CONFLICT OF INTEREST DISCLOSURE STATEMENT

Name: _____Carlos Molina_____

Title/Position: _____Chair Stroke Service_____

Institution/Practice: ____Hospital Vall d'Hebron_____

Date: _____7/07/2026_____

In the interest of transparency and integrity in clinical practice, research, and education, I hereby disclose any financial relationships or potential conflicts of interest related to my professional activities.

1. HONORARIA & SPEAKING ENGAGEMENTS

If you received honoraria or compensation for lectures, presentations, or advisory roles in the past 24 months, please specify below – *leave blank if non applicable.*

Dr Carlos Molina has received honoraria for participation in Executive Committees of clinical trials (Librexia-Stroke) contribution to advisory boards and speaker fees from AstraZeneca, Boehringer Ingelheim, Daiichi Sankyo, Bristol Myers Squibb, Jansen, Medtronic, Novartis, Siemens Healthineers, Bayer, Novo Nordisk.

Dr. Carlos Molina received institutional research grant from ISC III , Horizon EU (TRUSTROKE and UMBRELLA projects) and EIT health (HARMONICS)

2. EQUITY INTERESTS & FINANCIAL TIES

If you or a first degree relative or partner have ownership, equity, or other significant financial interest in healthcare-related entities, please specify below – *leave blank if non applicable.*

.....No.....

3. OTHER RELEVANT RELATIONSHIPS

Please disclose any other financial or professional affiliations that may be perceived as a conflict of interest:

Founder of NORA-Health

I affirm that the above information is complete and accurate to the best of my knowledge. I understand that disclosing such relationships does not imply wrongdoing but promotes transparency and ethical practice.

Signature: _____Carlos Molina_____

Date: __07/07/2026___