

REGISTER OF INTERESTS FORM

Health Research Board

Board Member

Name	Dr Tracy Cunningham
Employer	Amryt Pharma
Position	VP, Head of Development

PART A

Please answer the following questions in respect of your own interests only.

	Question <i>(and explanatory notes)</i>	Please complete each question <i>If you have no interests to declare against a question – please write none.</i>
1	<p>Please provide a listing of your memberships or fellowships of professional bodies or other similar bodies in the public, private or voluntary sector.</p> <p>Please also state if you hold offices within those bodies such as President, Chair, Chief Executive, Treasurer or Secretary</p>	<p>Fellow of Royal College of Physicians in Ireland</p> <p>Member of Association of Pharmaceutical Physicians in Ireland</p> <p>On register of Medical Council in Ireland</p>

	Question <i>(and explanatory notes)</i>	Please complete each question <i>If you have no interests to declare against a question – please write none.</i>
2	<p>Please provide a listing of your memberships of local authorities, or local or national community organisations.</p> <p>Please also state if you hold offices within those bodies such as President, Chair, Chief Executive, Treasurer or Secretary</p>	None
3	<p>Please provide a listing of all positions of authority that you hold in charity or voluntary organisations in the field of research or health and social care.</p> <p>When completing this question please state the name of the organisation and the position that you hold</p>	None
4	<p>Please list other connections with professional bodies, voluntary or other organisations in the field of research or health and social care not already disclosed above.</p>	None
5	<p>Please list the consultancies, directorships and/or advisory positions that you hold that relate to</p> <ul style="list-style-type: none"> • Research medical or healthcare • pharmaceutical company or organisation • public body • political party 	None save that employed by Amryt Pharma

	Question <i>(and explanatory notes)</i>	Please complete each question <i>If you have no interests to declare against a question – please write none.</i>
	When completing this question please state the name of each organisation, which of the above four categories it belongs to and the nature of your role.	
6	<p>Please list the names of any person(s) or company(s) that you are connected with that you are aware of having</p> <ul style="list-style-type: none"> • a contractual arrangement for matters affected by HRB business or • is involved in tendering for such a contract <p>When answering this question please state the name of the person, name of company, and the matter affected by HRB business or the contract under tender.</p>	None
7	<p>Please list your membership (including being a shareholder) or association with any other companies, organisations or individuals which may have an interest in the work of the HRB.</p> <p>For the purposes of answering this question shareholdings valued at more than €15,000 or of more than 5% of the issued capital of a company should be disclosed. It is not necessary to include the value of your shareholding on this form.</p>	None
8	<p>Please state the name and position of the person(s) to whom you report to on a regular basis in the course of your employment</p>	Dr Mark Sumeray (Chief Medical Officer, Amryt Pharma)

TABLE 1

Current Research Funding

Please include your own name in the relevant column.

Definitions of Co-applicants and collaborators are set out at the end of the form.

Title of research project	Funding Scheme	Funding Agency	Amount funded €	Research start date and end date
NONE				

PART B

Please answer the following questions in respect of any person or body connected with you. You should disclose any interests that you could (a) reasonably expected to be aware of and (b) could involve a conflict of interest or materially influence you in the performance of your functions for the HRB.

For this purpose, persons and bodies connected with a member should include:

- (a) a spouse, parent, brother, sister, child or step-child;
- (b) a body corporate with which the member is associated;
- (c) a person acting as the trustee of any trust, the beneficiaries of which include the member or the persons at (a) above or the body corporate at (b) above; and
- (d) a person acting as a partner of the member or of any person or body who, by virtue of (a) - (c) above, is connected with the member.

	Question <i>(and explanatory notes)</i>	Connection (eg Spouse, child etc)	Please complete each question <i>If you have no interests to declare against a question – please write none.</i>
1	<p>Please provide a listing of the relevant memberships or fellowships of professional bodies or other similar bodies in the public, private or voluntary sector.</p> <p>Please also state if your connection holds offices within those bodies such as President, Chair, Chief Executive, Treasurer or Secretary</p>	None	None

	Question <i>(and explanatory notes)</i>	Connection (eg Spouse, child etc)	Please complete each question <i>If you have no interests to declare against a question – please write none.</i>
2	<p>Please provide a listing of the relevant memberships of local authorities, or local or national community organisations.</p> <p>Please also state if your connection holds offices within those bodies such as President, Chair, Chief Executive, Treasurer or Secretary</p>	None	None
3	<p>Please provide a listing of the positions of authority that your connection(s) holds in relevant charities or voluntary organisations in the field of research or health and social care.</p> <p>When completing this question please state the name of the organisation and the position held</p>	None	None
4	<p>Please list other relevant connections with professional bodies, voluntary or other organisations in the field of research or health and social care not already disclosed above.</p>	None	None
5	<p>Please list the consultancies, directorships and/or advisory positions that your connections hold that relate to</p>	None	None

	Question <i>(and explanatory notes)</i>	Connection (eg Spouse, child etc)	Please complete each question <i>If you have no interests to declare against a question – please write none.</i>
	<ul style="list-style-type: none"> • Research medical or healthcare • pharmaceutical company or organisation • public body • political party <p>When completing this question please state the name of each organisation, which of the above four categories it belongs to and the nature of your connection’s role.</p>		
6	<p>Please list the names of any person(s) or company(s) that your connection is connected with that you are aware of having</p> <p style="padding-left: 40px;">a contractual arrangement for matters affected by HRB business or is involved in tendering for such a contract</p> <p>When answering this question please state the name of the person, name of company, and the matter affected by HRB business or the contract under tender.</p>	None	None
7	<p>Please list your connections relevant membership (including being a shareholder) or association with any other companies, organisations or individuals which may have an interest in the work of the HRB.</p>	None	None

	Question <i>(and explanatory notes)</i>	Connection (eg Spouse, child etc)	Please complete each question <i>If you have no interests to declare against a question – please write none.</i>
	<p>For the purposes of answering this question shareholdings valued at more than €15,000 or of more than 5% of the issued capital of a company should be disclosed. It is not necessary to include the value of your shareholding on this form.</p> <p>Where you are unsure of the precise value, please include it in the listing in the interests of full disclosure.</p>		

TABLE 3

Current Research Funding held by your connection

Please include your connection's name in the relevant column.

Definitions of Co-applicants and collaborators are set out at the end of the form.

Title of research project	Funding Scheme	Funding Agency	Amount funded €	Research start date and end date
None				

PART C

<p>Please list any other interests not already disclosed above that could involve a conflict of interest or materially influence you in the performance of your duties as a member of the HRB Board or HRB Board Committees</p>	<p>None</p>
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The HRB also collects other information in relation each member of the Board, and persons and bodies connected with a member of the board. The other information collected includes answers to the following questions:

Please list the names of individuals for whom you have acted in the capacity of mentor/supervisor at any time during the past five years.

Current Research Funding – Full name(s) of Principal Investigator, Co-applicant(s) and institutional affiliation; Full name(s) of Collaborator(s) and institutional affiliation.

Funding applications currently being prepared or already submitted and awaiting assessment.