

Name: MARIA VICTORIA **Surname:** CAÑADAS GODOY**Date:** DECEMBER, 1 2025**Workplace institution:** HOSPITAL CLÍNICO SAN CARLOS**Teaching institution:** HOSPITAL CLINICO SAN CARLOS

Type of relationships	No	Money paid to you	Money to your institution	Entity	Comments
Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABBOTT, MEDTRONIC, BOSTON SCIENTIFIC	
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Expert testimony	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABBOTT, MEDTRONIC, BOSTON SCIENTIFIC	
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grants/Grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Travel/accommodations expenses covered or reimbursed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ABBOTT, MEDTRONIC, BOSTON SCIENTIFIC	
Payments for attendance at conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ABBOTT, MEDTRONIC, BOSTON SCIENTIFIC	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Are there other relationships or activities that you could perceive to have influenced, or that give the appearance of potentially influencing?

- ☐ No other relationships/conditions/circumstances that present a potential conflict of interest
☐ Yes, the following relationships/conditions/circumstances are present (explain below):

Click and complete