

Name: _____

Activity Name: _____ Activity Date: _____

Summary of Content/Presentation: _____

Role: Activity Director Planning Committee Speaker Moderator/Panel Other _____

First, list the names of *commercial interests* (defined in the “Glossary of Terms” below) with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

Second, describe what you or your spouse/partner received (ex: salary, fee, research grant, honoraria). The University of Chicago does NOT want to know how much you received.

Third, describe your role.

Commercial Interest	Nature of Relevant Financial Relationship (Include all that apply)		
	What was received?	For what role?	Spouse/Partner Relationship?
<i>Example: Company 'X'</i>	<i>Speaker Fee</i>	<i>Promotional Speaker</i>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Example Terminology			
What was received: Salary, royalty, intellectual property rights, research grant, consulting fee, speaker fee, ownership interest (including contracted research), consulting, speaking and teaching, stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.			
Role(s): Employment, management position, independent contractor membership on advisory committees or review panels, board membership, and 'other activities (please specify).			
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.			
Do you plan to discuss the unlabeled or investigational use of a commercial product? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please identify the unlabeled or investigational use(s):			
Validation of Content: All recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the medical profession as adequate justification for their indications and contraindication in the care of patients. All scientific research referred to, reported or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.			
Signature _____		Date _____	

Glossary of Terms

Commercial Interest

The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. For more information, visit www.accme.org.

Financial relationships

Financial relationships are 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. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant financial relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

ACCEPTANCE AND ATTESTATION FORM

Return of this form indicates that you have accepted the invitation to participate in this CME activity. Please indicate your understanding of and willingness to comply with each statement below.

If you have any questions or concerns regarding your ability to comply, please contact the University of Chicago Center for Continuing Medical Education by e-mail cme@bsd.uchicago.edu or by phone at (773) 702-1056 as soon as possible.

	Agree	Disagree
I have disclosed to the University of Chicago all Commercial Interests with which my spouse/partner or I have, or have had, a relevant financial relationship within the past 12 months. I understand the relevant financial relationships of my spouse or partner, which I am aware of, are mine. I understand that this information will be disclosed to activity participants in print. I also agree to disclose this information verbally at the start of my presentation.	<input type="checkbox"/>	<input type="checkbox"/>
The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest. Content for my presentation, including any therapeutic options, will be fair, balanced, evidence-based, and unbiased.	<input type="checkbox"/>	<input type="checkbox"/>
I have not and will not accept any honoraria, payments, or reimbursements beyond that which has been agreed upon directly with University of Chicago.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the University of Chicago requires my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.	<input type="checkbox"/>	<input type="checkbox"/>
If I am providing recommendations involving clinical medicine, they will be based on "best available evidence" in the appropriate specialty or therapeutic area as support for any statements that I may make about those products and services. I will make recommendations based on my particular clinical practice or clinical experience, and must disclose this as to the level of evidence (i.e., expert opinion, source of data), as well as provide best available data. I will not express a personal or professional preference for those products or services.	<input type="checkbox"/>	<input type="checkbox"/>
If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use a trade name, I will use trade names from several companies when available and not just trade names from any single company.	<input type="checkbox"/>	<input type="checkbox"/>
If I am discussing any product use that is off-label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.	<input type="checkbox"/>	<input type="checkbox"/>
If I have been trained or utilized by a Commercial Interest or its agent as a promotional speaker for any commercial interest, the promotional aspects of that presentation will not be included in any way in this activity.	<input type="checkbox"/>	<input type="checkbox"/>
If I am presenting research funded by a Commercial Interest, the information presented will be based on generally accepted scientific principles and methods and will not promote the commercial interest of the funding company.	<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE

I have carefully read and considered each item on this form. I will adhere to the above in my formal presentation and in any question-and-answer type discussion. I have completed this form to the best of my ability.

Signature

Print Name

Date