

Curry International Tuberculosis Center Continuing Medical Education

Disclosure Declaration for Speakers and/or Planning Committee Members

Thank you for your participation!

The Curry International TB Center's Continuing Medical Education (CME) Program requires that prospective speakers and planning committee members complete a Declaration of Disclosure prior to each CME activity to help ensure our learning environment is free from industry influence.

Speakers must give a balanced view of therapeutic options. Use of generic drug names contributes to impartiality. Also, if your CME educational material or content includes trade names then trade names from several companies should be used where available, not just trade names from a single company. Information about investigational or off-label use of pharmaceutical products or medical devices should be disclosed on page 2.

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

All relevant disclosures must be communicated to the learners prior to the beginning of the CME activity. Please note that in some cases, financial relationships may prevent an individual from participating as a speaker or planning committee member.

The following definitions are provided to assist you in completing this form:

An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The Accreditation Council for Continuing Medical Education (ACCME) does not consider providers of clinical service directly to patients to be an ineligible company. For specific examples of ineligible companies visit www.accme.org/standards.

Examples of **financial relationships** include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds. The ACCME focuses on financial relationships with commercial interests in the 24-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity.

DISCLOSURE DECLARATION

Title of Continuing Education Activity: _____

➡ Planning Committee Member/Speaker Name (*please print*): _____

I. NO DISCLOSURES

I, the undersigned, declare that within the past 24 months I have not had any financial relationships with any ineligible companies. In addition, I do not intend to include information or discuss investigational or off-label use of pharmaceutical products or medical devices.

➡ Signature: _____ Date: _____

(Continued on next page if you have disclosures. **Please sign only once, either on page 1 or page 2**)

II. DISCLOSURE OF FINANCIAL RELATIONSHIP AND/OR INVESTIGATIONAL OR OFF-LABEL USE OF PHARMACEUTICAL PRODUCTS OR MEDICAL DEVICES

I, the undersigned, have had a financial relationship within the past 24 months with an ineligible company (*please see the definitions on page 1*).

<u>Name of Ineligible Company</u>	<u>Nature of Financial Relationship</u> Examples include researcher, consultant, speaker, employee, ownership interest, etc.	<u>Has the Relationship Ended?</u> If the relationship existed during the last 24 months but has now ended, please check the box in this column.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

I, the undersigned, will be presenting information on investigational or off-label use of pharmaceutical products or medical devices. The investigational or off-label pharmaceutical products or medical devices are (*please list specific items*):

(**ALL** that apply)

Second- and third-line tuberculosis drugs (*as listed below*):

- Amikacin
- Clofazimine
- Delamanid
- Fluoroquinolones
- Imipenem
- Linezolid
- Meropenem
- Pretomanid (outside the BPaL regimen)
- Rifabutin

Other off-label pharmaceuticals: _____

Medical devices: _____

Other: _____

➔ Signature: _____ Date: _____

**Please email your completed form to: Menn Biagtan
at biagtan@bclung.ca**