

CONFLICT OF INTEREST DISCLOSURE

Name _____

Title of Activity _____

I am participating in this event as a/an: (check all that apply)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Author | <input type="checkbox"/> Peer Reviewer |
| <input type="checkbox"/> Editor | <input type="checkbox"/> Planner |
| <input type="checkbox"/> Moderator | <input type="checkbox"/> Presenter |

In compliance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education, it is the policy of the UNMC Center for Continuing Education to ensure balance, independence, objectivity, and scientific rigor in all UNMC CCE certified events.

A commercial interest is an entity producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on, patients.

All persons involved in the planning/content development are expected to disclose all financial relationships with pharmaceutical companies, biomedical device manufacturers or distributors, or others whose products or services may be deemed as a potential conflict of interest.

Disclosure of these relationships will be included in all written event materials so that participants may formulate their own judgments in interpreting content and in evaluating recommendations.

Failure or refusal to disclose will prohibit you from presenting at/or participating in the planning of this activity.

Please provide the following information regarding financial relationships that you or your spouse/partner currently hold, or have held within the last 12 months with commercial interests that manufacture or provide healthcare related products and/or services.

- ☐ I/We have no financial relationships with a commercial interest/interests producing healthcare related products and/or services.
- ☐ I/We have financial relationships with commercial interest/interests that produce healthcare related products and/or services.

Please identify the nature of each relationship by referring to this list. Employee, Grants/Research Support Recipient, Board Member, Advisor or Review Panel Member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speakers' Bureau, Honorarium Recipient, Royalty Recipient, Holder of Intellectual Property Rights, or Other.

COMMERCIAL INTERESTS

Name of Company	Nature of Financial Relationship	Therapeutic Area

If you have more than five commercial interests, please attach the required information about these interests when submitting this document.

OVER →

INVESTIGATIONAL/OFF-LABEL USE OF DRUGS DISCLOSURE

Are you planning to discuss or reference investigational or off-label use of therapeutic agents or products in your presentation?

- ☐ Yes →
☐ No

If yes, please supply information to be discussed and method to inform learner.

I have disclosed to the UNMC CCE all relevant financial relationships.

- ☐ Yes ☐ No ☐ N/A

The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based, and unbiased.

- ☐ Yes ☐ No ☐ N/A

I agree not to accept any honoraria, additional payments, or reimbursements beyond that which has been agreed upon directly with the UNMC CCE.

- ☐ Yes ☐ No ☐ N/A

I understand that the UNMC CCE may need to review my presentation and/or content prior to the activity, and will provide educational content and resources in advance as requested.

- ☐ Yes ☐ No ☐ N/A

If I am presenting at a live event, I understand that a CME monitor will be attending the event to ensure that my presentation is educational, and not promotional in nature.

- ☐ Yes ☐ No ☐ N/A

If I am providing recommendations involving clinical medicine, these will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported, or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis.

- ☐ Yes ☐ No ☐ N/A

If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.

- ☐ Yes ☐ No ☐ N/A

If I am discussing any product use that is off-label, I will disclose during the presentation that the use or indication in question is not currently approved by the FDA for labeling or advertising.

- ☐ Yes ☐ No ☐ N/A

If I have been trained or utilized by a commercial interest/interests or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity..

- ☐ Yes ☐ No ☐ N/A

If I am presenting research funded by a commercial interest/interests, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

- ☐ Yes ☐ No ☐ N/A

I agree to comply with the requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- ☐ Yes ☐ No ☐ N/A

Signature _____ Date _____