

Blended Surgical Education and Training for Life®

ANNUAL DISCLOSURE OF FINANCIAL RELATIONSHIPS

Name of Individual:	
Name & Date of Meeting:	ANS 54 th ANNUAL SPRING MEETING - MAY 3-4, 2019 AUSTIN, TX

In accordance with ACCME regulations, the American College of Surgeons must ensure that anyone who is in a position to control the content of the education activity has disclosed all financial relationships with any commercial interests. Definitions can be found at:

<http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/financial-relationships-and-conflicts-interest>

All CME Planners and Speakers /Moderators/Discussants/Authors/Editors involved in the development and/or presentation of CME content must complete this form. The form must be updated whenever circumstances require.

Failure or refusal to disclose or the inability to manage the identified conflict will result in the withdrawal of the invitation to participate.

- ☐ I do not have personal financial relationships with any commercial interests.
- ☐ I do have financial relationship(s) with commercial interests.
- List the names of companies that you (or your Spouse/Partner) have a financial relationship with currently or have had in the last 12 months.
 - Explain what you (or your Spouse/Partner) received (i.e. salary, honorarium etc.).
 - Specify your role (i.e. consultant, board member, etc.)

Commercial Interest	What I/Spouse/Partner Received	For What Role?

☐ I agree that I will not accept honoraria, travel expenses, in-kind contributions, or any other support from commercial companies in connection with this activity. **Date:** _____

☐ I certify that I have identified and disclosed all financial relationships with any commercial interests and that all information provided herein is true and correct. If any of the information reported above changes, I will notify ACS immediately and update this form accordingly. **Date:** _____

Conflict of Interest (COI) Management Section for Designated Program Official Use Only:

This section must be completed by a designated program official (MD/DO), such as the planning committee chair, for any conflicts reported above. The designated official may email or phone the individual to discuss how the potential conflict can be managed.

Name of Designated Official (MD/DO) Completing Form:	
Meeting Name:	
Relevant Conflict of Interest Identified Above:	
Presentation Title (if speaker, moderator, etc.):	
Management Plan (Please select all that apply): (Recommended ways to manage the conflict)	<input type="checkbox"/> Planning Committee Member will recuse them self from the relevant portion of the meeting. <input type="checkbox"/> Presentation will include validation of evidence based content. <input type="checkbox"/> Peer review of content will be done to ensure absence of bias and, if necessary, content will be restructured. <input type="checkbox"/> Content that has the potential to include a conflict will be assigned to another individual. <input type="checkbox"/> The speaker will offer no recommendations and limit content to scientific/research data. <input type="checkbox"/> Another speaker will be assigned to address broader implications and recommendations. <input type="checkbox"/> Determination that the conflict of interest is not relevant to the content of the presentation. <input type="checkbox"/> Other: _____