



Disclosure of Relevant Financial Relationships

Name: _____

Content of the educational activity: _____

(What is the related clinical/research area?)

1. Financial Information

For the purpose of completing this financial disclosure, please note the following:

- Only disclose **relevant** financial relationships with a commercial interest as defined by ACCME. In other words, if you have a financial relationship with an entity that is not a commercial interest, it is not necessary to disclose it.
 - *A commercial interest is defined by ACCME as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.* Exceptions to this include: 501-C Non-profit organizations, Government organizations, Non-health care related companies, Liability insurance providers, Health insurance providers, Group medical practices, For-profit hospitals, For profit rehabilitation centers, For-profit nursing homes, Blood banks, or Diagnostic laboratories.
- Only disclose financial relationships that are **relevant to the content** of the CME activity.
- Only disclose financial relationships that occurred in the twelve (12) month period preceding the time that you were asked to assume this role in controlling content of a CME activity.
- Include contracted research where the institution gets the grant from the commercial interest and manages the funds and you are the principal or named investigator on the grant.
- Please disclose regardless of the amount. ACCME has not set a minimal dollar amount for relationships to be significant.
- ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

I do not have any relevant financial relationships with any commercial interests.

2. Please identify the name of each commercial interest, and the nature of the relevant financial relationship(s) that you / your spouse / significant other have:

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
What is the name of Commercial Interest? <small>Note: A commercial interest is defined by ACCME as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients</small>	What was received? <small>Example: salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.</small>	For what role? <small>Example: employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities.</small>

3. ACCME Content Validation Statement

I agree and resolve to ensure the following:

- The CME activity consist of educational activities which serve to maintain, develop, and/or increase the knowledge, skills, and professional performance and relationships that a healthcare professional uses to provide services for patients, the public, or the profession.
- Any recommendations involving clinical medicine, diagnosis and treatment discussed are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patient and does not promote a specific propriety of business or commercial interest.
- To make meaningful disclosure to the attendees of this CME activity when products or procedures I discuss are off-label, unlabeled, experimental, and/or investigational (not FDA approved), and any limitations on the information that I present, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.
- Any use of specific patient information will be in accordance with the appropriate laws, regulations, and rules, including the Health Insurance Portability and Accountability Act (HIPPA).
- Any use of third party material will be in accordance with applicable copyright regulations and best practices when referencing and providing appropriate credit to such.
- The CME activity materials will be provided upon request for peer-review prior to the CME activity to validate content and ensure fairness and balance.
- To not accept any honoraria, additional payment or reimbursements beyond that which has been agreed upon directly with IUSM.

I attest that all information provided above is accurate and complete. I also understand that I have submitted the electronic document and my accompanying electronic signature to IU School of Medicine (IUSM), Division of Continuing Medical Education (CME), indicating that I have read, understood, and will abide by the policies and regulations addressed in this form.

I will update this document should any information pertaining to my relevant financial disclosures change, or within a period of one year from today, whichever comes first.

Signature

Date