

SAMRC BOARD MEMBER ANNUAL DECLARATION OF INTERESTS

Title (Mr/Ms/Professor/Doctor)	Professor
Name & Surname	Tahir Pillay
Name of primary employer or self -employed	University of Pretoria
Position Held	Professor/Chief Specialist and Head of Department, Chemical Pathology, University of Pretoria

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) Bo	pard Directorships (Please provide the full name of the organisation/institution/entity)
1.	None of note
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
(2) Re	esearch Funding (funding you/ your Institution/Organisation is receiving from the SAMRC)
No personal funding from SAMRC. The University of Pretoria receives funding from the SAMRC in	
various	s forms.

(4) Major academic collaborators [national and international] Please declare all significant collaborations outside your primary institution or organisation University of KwaZulu-Natal National Health Laboratory Service (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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare: None	
(4) Major academic collaborators [national and international] Please declare all significant collaborations outside your primary institution or organisation University of KwaZulu-Natal National Health Laboratory Service (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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
(4) Major academic collaborators [national and international] Please declare all significant collaborations outside your primary institution or organisation University of KwaZulu-Natal National Health Laboratory Service (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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
Please declare all significant collaborations outside your primary institution or organisation University of KwaZulu-Natal National Health Laboratory Service (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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	None of note
Please declare all significant collaborations outside your primary institution or organisation University of KwaZulu-Natal National Health Laboratory Service (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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
Please declare all significant collaborations outside your primary institution or organisation University of KwaZulu-Natal National Health Laboratory Service (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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
Please declare all significant collaborations outside your primary institution or organisation University of KwaZulu-Natal National Health Laboratory Service (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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
University of KwaZulu-Natal National Health Laboratory Service (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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	(4) Major academic collaborators [national and international]
(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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	Please declare all significant collaborations outside your primary institution or organisation
(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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	University of KwaZulu-Natal
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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	National Health Laboratory Service
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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
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. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
members associated with or employed by an institution/organisation/company that receives funding from the SAMRC or provides goods and services to the SAMRC. None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	(5) Interests of Close Family Members:
None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	Please provide the full name and relationship (spouse/partner/son/daughter etc.) of immediate family
None (6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
(6) Sponsorships, Gifts and Hospitality from a source other than a family member Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	None
Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	
Please include name of entity, description of gift/sponsorship and value None (7) Any other interests you wish to declare:	(6) Spansorships Gifts and Hospitality from a source other than a family member
None (7) Any other interests you wish to declare:	
(7) Any other interests you wish to declare:	
• • • • • • • • • • • • • • • • • • • •	THORIC .
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	
None	(7) Any other interests you wish to declare:
	None

Date: 5 November 2022