



## EMA Public Declaration of Interests form

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Employee Name: Stefanie Prilla  
Position: Head of Workstream  
Effective Date: Dec 1, 2025  
Division: TDA-MET  
Organisational Entity: TDA-Methodology  
Interest Level: 1  
Category:

**1. Employment {1} in a pharmaceutical or medical device company during the past three years. Please specify dates {2}.**

| Company Name | Product Name | Date from | Date to |
|--------------|--------------|-----------|---------|
|              |              |           |         |

**2. Consultancy or strategic advisory role to a pharmaceutical or medical device company during the past three years. Please specify dates {2}.**

| Company Name | Product Name | Date from | Date to |
|--------------|--------------|-----------|---------|
|              |              |           |         |

**3. Investigator or principal investigator in a pharmaceutical or medical device company during the past three years. Please specify dates {2}.**

| Company Name | Product Name | Date from | Date to |
|--------------|--------------|-----------|---------|
|              |              |           |         |

**4. Intellectual property rights related to medicinal products or medical devices or uses of such medicinal products or medical devices in the past three years (this includes: owner/beneficiary/applicant of a patent, intellectual property rights, trademarks, know-how and/or copyrights){3}.**

**5. Employment for a research organisation during the past three years. Please specify dates{2}.**

**6. Close family member{4} interests in a pharmaceutical or medical device company{5} (only current interests).**

**7. Position in a governing body{6} of a professional organisation with an interest in the field of pharmaceuticals or medical device, other than a pharmaceutical or medical device company during the past three years.**

**8. Employment, consultancy and strategic advisory role during the past three years, in areas, other than the pharmaceutical or the medical device industry, providing services to the Agency{7} and relating to your duties{8}.**

| Company Name | Date from | Date to |
|--------------|-----------|---------|
|              |           |         |

**9. Close family member{4} interests in areas, other than the pharmaceutical industry or the medical devices industry, providing services to the Agency and relating to your duties (only current interests){8}.**

**10. I hereby confirm that I do not have any current financial interest in the pharmaceutical/medical devices industry or in areas other than the pharmaceutical industry, providing services to the Agency and relating to my duties.**

**Declaration:**

I Stefanie Prilla do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interests I have in the pharmaceutical industry, the medical devices industry or in any other industry directly related to my job at the EMA are those listed above.

I further declare that should any changes occur and should it appear that I have or acquire additional interests that should be made known to the Agency, I shall forthwith declare them and complete a new public declaration of interests.

I undertake to update this form as required by changing circumstances and to confirm the information declared in the current form yearly.

Please tick this box to confirm that you have read, understood and accepted the Agency's Code of Conduct and click on the send button to submit this Declaration of Interests.



{1} Employment in a pharmaceutical or medical device company also includes unpaid/paid traineeships.

{2} Information relating to interests older than 3 years does not need to be provided.

{3} Please include the medicinal product, manufacturing method and/or therapeutic use, or the medical device, as well as the type of intellectual property right (owner/beneficiary/applicant of patents, intellectual property rights, trademarks, know-how and/or copyrights).

Please note that under the current rules on handling declared interests, EMA staff are not allowed to hold intellectual property rights related to medical devices or medicinal products or uses of such medical devices or products, i.e. patent ownership or beneficiary of patents.

{4} A close family member means: first-line members of the family of the staff member (i.e. a spouse or a partner, children and parents).

{5} Interests to be declared include current employment, consultancy, strategic advisory role and financial interest in a pharmaceutical company or a medical device company.

{6} Positions (e.g. influential roles or managerial) in a governing body (irrespective if such position is paid or not) of a professional organisation with an interest in the field of pharmaceuticals or medical devices other than a pharmaceutical or a medical device company.

{7} Previous interim assignments at the Agency do not need to be declared.

{8} Including IT, facilities, administration, catering. Examples of interests (direct and indirect) are IT related patents, copyright, software, other companies supplying IT services including consultancy, directorships, ownership status in company(ies) supplying or being considered to supply goods/services to EMA.