



ACTIVITY TITLE: \_\_\_\_\_

FORMAT: \_\_\_\_\_

**SECTION A: CONFLICT OF INTEREST DISCLOSURE**

A conflict of interest may exist if a contributor to a continuing educational activity is affiliated with, or has a financial interest in, commercial organizations that may have a direct interest in the subject matter of his/her contribution. A 'financial interest' may include, but is not limited to, being a shareholder in the organization. An 'affiliation' includes holding a position on an advisory committee, speaker's bureau, or some other role of benefit to a commercial organization.

*The intent of this disclosure is not to prevent a contributor with a conflict of interest from making a contribution* but to make known the relationship, in advance, to the participant(s). Any conflict will be openly identified so that with the full disclosure of the facts, the participants may form their own judgments about the contribution. The prospective participant(s) will be notified of the affiliation/financial interest.

**Please check those that apply:**

- \_\_\_\_\_ 1. 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 contribution.
- \_\_\_\_\_ 2. I ( have or had) a financial interest, arrangement, or affiliation with a commercial organization that may have a direct or indirect interest in the subject matter of my contribution as described below.

**Name of Organization/Company**

(If additional space is required, please attach a separate sheet)

**Nature of Relationship**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** If you completed #2, the SDMS will disclose this information to the CME activity's participant(s).

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION B: DISCLOSURE OF INVESTIGATIONAL USE OF "OFF-LABEL" USE OF MEDICAL DEVICES OR PHARMACEUTICALS**

Please indicate which is applicable - (circle will or will not):

- 1. I will / I will not describe in my contribution to the above CME activity a use of a medical device or pharmaceutical that is classified by the Food and Drug Administration (FDA) as investigational for the intended use.
- 2. I will / will not describe in my contribution to the above CME activity use of a medical device or pharmaceutical that is "off-label," e.g., a use not described on the product's label. I will specifically disclose that the FDA has not cleared the device or pharmaceutical for the specific "off-label" use.

**NOTE:** If indicated above that you will describe products relating to items 1 and/or 2, SDMS will disclose this information to the CME activity's participant(s).

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_