Declaration of Conflict of Interest

Faculty

# Disclosure Statement

Faculty and organizing committee members who have a financial relationship with or are affiliated with companies or organizations about whose products or services they are reporting must disclose this information. If you, as a member of the organizing group or as a faculty member, have such an affiliation or financial relationship, a disclosure statement must be made available to the event’s participants. Such affiliation or financial relationships, or lack thereof, are to be stated in the event’s programme. The intent of this policy is not to prevent an individual from participating in the event’s planning; it is intended that any relationship should be identified openly so that participants may form their own judgments about the event with the full disclosure of the facts.

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| I have or had an affiliation with a pharmaceutical, medical device or communications organization within the  previous 24 months (financial or otherwise).  🞏 No (continue to section B) 🞏 Yes (please complete section A) |
| Speakers who have no involvement with the industry should inform the audience that they do not have any conflict of interest. |

1. Disclosures

Select applicable disclosure statement and complete requested information. If none of the sample disclosure statements applies to your situation, please select the blank choice, enter your statement and complete requested information.

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| --- | --- | --- | --- |
|  | **Disclosure  Statement** | **Affiliated Company  or Organization** | **Nature of the Relationship** (see examples on p. 2) |
| 🞏 | I am a member of an Advisory Board or equivalent with a commercial organization. |  |  |
| 🞏 | I am a member of a Speakers bureau. |  |  |
| 🞏 | I have received payment from a commercial organization. (including gifts or other consideration or “in kind” compensation) |  |  |
| 🞏 | I have received grant(s) or an honorarium from a commercial organization. |  |  |
| 🞏 | I hold a patent for a product referred to in the CME/CPD program or that is marketed by a commercial organization. |  |  |
| 🞏 | I hold investments in a pharmaceutical organization, medical devices company or communications firm. |  |  |

# Disclosures (continued)

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| --- | --- | --- | --- |
|  | **Disclosure  Statement** | **Affiliated Company  or Organization** | **Nature of the Relationship** (see examples on p. 2) |
| 🞏 | I am currently participating in or have participated in a clinical trial within the past two years. |  |  |
| 🞏 |  |  |  |

1. Disclosure of Investigational Use or "Off-Label" Use of Medical Devices, Products, or Pharmaceuticals **(for Faculty only)**

We recognize that at scientific meetings faculty may discuss the application of some devices, materials, or pharmaceuticals that are not Health Canada or FDA approved. In keeping with the highest standards of professional integrity and ethics, we require that faculty fully disclose to their audience that there will be discussion of the unlabeled use of a medical device, product, or pharmaceutical that has not been approved for such purpose by Health Canada or the FDA.

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| **I will** 🞏 **I will not** 🞏 discuss or describe in my presentation at the meeting the investigational or unlabeled ("off-label") use of a medical device, product, or pharmaceutical that is classified by Health Canada as investigational for the intended use.  If you will discuss or describe "off-label" products, you are responsible for disclosing this information to the audience at the beginning of your presentation. |

1. Acknowledgement

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Middle Name | Last Name | |
|  |  |  | |
| Acknowledgement:  I, (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that the above information is accurate  and I understand that this information will be publicly available. | | | |
| Signature (manual signature required) | | | Date (dd-mmm-yyyy) |
|  | | |  |

# Description

**Declaration of Conflict of Interest**

A declaration is mandatory per the Royal College of Physicians and Surgeons of Canada (RCPSC) because a conflict of interest may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgement and actions.

# Examples

**Examples of relationships that must be disclosed include but are not limited to the following:**

* Any direct financial interest in a commercial entity such as pharmaceutical organization, medical devices company or communications firm (“the organization”)
* Investments held in the organization
* Membership on the organization’s advisory board or similar committee
* Current or recent participation in the clinical trial sponsored by the organization
* Member of a Speakers Bureau
* Holding a patent for a product referred to in the CME/CPD activity or that is marketed by a commercial organization