**Disclosure of Conflict of Interest Form**

Complete all applicable fields and return signed and dated to the event organizing office.

|  |  |
| --- | --- |
| **Name:** |       |
| **Affiliation** |       |
| **Telephone:** |       | **Email:** |       |
| **Role:** | [ ]  Scientific and/or Organizing Committee [ ]  Faculty/Presenter [ ]  Other |

In the **past 12 months**, did you (or your spouse/partner) have a financial relationship with any commercial interest that is relevant to this educational program or activity?

[ ]  Yes [ ]  No

If Yes – please describe the nature of the relevant financial relationship(s).

* **First,** please list those commercial interests (companies, institutions) which produce healthcare goods or services and with which you or your spouse/partner either: a) have a relevant financial relationship now, or b) have had a relevant financial relationship during the past 12 months. Nonprofit companies, non-healthcare related companies and governmental organizations do not need to be included.
* **Second,** describe your role in relation to the commercial interest.
* **Third,** describe what you or your spouse/partner received (salary, honorarium etc). It is **not required** to disclose how much you have received nor to disclose ownership in diversified mutual funds.

Example terminology

|  |  |
| --- | --- |
| **Role(s)**: employment, consulting, speaker/teacher, membership on advisory committees, board or review panels, grant recipient, individual investor, "other" please specify, intellectual property (IP) rights holder. | **What was received**: salary, royalty, honorarium,grant, stocks/stock options, or other financialbenefit. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Commercial interest** | **What role?** | **Financial relationship** | **Self or spouse/partner** |
| Company, institution, etc | Speaker, consultant, etc | Nature of relationship |  |
|       |       |       | [ ]  Self [ ]  Spouse/partner |
|       |       |       | [ ]  Self [ ]  Spouse/partner |
|       |       |       | [ ]  Self [ ]  Spouse/partner |
|       |       |       | [ ]  Self [ ]  Spouse/partner |
|       |       |       | [ ]  Self [ ]  Spouse/partner |
|       |       |       | [ ]  Self [ ]  Spouse/partner |

**To assure independence and balance of content, current conflicts of interest were resolved by the following process:**

**The COI will be resolved by disclosure of commercial interest to the participant.**

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date