

Office Use only

No Conflict Date: _____
 Conflict
 OCME Initials: _____
 Nursing Initials: _____
 Suggested resolution of conflict: _____

Disclosure of Relevant Financial Relationships and Unapproved Uses of Products

Name: _____

Title of Activity: _____

Dates of Activity: _____

Presentation Title(s) (If applicable) _____

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Activity Director/Chair | <input type="checkbox"/> Planning Committee | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Faculty/Presenter/Author | <input type="checkbox"/> PI/QI Coach/Facilitator | <input type="checkbox"/> Peer Reviewer |
| <input type="checkbox"/> Session Moderator | | |

In compliance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support: Standards to Ensure Independence in CME Activities, it is the policy of the Perelman School of Medicine at the University of Pennsylvania, Office of Continuing Medical Education and the Hospital of the University of Pennsylvania, Department of Nursing Education, Innovation & Professional Development, to ensure balance, independence, objectivity, and scientific rigor in all U of Penn CME/CNE certified activities.

A **commercial interest** is an entity producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

All individuals who are in a position to **influence or control the content** of an educational activity **must** disclose all relevant relationships with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers.

Disclosure of these relationships will be included in activity 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 about 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 have **no relevant financial relationships** with commercial interest/interests as defined above
- I **have relevant financial relationships** with commercial interest/interests as defined above

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 (use additional sheet if necessary)

Name of Company Example: Company X	What Was Received Example: Honorarium	For What Role Example: Speaker	Therapeutic Content Area Example: Gastroenterology, IBD therapy

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 provide information to be discussed:

Product	INVESTIGATIONAL AND/OR OFF-LABEL USE

Please indicate that you have read each of the statements below by checking the boxes.

I have disclosed all relevant financial relationships.

Please read each of the following statements:

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.

I agree not to accept any honoraria, additional payments, or reimbursements beyond that which has been agreed upon directly with U Penn CME/CNE.

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

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

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.

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.

If I have been trained or utilized by a commercial interest(s) 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 in this activity.

If I am presenting research funded by a commercial interest(s), the information presented will be based on generally accepted scientific principles and methods, and will not promote the interest 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).

You are required to sign and date this form in the box below:

By signing here, I agree that I have completed this form to the best of my ability and have read the statements above.

SIGNATURE

DATE