CONFLICT OF INTEREST DISCLOSURE STATEMENT

Name: _____Götz Thomalla_____

Title/Position: ___Prof. Dr., Director Dept. of Neurology _____

Institution/Practice: _____University Medical Center Hamburg-Eppendorf_____

Date: _____06 July 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.*

I recieved honoraria as consultant or speaker from Acandis, Astra Zeneca, Bayer, Boehringer Ingelheim, BristolMyersSquibb, Kenes, Lilly, Takeda, TargED.

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.*

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3. OTHER RELEVANT RELATIONSHIPS

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

I am Coordinating Investigator of the EAST-STROKE trial, senior investigator of the PASSION trial, member of the Steering Committee of the DO-IT trial, the PICASSO trial, and the TENACITY trial.

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: 

Date: _____07 July 2026_____