

DECLARATION OF PERSONAL INTERESTS 2019



LAST NAME, First name: SLINEY, David H.	POSITION WITHIN ICNIRP (SEG or Commission Member, incl. nominee): SEG
<p>ACTIVITIES AND ASSETS from 2015-2018 and in 2019-2020</p> <p>Always mention the title of the activity, function, asset listed, and the name of company, organization, or institution involved.</p> <p>Please, report activities and assets including any current application or negotiation for future work.</p>	
EMPLOYMENT	
<p>Employer(s), function, title: Johns Hopkins School of Public Health, faculty associate (far less than full-time) Period: since 1985</p>	
UNPAID CONSULTANCY, ADVISORY POSITIONS AND SERVICES	
<p>Unpaid consultancy including service as a scientific or other advisor. Unpaid advisory office or services for a commercial entity or any organizations and/or as part of a regulatory legislative or judicial process with an interest in NIR (i.e. membership in scientific councils, associations, etc.):</p>	
<p>Name and description of the activity: Safety Director, American Society for Lasers in Medicine and Surgery Period: 1995-2019</p> <p>Personal advantages (hospitality, prestige, etc. - specify and quantify): Annual meeting registration waiver.</p>	
PAID CONSULTANCY, ADVISORY POSITIONS AND SERVICES	
<p>Paid consultancy including service as a scientific or other advisor. Paid advisory office or services for a commercial entity or any organizations and/or as part of a regulatory legislative or judicial process with an interest in NIR (i.e. membership in scientific councils, associations, etc.):</p>	
<p>Name and description of the activity: None Period: 2018-2019</p> <p>Name and status of the contractor:</p> <p>Income (amount and percentage of yearly laboratory/working group/personal income): 12</p>	

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RESEARCH SUPPORT RECEIVED FROM COMMERCIAL ENTITIES	
Grants, collaborations, sponsorships, other funding and in kind support valued at more than EUR 1000 overall (include equipment, facilities, staff, paid travel to meetings, etc.)	
Name and description of the activity: None	Period: 2018-2019
Name and status of the contractor:	
Unit receiving and managing the research funding from the above activity (University/Unit/Laboratory/Personal Research Fund/Other):	
Income (amount and percentage of yearly laboratory/unit/personal income):	
It is assumed that you are free of publishing whatever results your research shows without the influence from the entity funding your research. Is this explicitly stated within the contract?	
Yes <input type="checkbox"/>	Please specify the wording used in the contract:
No <input type="checkbox"/>	Please describe how your independence is safeguarded:
INVESTMENTS AND COMMERCIAL INTERESTS	
Investments (income valued at more than EUR 1 000) in a commercial entity, in a trust or holding company with an interest related to NIR. List, for example, any commercial business interests (e.g., proprietorships, partnerships, joint ventures) and stocks, bonds, stock options, other securities (e.g., short sales) - excluding broadly diversified mutual funds, pension funds or similar investments.	
Investment/Share: N/A	Period: 2018
Income (expressed in relation to other personal income): 0%	
INTELLECTUAL PROPERTY	
Such as patents, trademarks, or copyrights (also include pending applications) and proprietary know-how in a substance, technology or process.	
Property: Nothing of Current value	Period:
Income (expressed in relation to other personal income): 0%	

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ADDITIONAL INFORMATION	
When relevant, please provide details about the subject, the parties involved, the time-frame and any other relevant details.	
To your knowledge, would the outcome of your activities within ICNIRP benefit or adversely affect interests of others* with whom you have substantial common personal, financial or professional interests (such as family members or colleagues)?	
No	Period: 2018-2019
Is there any other aspect of your personal background or present circumstances not addressed above that might be perceived as affecting your objectivity or independence?	
No	Period: 2018-2019

I hereby declare that the disclosed information is true and complete to the best of my knowledge. Should there be any change to the above information, I will promptly notify the ICNIRP Secretariat and complete a new declaration of interests which takes the changes into account.

Date: **15 January 2019**

Name: **David H. Sliney**

Signature: *David H. Sliney*

* Information provided here may be protected by privacy rights. Thus, ICNIRP reserves the right to anonymize this field before DOI disclosure.