ - Nature: private	Function of institution: Association of Professionals (Radiologists) Function of expert: Vice President Link to website of institution: www.mamko.cz
3. Membership of another scientific advisory body	MM/YYYY – MM/YYYY	- Name - Location - Nature: public, private, etc.	Function of body: Function of expert: Link to website of body:
4. Employment	09/1983 – 11/2015	- Name, Place General teaching hospital in Prague -Type: public.	Radiologist, Head of Department of Radiology

Nature of activities	Period	Entity	Subject matter
	10/1989 – 11/2015	- Name, Place Charles University in Prague, First Faculty of Medicine -Type: public	Professor, University Teacher, Member of Scientific Board
5. Consultancy/Advisory	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc. - Amount	[Describe role]
6. Influence on definition of research priorities	No		
7. Research grants and other funding	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc. - Amount	[Describe research]
8. Principal investigator or investigator	No		
9. Intellectual property rights (IPR)	MM/YYYY – MM/YYYY		
10. Other membership or affiliation	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc.	[Describe activity, function, website]
11. Interests of others	MM/YYYY – MM/YYYY		[Describe activity, function]
12. Other	MM/YYYY – MM/YYYY	- Name, Place -Type: public, private, etc.	[Describe activity, function, website]

I also declare on my honour that the information disclosed in this form is true and complete to the best of my knowledge.

Should there be any change to the above information, I will promptly notify the responsible service of the Commission and complete a new DoI form including the changes.

Done at: Prague, Czech Republic _____

Date: November 4, 2015 _____

Signature: _____



No changes January 8, 2017

