

2016 CST-CNTRP-SQT Joint Scientific Meeting - DISCLOSURE FORM

Evidence of Conflict of Financial Interest

A conflict of interest may be considered to exist if an individual is affiliated with, or has a financial interest in, commercial organizations that may have a direct or indirect interest in the subject matter of his/her presentation and/or actual, potential or apparent influence over their judgment. A "financial interest" may include, but is not limited to, being a direct shareholder in the organization; being on retainer with the organization; or having research or honoraria paid by the organization. An "affiliation" may be holding a position on an advisory committee or some other role of benefit to a sponsoring organization.

The intent of this disclosure requirement is not to prevent the sharing of information but to make known the relationship, in advance, to the audience/other parties. It is intended that any conflict be openly identified so that with full disclosure of the facts, involved participants may form their own judgments about the presentation/content contributions.

Please check whichever applies:

- A.** I do not have a financial interest, arrangement, or affiliation with a commercial organization that may have a direct or indirect interest in the subject matter of my presentation.
- B.** I have/had a financial interest, arrangement, or affiliation including receipt of honoraria or expenses with a commercial organization that may have a direct or indirect interest in the subject matter of my presentation, as described below.

NOTE: If you completed paragraph B, complete page 2.

**SPEAKERS: This information must be verbally disclosed at the beginning of your presentation(s).
Faculty must declare any off-label use of medications discussed in presentations.**

PLEASE PRINT:

Your Full Name: _____ Signature: _____

Presentation Title: _____

Presentation Date (dd/mm/yyyy): _____ Presentation Time: _____

Your cooperation in complying with these requirements is appreciated.

Please complete and return scanned form to: admin@cst-transplant.ca

DISCLOSURE RELATIONSHIP INFORMATION

PRINT FULL NAME:

RELATIONSHIP CATEGORY	NAME OF COMMERCIAL INTEREST (LIST ALL APPLICABLE)	NATURE OF RELATIONSHIP	OTHER COMMENTS
<p>CONSULTING FEES/HONORARIA: <i>including honoraria from a third party, gifts or other consideration, or "in kind" compensation, whether for consulting, lecturing, travel, service on an advisory board, legal testimony or consultation, or for any other similar purpose in the prior calendar year.</i></p>			
<p>OFFICER, DIRECTOR, OR IN ANY OTHER FIDUCIARY ROLE <i>whether or not remuneration is received for service.</i></p>			
<p>CLINICAL TRIALS: <i>Participating in a clinical trial sponsored by a commercial organization that may have direct or indirect relevance to my presentation.</i></p>			
<p>OWNERSHIP/PARTNERSHIP/PRINCIPAL: <i>excluding mutual diversified funds.</i></p>			
<p>INTELLECTUAL PROPERTY RIGHTS <i>includes patent or other intellectual property in a for-profit corporation.</i></p>			
<p>OTHER FINANCIAL BENEFIT (please specify)</p>			