THE DULANEY FOUNDATION
DISCLOSURE OF RELATIONSHIPS

CME Activity Name: _____

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Circle One Option, Print or Type Name

Please indicate all relationships with commercial interests in place during the past 12 months. Individuals who may influence content, such as planners, speakers, authors or others must provide this disclosure. ***Refusal to provide this disclosure information will disqualify you from presenting at or participating in the planning of this activity. Definitions:**

Commercial Interest. Any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

Financial Relationships. 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 of any amount. 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. Do you or your spouse/partner presently (past 12 months) have any relevant financial relationships with a commercial interest? Yes No

- **If yes, please indicate the commercial interest or organization next to the best description of this relationship.**

Financial Relationship	Commercial Interest/Organization
Grant/Research Support	_____
Consultant	_____
Speakers List	_____
Stock Shareholder	_____
Other Financial/Material Support	_____

B. Will you be discussing any products or services from these companies? _____ Yes _____ No

If your presentation includes discussion of products/services of commercial interests with which you have a financial relationship, this may present a conflict of interest. The Dulaney Foundation must determine if the relationship you reported constitutes a conflict of interest. Your presentation materials will be peer reviewed for content validation and scientific balance; content changes may be required.

Content Validation: My recommendations involving clinical medicine in this CME activity 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 or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. (Check one) _____ Yes _____No

Off-label Discussion: My presentation will include discussion of off-label, experimental and/or investigational use of drugs of devices. Please indicate the specific drugs and/or devices in the space provided below. (Check one, specify below)_____Yes _____No

Please specify: _____

Signature:_____ **Date:** _____

FOR CME OFFICE USE -- Conflict of Interest identified and resolved by the following: _____

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