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| **PLEASE REVIEW CAREFULLY and COMPLETE EACH SECTION****2020 CONFLICT OF INTEREST DISCLOSURE FORM** **PART 1** **(To be completed and submitted by all presenters)** |
| Organizing Presenter’s Name |
| Do you or your spouse/partner currently (within the past 12 months) have any financial relationships**\*** relevant to your role in this educational activity with any commercial interests (profit or non-profit)? | YES(complete part 2 below) | NO |
| Are you or your spouse/partner an **employee** of any commercial interest (profit or non-profit interests)? | YES(complete part 2 below) | NO |
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| **PART 2****Complete if you and/or your spouse/partner have the relevant financial relationships** **with commercial interests (profit** **or non-profit).** |
| Name of Spouse/Partner: (Enter only if relevant financial relationships are cited) |  |
| **Complete the section below using the following Instructions**1. List the names of proprietary entities producing commercially available educational products or health care related companies (profit or non-profit) 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/partner that you are aware of to be yours.
2. Describe what you or your spouse/partner received (eg. salary, honorarium, etc).
3. Describe your role.
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| **Commercial Interest** | **Nature of Relevant Financial Relationship****(Include all those that apply)** |
| **What was received?****Please select from the list below**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. | **For what Role?****Please select from the list below**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). | **Approximate Dollar amount received within the past 12 months** |
| *Example: Company ‘X’* | *Self* | *Spouse/ Partner* |
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| I attest that I am **not** receiving direct payments, or any indirect additional funds or gifts from a commercial entity (profit or non-profit) related to my role in this educational activity. | YES | NO |
| I attest that my presentation will be free of commercial bias: | YES | NO |

**Conflict of Interest Definitions**

**Conflict of Interest** Circumstances create a conflict of interests when an individual has an opportunity to affect IAMSE content about products or services of a commercial interest (profit or non-profit) with which he/she has a financial relationship.

**A Financial Relationship** is a relationship 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.

A Commercial Interest (profit or non-profit) is any entity producing, marketing, re-selling, or distributing medical education or health care goods or services.

**\*Relevant Financial Relationships** IAMSE focuses on financial relationships with commercial interests (profit or non-profit) in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the workshop activity. IAMSE 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. IAMSE defines “’relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interests.

**Commercial Bias:** IAMSE requires that your presentation be free of commercial bias and that any information regarding commercial products/services (profit or non-profit) be based on scientific methods generally accepted by the medical community.