

## University of Cincinnati – Disclosure of Relationships with Commercial Interests

The ACCME requires all individuals in a position to control the content of a certified CME activity to disclose all relevant commercial financial relationships\* occurring within the past 12 months. This includes financial relationships of a spouse/partner. The ACCME Standards for Commercial Support defines a “commercial interest” as any proprietary entity producing healthcare goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

**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 for which remuneration is received or expected. The intent of this disclosure is to help ensure that CME activities are objective, unbiased, and based on the best available scientific evidence, not to prevent individuals with such relationships from serving as faculty, author, reviewer or planning committee member.

### PLEASE COMPLETE THE FOLLOWING:

**NAME OF PROGRAM:**

**DATE OF PROGRAM:**

**NAME:**

**ROLE: (Check all that apply) → Speaker/Author    Planning Committee Member    Reviewer**

Have you or your spouse /partner had/have financial relationships or affiliations with any commercial entity in the past 12 months? Yes: \_\_\_\_\_ No: \_\_\_\_\_. **If yes please complete the following:**

**Name of Spouse/Partner: (Enter only if financial relationships are cited) \_\_\_\_\_**

Nature of Relationship	Self/Spouse/ Partner	List Name(s) of Commercial Entity(ies)	Product or Service	Clinical Condition
Advisory Board				
Consultant				
Employee				
Officer or Board Member				
Shareholder				
Grant Recipient				
Speaker’s Bureau				
Intellectual Property/Patents				
Other Relationships				

### **OFF-LABEL DISCLOSURE**

Do you intend to reference off-label/unapproved uses of drugs or devices in your presentation?  NO  YES - if so **identify the product, off-label use and its manufacturer.**

Product	Off-label use	Manufacturer

**Please note the following from the ACCME Standards for Commercial Support “An individual who refuses to disclose any financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, responsibility for, the development, management, presentation or evaluation of a CME activity”**

**Your signature indicates that you have read this form in its entirety.**

**SIGNATURE:**

**DATE:** \_\_\_\_\_