

DISCLOSURE OF ALL FINANCIAL RELATIONSHIPS

In support of improving patient care, Stanford Medicine is jointly accredited by ACCME, ACPE and ANCC. Stanford Medicine adheres to the Standards for Integrity and Independence in Accredited Continuing Education. As such, please follow these guidelines to help us create high quality education that is independent of industry influence.

Why do I need to complete this disclosure?

In order to participate as an individual who will be able to control the educational content of this accredited CE activity, you must disclose all financial relationships with any ineligible companies that you have had over the past 24 months. **The ACCME defines ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. All relationships are to be disclosed regardless of whether you view the financial relationships as relevant to the education.** For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit accme.org/standards.

Why do we collect this information?

By identifying and mitigating relevant financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

What are the next steps in this process?

After we receive your disclosure information, we will review it to determine whether your financial relationships are relevant to the education. Please note: the identification of relevant financial relationships does not necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships are mitigated before you assume your role in this activity.

Full Name and Degree _____

INSTRUCTIONS: Complete the form to share all financial relationships you have had with **ineligible companies (those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients)** during the past 24 months.

This information is necessary in order for us to be able to move to the next steps in planning this continuing education activity. **If an individual refuses to disclose relevant financial relationships to Stanford CME, s/he will be disqualified from participating in the accredited activity.**

In the past 24 months, have you had any financial relationships with any ineligible companies?

Yes No

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies. For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Type of Financial Relationship	Name of Ineligible Company
<input type="checkbox"/> Employment by commercial interest	
<input type="checkbox"/> Royalty	
<input type="checkbox"/> Intellectual Property Rights/Patent Holder	
<input type="checkbox"/> Advisory Board	
<input type="checkbox"/> Consulting Fees	
<input type="checkbox"/> Speakers Bureau	
<input type="checkbox"/> Contracted Research	
<input type="checkbox"/> Ownership Interest	
<input type="checkbox"/> Other (please specify):	

If you reported any relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes No N/A

Do you intend to reference unlabeled/unapproved uses of drugs or products in your presentation?

Yes No N/A

Please describe the off label discussion

ATTESTATION

Please read all the statements listed below:

- I have disclosed all financial relationships and I will disclose this information to learners.
- The content and/or presentation of the information with which I am involved will promote quality or improvements in health care 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, unbiased, and evidence based. Opinions that are not supported by evidence or are supported by limited or preliminary evidence will be so identified. Recommendations involving clinical medicine 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 will conform to the generally accepted standard of experimental design, data collection and analysis.
- I have not and will not accept any honoraria, additional payments or reimbursements directly for this CE activity from an ineligible company.
- I understand that my presentation and/or content may need to be peer-reviewed prior to the activity, and I will provide educational content and resources in advance as requested.
- If I am discussing specific healthcare 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.
- If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA.
- If I have been trained or utilized by a commercial interest or its agent as a speaker (e.g. speaker's bureau) for any ineligible company, the promotional aspects of that presentation will not be included in any way with this activity.
- If I am presenting research funded by a commercial interest, the information presented will be based on generally accepted scientific principals and methods and will not promote the ineligible company of the funding company.
- I agree to comply with the requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Check this box to attest to your understanding of and willingness to comply with each of the above statements.

I have read and completed this form to the best of my ability provided current and accurate information. I am aware that financial disclosure information provided in this form will be shared with learners prior to their engagement in an accredited activity.

Signature _____

Date _____