



Disclosure of Relevant Financial Relationships

INVITED FACULTY, SPEAKERS, SESSION CHAIR/CO-CHAIRPERSON and MODERATORS

As a participant in the 61st Annual World Congress of the International College of Angiology, we require everyone who is in a position to control the content of an educational activity must complete, sign and return the following disclosure statement upon the initiation of planning our educational activities. This disclosure statement must include all relevant financial relationships with any commercial interest within the past 12 months that could be perceived as a conflict of interest. Any individual who refuses to disclose relevant financial relationships will be disqualified from being planning committee member, a teacher or an author, and cannot have control of or responsibility for the development, management, presentation or evaluation of an educational activity. **If you have more than one presentation, a Disclosure Form MUST be completed for EACH presentation.**

It is the policy of the International College of Angiology to ensure balance, independence, objectivity, and scientific rigor in all educational activities. Anyone engaged in content development, planning or presentation MUST complete this form. Persons who fail to complete this form may not participate in the educational activity.

Activity Title: 61st Annual World Congress-ICA 2019 • International College of Angiology Jointly Sponsored by OhioHealth Continuing Medical Education, Columbus, Ohio.

Title of Presentation: _____

Check All that Apply:

- Invited Faculty/Speaker** **Session Chair/Co-Chairperson or Moderator** **Speaker** **Other, Describe:** _____

Name _____

Disclosure of Financial Relationships

Within the past twelve (12) months, I and/or my spouse/partner or immediate family member had a personal financial with the manufacturer of the product(s) or service(s) that will be presented in this educational activity (planner) or in your presentation (speaker/author). **If NO CONFLICT EXISTS, skip to DECLARATION section below. If a CONFLICT DOES EXIST, please list your disclosures and resolutions below (indicate all that apply).** Disclosure should include relationships in any amount.

NO, I do not have any relevant financial interest or other relationship occurring within the last 12 months.

YES (provide information below)

Commercial Interest NAME OF COMPANY	Nature of Relevant Financial Relationship Employee, Grants/Research Support recipient, Board Member, Advisor or Review Panel member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speaker’s Bureau, Honorarium recipient, Royalty recipient, Holder of Intellectual Property Rights, or Other (specify)

I understand that the information presented to the learner must be unbiased, scientifically balanced, and based on best available evidence and best practices in medicine. I agree to present all reasonable clinical alternatives when making practice recommendations. I attest that relationships with commercial interests will not influence or bias my presentation and/or planning of this educational activity.

I will uphold academic standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this educational activity. In addition, I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. **(HIPAA)**

Signature _____

Date: _____

Return this to: International College of Angiology
161 Morin Drive • Jay, Vermont 05859 USA
Fax: 802.988.4066
Email: denisemrossignol@cs.com

Additional information may be requested to resolve any conflict of interest. All identified conflicts of interest will be resolved and disclosure will be made to activity participants. **Resolution of Conflict of Interest below MUST be completed.**

RESOLUTION OF CONFLICT OF INTEREST

PRESENTER/AUTHOR

- I will support my presentation and clinical recommendations with the “best available evidence” from the medical literature.
- I will refrain from making recommendations, regarding products or services, e.g., limit presentation to pathology, diagnosis and/or research findings.
- I will recommend an alternative presenter for this topic for the planning committee’s consideration.
- I will submit my talk in advance (PowerPoint Presentation) to allow for adequate peer review.
- I will or have divested myself of this financial relationship.

PLANNERS

- To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.
- I will recuse myself from planning activity content in which I have a conflict of interest.

NOTE: Documentation of the mitigation strategies checked above are required for participation in this educational activity.

PRESENTER/AUTHOR

- 1) I will discuss a drug or medical device that has not been approved by the FDA.
 NO YES (describe) _____
- 2) I will be using slides, scripts or other teaching material provided by a commercial source.
 NO YES (describe) _____
- 3) All scientific research referred to, reported, or used in support or justification of patient care recommendations will conform to the generally accepted standards of experimental design, data collection, and analysis.
 YES NO
- 4) I attest that I will not accept any payment or reimbursement for this presentation directly from any commercial interest. I understand that all payments and/or reimbursements must be made by the accredited provider or authorized educational partner.
 YES NO

I Agree To:

- 1) Promote quality or improvements in health care and not promote a specific proprietary business interest of a commercial entity.
 YES NO
- 2) Provide my presentation (or a working draft) in advance upon request. I understand that I may be asked to edit it according to the Standards for Commercial Support.
 YES NO
- 3) Provide recommendations involving clinical medicine based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
 YES NO
- 4) Provide appropriate peer-reviewed journal references which support clinical or practice recommendations. I understand that my presentation will be evaluated by participants for fair balance and I may be asked to edit accordingly.
 YES NO
- 5) Avoid the use of trade names in my presentation. If I determine that it is important to clarify via the use of trade names, trade names from all available companies will be included, not just trade names from a single company.
 YES NO
- 6) Disclose to the program audience when products/services are not labeled for the use under discussion or when the products are still under investigation.
 YES NO
- 7) Comply with patient confidentiality requirements as outlined in the Health Insurance Portability and Accountability Act (HIPAA).
 YES NO

Signature

Date

Please Print Name: _____

