

DECLARATION OF INTERESTS

(Please note that high quality of scientific expertise is by nature based on prior experience and that therefore having an interest does not necessarily mean having a conflict of interest)

Name: Thomas Platzek

SCCS involvement: Member

Title: Prof. Dr. rer.nat.

Profession:

Head of the Division Toxicology, Department Safety of Consumer Products, Federal Institute for Risk Assessment, Berlin, Germany

Nature of Activities	Period	Organisation	Subject matter
I. Ownership or other investments, including shares		Companies or organisations in which the financial interest is placed	Not applicable
II. Member of a Managing Body or equivalent structure		-Name, Place -Type: public, private, ...	Not applicable

Nature of Activities	Period	Organisation	Subject matter
III. Member of a Scientific Advisory Body	1989 – 2010	<p>-Name, Place</p> <p>BfR Committee for Consumer Products, Berlin, Germany</p> <p>-Type: public</p>	<p>Member of Scientific Committee, sub- Function of expert: as BfR member</p> <p>Function of expert: as BfR member</p> <p>Function of body: Advising of the BfR</p> <p>Link to website of body:</p> <p>http://www.bfr.bund.de/de/bfr_kommission_fuer_bedarfsgegenstaende-1329.html</p>
	2000-2011	<p>BfR Committee for Cosmetics, Berlin, Germany</p> <p>-Type: public</p>	<p>Function of expert: as BfR member</p> <p>Function of body: Advising of the BfR</p> <p>Link to website of body:</p> <p>http://www.bfr.bund.de/de/bfr_kommission_fuer_kosmetische_mittel-309.html</p>

Nature of Activities	Period	Organisation	Subject matter
IV. Employment	Since 1989	-Name, Place Federal Institute for Risk Assessment and its predecessors; Berlin -Type: public	[Describe professional activities in relation to activities of the SCs] Risk assessment
V. Consultancy/ Advisory	MM/YYYY – MM/YYYY	-Name, Place -Type: public, private, ...	Not applicable
VI. Research funding	MM/YYYY – MM/YYYY	-Name, Place -Type: public, private, ...	Not applicable
VII. Intellectual property	MM/YYYY – MM/YYYY		Not applicable
VIII. Other membership or affiliation	MM/YYYY – MM/YYYY	-Name, Place -Type: public, private, ...	Not applicable
IX. Other	MM/YYYY – MM/YYYY	-Name, Place -Type: public, private, ...	Not applicable

Nature of Activities	Period	Organisation	Subject matter
X. Interests of close family members	MM/YYYY – MM/YYYY		Not applicable

I hereby declare that I have read both the Guidance Document on Declarations of Interests and the Procedure for identifying and handling potential conflict of interests and that the above Declaration of Interests is complete.

Date: 4 May 2011

Signature:

SIGNED