

**THE DULANEY FOUNDATION**

**DISCLOSURE OF RELATIONSHIPS**  
**Identifying and Resolving Conflicts of Interest in Continuing Medical Education**

CME Activity: \_\_\_\_\_

Speaker/Planner/Author: \_\_\_\_\_ Activity Date: \_\_\_\_\_  
Print or type your 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.

Commercial Interest. Any proprietary entity producing health care goods or services consumed by, or used on, patients.

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. 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.**

<u>Financial Relationship</u>	<u>Commercial Interest/Organization</u>
Grant/Research Support	_____
Consultant	_____
Speakers Bureau	_____
Major Stock Shareholder	_____
Other Financial Interest	_____

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

**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.

**Off-label Discussion:** My presentation will include discussion of off-label, experimental and/or investigational use of drugs or devices (please indicate drugs and/or devices in the space provided) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*FOR CME OFFICE USE -- Conflict of Interest identified and resolved by the following:* \_\_\_\_\_

*CME Staff signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_