

## DECLARATION OF SITUATION OF CONFLICT OF INTEREST

Declaration of interest

I, the undersigned, Ms, Miss, Mr (Last name, First name): DREUX Lionel

➤ Intervener for GMED as:  Employee,  Other (specify):

agree :

1. As part of my professional activity for GMED, to analyze my current situation in terms of risks of conflict of interest in relation to the criteria set out below.
2. To spontaneously analyze any change in my situation in terms of risks of a conflict of interest in relation to the criteria set out below and transmit the corresponding declaration without delay using this form.
3. To report any apparent conflict of interest for a person (natural or legal, past or present) involved in the conformity assessment process.

Objective risks of partiality arise when the stakeholder is directly or indirectly "interested" in the outcome of his actions or decisions. The risk of partiality may be against or on the contrary to the advantage of an LNE or GMED client company. The risk of partiality may exist vis-à-vis GMED.

The obligation to inform is necessary for any trusting collaboration between GMED and myself. It covers all the interests, facts and links that may give rise to a conflict of interest as defined below. The declarations are confidential information, which can only be communicated at the explicit request of the authorized authorities.

Interest, fact or links, with:

- [a] a company that is the customer of LNE or GMED,
- [b] a company that is the competitor with LNE or GMED customer,
- [c] a company that is the LNE or GMED customer's supplier,
- [d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment nor with the authorized representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,
- [e] the LNE or GMED competitor,
- [f] the LNE or GMED supplier,
- [g] one of the parties involved in an expertise,
- [h] a candidate for employment,
- [i] an employer other than GMED.

I consider myself to be concerned by a risk of conflict of interest:

- NO
- YES

Please complete the attached Statement of Interest (Table of identification of the risks of conflict of interest)

**Read and approved, certified true statement on January 19<sup>th</sup>, 2021**

**Lionel DREUX**

**President of GMED**

**Statement of detailed interest  
(Table of identification of the risks of conflict of interest)**

Risks of conflict of interest	No	Yes(*)	
		Typology (**)	Specify
Any ownership of capital of a company	<input checked="" type="checkbox"/>		
Current or terminated long-term or permanent links with or as the Owner, CEO, partner, legal representative, employee, participation in a decision-making body	<input checked="" type="checkbox"/>		
Ad hoc interventions directly or indirectly remunerated	<input checked="" type="checkbox"/>		
Holder of a patent or inventor of the product being evaluated or the competitor product	<input checked="" type="checkbox"/>		
Family relationship with an employee (spouse - ascendants - major descendants)	<input checked="" type="checkbox"/>		
Any past and / or current association on my own part or on behalf of my employer, regarding the assessment to which I must be associated.	<input checked="" type="checkbox"/>		

(\*) Positive answers may lead to further questioning

(\*\*) Typology: interest, fact or links with:

[a] a company that is the customer of LNE or GMED,

[b] a company that is the competitor with LNE or GMED customer,

[c] a company that is LNE or GMED customer's supplier,

[d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment and the authorised representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,

[e] the GMED or LNE competitor,

[f] the GMED or LNE supplier,

[g] one of the parties involved in an expertise,

[h] a candidate for employment,

[i] an employer other than GMED.

**Read and approved, certified true statement on January 19<sup>th</sup>, 2021**

**Lionel DREUX**

**President of GMED**

## DECLARATION OF SITUATION OF CONFLICT OF INTEREST

Declaration of interest

I, the undersigned, Ms, Miss, Mr (Last name, First name): Lys Béatrice

➤ Intervener for GMED as:  Employee,  Other (specify):

agree :

1. As part of my professional activity for GMED, to analyze my current situation in terms of risks of conflict of interest in relation to the criteria set out below.
2. To spontaneously analyze any change in my situation in terms of risks of a conflict of interest in relation to the criteria set out below and transmit the corresponding declaration without delay using this form.
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The obligation to inform is necessary for any trusting collaboration between GMED and myself. It covers all the interests, facts and links that may give rise to a conflict of interest as defined below. The declarations are confidential information, which can only be communicated at the explicit request of the authorized authorities.

Interest, fact or links, with:

- [a] a company that is the customer of LNE or GMED,
- [b] a company that is the competitor with LNE or GMED customer,
- [c] a company that is the LNE or GMED customer's supplier,
- [d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment nor with the authorized representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,
- [e] the LNE or GMED competitor,
- [f] the LNE or GMED supplier,
- [g] one of the parties involved in an expertise,
- [h] a candidate for employment,
- [i] an employer other than GMED.

I consider myself to be concerned by a risk of conflict of interest:

- NO
- YES

Please complete the attached Statement of Interest (Table of identification of the risks of conflict of interest)

**Read and approved, certified true statement on January 15<sup>th</sup>, 2021**  
**Béatrice LYS**

**Statement of detailed interest  
(Table of identification of the risks of conflict of interest)**

Risks of conflict of interest	No	Yes(*)	
		Typology (**)	Specify
Any ownership of capital of a company	<input checked="" type="checkbox"/>		
Current or terminated long-term or permanent links with or as the Owner, CEO, partner, legal representative, employee, participation in a decision-making body	<input checked="" type="checkbox"/>		
Ad hoc interventions directly or indirectly remunerated	<input checked="" type="checkbox"/>		
Holder of a patent or inventor of the product being evaluated or the competitor product	<input checked="" type="checkbox"/>		
Family relationship with an employee (spouse - ascendants - major descendants)	<input checked="" type="checkbox"/>		
Any past and / or current association on my own part or on behalf of my employer, regarding the assessment to which I must be associated.	<input checked="" type="checkbox"/>		

(\*) Positive answers may lead to further questioning

(\*\*) Typology: interest, fact or links with:

[a] a company that is the customer of LNE or GMED,

[b] a company that is the competitor with LNE or GMED customer,

[c] a company that is LNE or GMED customer's supplier,

[d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment and the authorised representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,

[e] the GMED or LNE competitor,

[f] the GMED or LNE supplier,

[g] one of the parties involved in an expertise,

[h] a candidate for employment,

[i] an employer other than GMED.

**Read and approved, certified true statement on January 15<sup>th</sup>, 2021  
Béatrice LYS**

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**ANNEX 1**  
**DECLARATION OF SITUATION OF CONFLICT OF INTEREST**

Declaration of interest

I, the undersigned, ~~Ms~~, Miss, ~~Mr~~ (Last name, First name): **PERRIMON, Marjorie**  
Intervener for GMED as:  Employee,  ~~Other (specify):~~

agree :

1. As part of my professional activity for GMED, to analyze my current situation in terms of risks of conflict of interest in relation to the criteria set out below.
2. To spontaneously analyze any change in my situation in terms of risks of a conflict of interest in relation to the criteria set out below and transmit the corresponding declaration without delay using this form.
3. To report any apparent conflict of interest for a person (natural or legal, past or present) involved in the conformity assessment process.

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The obligation to inform is necessary for any trusting collaboration between GMED and myself. It covers all the interests, facts and links that may give rise to a conflict of interest as defined below. The declarations are confidential information, which can only be communicated at the explicit request of the authorized authorities.

Interest, fact or links, with:

- [a] a company that is the customer of LNE or GMED,
- [b] a company that is the competitor with LNE or GMED customer,
- [c] a company that is the LNE or GMED customer's supplier,
- [d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment nor with the authorized representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,
- [e] the LNE or GMED competitor,
- [f] the LNE or GMED supplier,
- [g] one of the parties involved in an expertise,
- [h] a candidate for employment,
- [i] an employer other than GMED.

I consider myself to be concerned by a risk of conflict of interest:

- NO
- YES

Please complete the attached Statement of Interest (Table of identification of the risks of conflict of interest)

**Read and approved, certified true statement on December 3<sup>th</sup>, 2021**  
**Marjorie PERRIMON**

**Statement of detailed interest  
(Table of identification of the risks of conflict of interest)**

Risks of conflict of interest	No	Yes(*)	
		Typology (**)	Specify
Any ownership of capital of a company	x		
Current or terminated long-term or permanent links with or as the Owner, CEO, partner, legal representative, employee, participation in a decision-making body	<input type="checkbox"/>	Employee	2018-2019 : Beiersdorf (Elastoplast et Handsaplat) 2019-2020 : FDG( Doctissimo) 2020-2021 : FAREVACARE (subcontracting, subsidiary Of FAREVA)
Ad hoc interventions directly or indirectly remunerated	x		
Holder of a patent or inventor of the product being evaluated or the competitor product	x		
Family relationship with an employee (spouse - ascendants - major descendants)	x		
Any past and / or current association on my own part or on behalf of my employer, regarding the assessment to which I must be associated.	<input type="checkbox"/>	Writing reports	On behalf of FAREVA, as an employee, I carried out for the FCA cold spray product: the biological evaluation + supervised Gap Analyzes, and assembly of the technical file. This product is in the GMED SCOPE. I also produced the technical file + set up the QMS for FAREVACARE for iso and hypertonic sprays (to date CE marked with another N.O.). The validation of certificates goes until 2024.

(\*) Positive answers may lead to further questioning

(\*\*) Typology: interest, fact or links with:

- [a] a company that is the customer of LNE or GMED,
- [b] a company that is the competitor with LNE or GMED customer,
- [c] a company that is LNE or GMED customer's supplier,
- [d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment and the authorised representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,
- [e] the GMED or LNE competitor,
- [f] the GMED or LNE supplier,
- [g] one of the parties involved in an expertise,
- [h] a candidate for employment,
- [i] an employer other than GMED.

**Read and approved, certified true statement on December 3<sup>th</sup>, 2021  
Marjorie PERRIMON**

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ANNEX 1

DECLARATION OF SITUATION OF CONFLICT OF INTEREST

Declaration of interest

I, the undersigned, ~~Ms, Miss~~, Mr (Last name, First name): Stelian GANEA  
Intervener for GMED as:  Employee,  Other (specify):

agree :

1. As part of my professional activity for GMED, to analyze my current situation in terms of risks of conflict of interest in relation to the criteria set out below.
2. To spontaneously analyze any change in my situation in terms of risks of a conflict of interest in relation to the criteria set out below and transmit the corresponding declaration without delay using this form.
3. To report any apparent conflict of interest for a person (natural or legal, past or present) involved in the conformity assessment process.

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The obligation to inform is necessary for any trusting collaboration between GMED and myself. It covers all the interests, facts and links that may give rise to a conflict of interest as defined below. The declarations are confidential information, which can only be communicated at the explicit request of the authorized authorities.

Interest, fact or links, with:

- [a] a company that is the customer of LNE or GMED,
- [b] a company that is the competitor with LNE or GMED customer,
- [c] a company that is the LNE or GMED customer's supplier,
- [d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment nor with the authorized representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,
- [e] the LNE or GMED competitor,
- [f] the LNE or GMED supplier,
- [g] one of the parties involved in an expertise,
- [h] a candidate for employment,
- [i] an employer other than GMED.

I consider myself to be concerned by a risk of conflict of interest:

- NO
- YES

Please complete the attached Statement of Interest (Table of identification of the risks of conflict of interest)

Date: 13.04.2023

LAST NAME, First Name and Signature (preceded by the words "read and approved, certified true statement"):

read and approved, certified true statement  
GANEA Stelian

## General procedure – certification

### Statement of detailed interest (Table of identification of the risks of conflict of interest)

Risks of conflict of interest	No	Yes(*)	
		Typology (**)	Specify
Any ownership of capital of a company	<input checked="" type="checkbox"/>		
Current or terminated long-term or permanent links with or as the Owner, CEO, partner, legal representative, employee, participation in a decision-making body	<input checked="" type="checkbox"/>		
Ad hoc interventions directly or indirectly remunerated	<input checked="" type="checkbox"/>		
Holder of a patent or inventor of the product being evaluated or the competitor product	<input checked="" type="checkbox"/>		
Family relationship with an employee (spouse - ascendants - major descendants)	<input type="checkbox"/>	[b]	my spouse is employed by AFNOR as an Internal Clinician since Avril 2023
Any past and / or current association on my own part or on behalf of my employer, regarding the assessment to which I must be associated.	<input type="checkbox"/>	[a]	I have discovered through an e-mail from a member of my team that the CEO of DAYVIA in an ex-manager from my collaboration with UNILUX until March 2020

(\*) Positive answers may lead to further questioning

(\*\*) Typology: interest, fact or links with:

[a] a company that is the customer of LNE or GMED,

[b] a company that is the competitor with LNE or GMED customer,

[c] a company that is LNE or GMED customer's supplier,

[d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment and the authorised representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,

[e] the GMED or LNE competitor,

[f] the GMED or LNE supplier,

[g] one of the parties involved in an expertise,

[h] a candidate for employment,

[i] an employer other than GMED.

Date: 13.04.2023

LAST NAME, First Name and Signature (preceded by the words "read and approved, certified true statement"):

read and approved, certified true statement  
GANEA Stelian



**ANNEX 1**  
**DECLARATION OF SITUATION OF CONFLICT OF INTEREST**

Declaration of interest

I, the undersigned, ~~Ms, Miss,~~ Mr (Last name, First name): RIAHI Nabil  
Intervener for GMED as:  Employee,  Other (specify):

agree :

1. As part of my professional activity for GMED, to analyze my current situation in terms of risks of conflict of interest in relation to the criteria set out below.
2. To spontaneously analyze any change in my situation in terms of risks of a conflict of interest in relation to the criteria set out below and transmit the corresponding declaration without delay using this form.
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- [c] a company that is the LNE or GMED customer's supplier,
- [d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment nor with the authorized representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,
- [e] the LNE or GMED competitor,
- [f] the LNE or GMED supplier,
- [g] one of the parties involved in an expertise,
- [h] a candidate for employment,
- [i] an employer other than GMED.

I consider myself to be concerned by a risk of conflict of interest:

- NO
- YES

Please complete the attached Statement of Interest (Table of identification of the risks of conflict of interest)

Date: **17/02/2023**

LAST NAME, First Name and Signature (preceded by the words "read and approved, certified true statement"):

**read and approved, certified true statement – Nabil RIAHI**

## General procedure – certification

### Statement of detailed interest (Table of identification of the risks of conflict of interest)

Risks of conflict of interest	No	Yes(*)	
		Typology (**)	Specify
Any ownership of capital of a company	<input type="checkbox"/>		
Current or terminated long-term or permanent links with or as the Owner, CEO, partner, legal representative, employee, participation in a decision-making body	<input type="checkbox"/>		
Ad hoc interventions directly or indirectly remunerated	<input type="checkbox"/>		
Holder of a patent or inventor of the product being evaluated or the competitor product	<input type="checkbox"/>		
Family relationship with an employee (spouse - ascendants - major descendants)	<input type="checkbox"/>		
Any past and / or current association on my own part or on behalf of my employer, regarding the assessment to which I must be associated.	<input type="checkbox"/>		

(\*) Positive answers may lead to further questioning

(\*\*) Typology: interest, fact or links with:

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[b] a company that is the competitor with LNE or GMED customer,

[c] a company that is LNE or GMED customer's supplier,

[d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment and the authorised representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,

[e] the GMED or LNE competitor,

[f] the GMED or LNE supplier,

[g] one of the parties involved in an expertise,

[h] a candidate for employment,

[i] an employer other than GMED.

Date: **17/02/2023**

LAST NAME, First Name and Signature (preceded by the words "read and approved, certified true statement"):

**read and approved, certified true statement – Nabil RIAHI**

## DECLARATION OF SITUATION OF CONFLICT OF INTEREST

Declaration of interest

I, the undersigned, Ms, Miss, Mr (Last name, First name): **Krim, Tarik**

➤ Intervener for GMED as:  Employee,  Other (specify):

agree :

1. As part of my professional activity for GMED, to analyze my current situation in terms of risks of conflict of interest in relation to the criteria set out below.
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Interest, fact or links, with:

- [a] a company that is the customer of LNE or GMED,
- [b] a company that is the competitor with LNE or GMED customer,
- [c] a company that is the LNE or GMED customer's supplier,
- [d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment nor with the authorized representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,
- [e] the LNE or GMED competitor,
- [f] the LNE or GMED supplier,
- [g] one of the parties involved in an expertise,
- [h] a candidate for employment,
- [i] an employer other than GMED.

I consider myself to be concerned by a risk of conflict of interest:

- NO
- YES

Please complete the attached Statement of Interest (Table of identification of the risks of conflict of interest)

**Read and approved, certified true statement on March 17<sup>th</sup>, 2021**  
**Tarik Krim**

**Statement of detailed interest  
(Table of identification of the risks of conflict of interest)**

Risks of conflict of interest	No	Yes(*)	
		Typology (**)	Specify
Any ownership of capital of a company	<input checked="" type="checkbox"/>		
Current or terminated long-term or permanent links with or as the Owner, CEO, partner, legal representative, employee, participation in a decision-making body	<input checked="" type="checkbox"/>		
Ad hoc interventions directly or indirectly remunerated	<input checked="" type="checkbox"/>		
Holder of a patent or inventor of the product being evaluated or the competitor product	<input checked="" type="checkbox"/>		
Family relationship with an employee (spouse - ascendants - major descendants)	<input checked="" type="checkbox"/>		
Any past and / or current association on my own part or on behalf of my employer, regarding the assessment to which I must be associated.	<input checked="" type="checkbox"/>		

(\*) Positive answers may lead to further questioning

(\*\*) Typology: interest, fact or links with:

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[b] a company that is the competitor with LNE or GMED customer,

[c] a company that is LNE or GMED customer's supplier,

[d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment and the authorised representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,

[e] the GMED or LNE competitor,

[f] the GMED or LNE supplier,

[g] one of the parties involved in an expertise,

[h] a candidate for employment,

[i] an employer other than GMED.

**Read and approved, certified true statement on March 17<sup>th</sup>, 2021  
Tarik Krim**

## DECLARATION OF SITUATION OF CONFLICT OF INTEREST

Declaration of interest

I, the undersigned, **Ms, Miss, Mr** (Last name, First name): **Marie-Laure MIRAMON**

➤ Intervener for GMED as:  Employee,  Other (specify):

agree :

1. As part of my professional activity for GMED, to analyze my current situation in terms of risks of conflict of interest in relation to the criteria set out below.
2. To spontaneously analyze any change in my situation in terms of risks of a conflict of interest in relation to the criteria set out below and transmit the corresponding declaration without delay using this form.
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- [b] a company that is the competitor with LNE or GMED customer,
- [c] a company that is the LNE or GMED customer's supplier,
- [d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment nor with the authorized representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,
- [e] the LNE or GMED competitor,
- [f] the LNE or GMED supplier,
- [g] one of the parties involved in an expertise,
- [h] a candidate for employment,
- [i] an employer other than GMED.

I consider myself to be concerned by a risk of conflict of interest:

- NO
- YES

Please complete the attached Statement of Interest (Table of identification of the risks of conflict of interest)

**Read and approved, certified true statement on 17/03/2021**  
**Marie-Laure Miramon**

**Statement of detailed interest  
(Table of identification of the risks of conflict of interest)**

Risks of conflict of interest	No	Yes(*)	
		Typology (**)	Specify
Any ownership of capital of a company	<input checked="" type="checkbox"/>		
Current or terminated long-term or permanent links with or as the Owner, CEO, partner, legal representative, employee, participation in a decision-making body	<input checked="" type="checkbox"/>		
Ad hoc interventions directly or indirectly remunerated	<input checked="" type="checkbox"/>		
Holder of a patent or inventor of the product being evaluated or the competitor product	<input checked="" type="checkbox"/>		
Family relationship with an employee (spouse - ascendants - major descendants)	<input checked="" type="checkbox"/>		
Any past and / or current association on my own part or on behalf of my employer, regarding the assessment to which I must be associated.	<input checked="" type="checkbox"/>		

(\*) Positive answers may lead to further questioning

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[a] a company that is the customer of LNE or GMED,

[b] a company that is the competitor with LNE or GMED customer,

[c] a company that is LNE or GMED customer's supplier,

[d] the designer, manufacturer, supplier, installer, buyer, owner, user or maintainer of the devices, process or service subject of the GMED assessment and the authorised representative of any of those parties; or with an organization which provides consultancy services to those entities or persons,

[e] the GMED or LNE competitor,

[f] the GMED or LNE supplier,

[g] one of the parties involved in an expertise,

[h] a candidate for employment,

[i] an employer other than GMED.

**Read and approved, certified true statement on 17/03/2021  
Marie-Laure Miramon**