

## SAMRC BOARD MEMBER ANNUAL DECLARATION OF INTERESTS

Title (Mr/Ms/Professor/Doctor)	Professor	
Name & Surname	Lufuno Rudo Mathirha	
Name of primary employer or self -employed	Gauteng Health: CHRIS HANI BARAGWANATH ACADEMIC HOSE	ITAL
Position Held	HEAD OF CLINICAL DEPARTMENT CRITICAL CARE MEDICINE	

I hereby certify that the following information is complete and correct to the best of my knowledge and I hereby declare to have the following interests:

Please provide details of any potential conflicts of interests arising out of the following:

(1) Boa	ard Directorships (Please provide the full name of the organisation/institution/entity)
1.	
2.	
3.	
4.	
5.	NIA
6.	
7.	
8.	
9.	
10.	in a from the SAMPC)
(2) Re	esearch Funding (funding you/ your Institution/Organisation is receiving from the SAMRC)
	NA

(3) Shareholding/Financial Interests
Only declare interests in companies that provide goods or services to the SAMRC
NA
(4) Major academic collaborators [national and international]
Please declare all significant collaborations outside your primary institution or organisation
1) Member of Scientific Advisory Committee
for CIARDP
Member of Scientific Advisory Committee for GARDP Ministerial Advisory Committee a) Member of Ministerial Advisory Committee on COVID-19
2) Member of Millstella Advisory committee
on covid-19
(5) Interests of Close Family Members:  Please provide the full name and relationship (spouse/partner/son/daughter etc.) of immediate family
members associated with or employed by an institution/organisation/company that receives funding from
the SAMRC or provides goods and services to the SAMRC.
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WIA
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(6) Sponsorships, Gifts and Hospitality from a source other than a family member
Please include name of entity, description of gift/sponsorship and value
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NIA
(7) Any other interests you wish to declare:
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NH

Signature:

Date: 4/11/2022