

Conflict of Interest/Disclosure Form

Name: (please print) _____ Credentials: _____

Circle all that apply for your role in this activity (see definition on page 2):

Course Director Planning Committee Presenter/Panelist Moderator Lab Faculty SPOUSE/Partner

Content summary of the presentation you are disclosing for. Use back of form if needed. If multiple lectures please list separately or use multiple forms.

Title of Activity: _____ Date of Activity: _____

* Per ACCME requirements, persons who fail to sign and return this form are not eligible to be involved with this activity.

#1. Disclosure of Financial Relationships:

First, list the names of commercial interests, (defined in the Glossary of Terms on page 2) with which **you or your spouse/partner** have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

DISCLOSE ONLY WHERE THE RELATIONSHIP IS RELEVANT WITH THE CONTENT OF THIS ACTIVITY; please use a second form to disclose relationships for your spouse/partner. Both forms should be sent as one package for review of full disclosure.

With respect to this CME content (check one):

- No, I do not have a relevant financial relationship. (Proceed to #2)
- Yes, I do have a relevant financial relationship. Saint Louis University CME Program does NOT want to know how much you received.

Commercial Interest (if more space is needed, please attach a separate sheet)	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For What Role?
Example: Company 'X'	Speaker Fee	Promotional Speaker

Example terminology:

What was received: Salary, royalty, intellectual property rights, research grant, consulting fee, speaker fee, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).

#2. Disclosure of Off-Label and/or Investigative Uses:

If, at any time during my educational activity I discuss an off-label/investigative (unapproved) use of a commercial product/device, I understand that I must provide disclosure of that intent.**

With respect to this presentation/demonstration (check one):

- No, I do not intend to discuss an off-label/investigative use of a commercial/product/device. (Proceed to #3)
- Yes, I do intend to discuss off-label/investigative use(s) of the following commercial product(s)/device(s). (Provide information below; proceed to #3)

Manufacturer(s)/Product(s)/Device(s) _____

#3. Declaration

I understand that continuing education accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited CME provider or its educational partner (or fiscal agent).

Printed Name: _____ Date: _____ Signature _____

PLEASE REVIEW SLIDE DECK REQUIREMENT INFORMATION ON SECOND PAGE

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****SLIDE DECK REQUIREMENT**

If you are presenting at the CME activity, ***please enter your disclosure information into your slide deck on the second slide along with relevant disclosure information of a spouse/partner.***

The order of your slide deck should be:

First Slide: Title Page with Author(s)/Presenter(s)

Second Slide: Disclosure Information for yourself/spouse/partner (relationship for your spouse/partner is viewed as your own)

- If you do not have a relevant financial relationship then you would simply state, "*I have no relevant financial relationships to disclose*".
- If you do have a relevant financial relationship, you need to state the relationship and the company (not the product). Example: "*I am a consultant with xxx company and I have received research grant funding from xxx.*"
- If you are intending on discussing a product or device that is not FDA approved for the use under discussion or if it is still under investigation you need to also put that information on slide two.
Example: "*I intend to discuss off-label/investigative uses of the following commercial product(s)/device(s):*"

Note: For printing/sharing purposes, if possible, we ask that the slide deck you forward to us before the course contain a simple **white background**. For your actual live presentation, we encourage you to use colors and graphics as you desire.

Glossary of Terms

Commercial Interest: The ACCME defines a "commercial interest" as any proprietary entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exemption of non-profit or government organizations and non-health care related companies.

Financial relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant financial relationships: ACCME focuses on financial relationships with commercial interests during the 12-month period preceding the time that the individual is asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in *any* amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

Planning Committee Definition: Planners are defined as anyone who had a contributing role in the content development of the activity. Examples of planner contributions include, but are not limited to, giving suggestions or final approval and/or answering the following questions (*bullet points taken from the ACCME website regarding full disclosure*):

- What subject should we be talking about?
- What speakers should we be getting?
- What elements of this area of care or research should we be pursuing in our CME/CE activity?

All planners' disclosure forms are required along with submission of AMA application.

All subsequent disclosure forms are to be collected and submitted by the deadline given during the planning process.
NO AMA CREDITS WILL BE AWARDED WITHOUT PROPER DOCUMENTATION.