 

**Annual Disclosure of financial relationships**

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| **Name of Individual:** |  |
| **ACS Member ID Number**  **(if readily available):** |  |
| **Name of Activity:** | **ANS 55th Annual Spring meeting** **April 24-26, 2020 Hilton Atlanta - Atlanta, GA** |

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** (see below for definitions):

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| **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. Providers of clinical services directly to patients are NOT included in this definition. |
| **Financial Relationships:** 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. |
| **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. |

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 (and/or my Spouse/Partner) do not have personal financial relationships with any commercial interests.**

**I (and/or my Spouse/Partner) 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.)
* If it is determined that a conflict of interest exists as a result of a financial relationship you have, you will be contacted and methods to manage the conflict will be discussed with you.

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| Company Name | What I/Spouse/Partner Received | For What Role? |
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**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If any of the information reported above changes, I will notify ACS immediately and update this form accordingly. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing or typing my name below, 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.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If a financial relationship is noted above, a designated official must complete page 2, after discussing ways to manage the conflict of interest with the individual.**

**Management Section (DO NOT COMPLETE)**

**This section should be completed by a designated official (MD or DOs) only if a commercial interest is reported on page 1.**

The designated official (program chair, moderator, etc.) must contact the individual to discuss how the potential conflict can be managed.

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| **Name of Designated Official (MD/DO) Completing Form:** |  |
| **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)** | ☐ Planning Committee Members will recuse themselves from the relevant portion of the planning meeting.  ☐ Presentation will include validation of evidence based content.  ☐ Peer review of content will be done to ensure absence of bias and, if necessary, content will be restructured.  ☐ Content that has the potential to include a conflict will be assigned to another individual.  ☐ The individual will offer no recommendations and limit content to scientific/research data.  ☐ Another individual will be assigned to address broader implications and recommendations.  ☐ Determination that the conflict of interest is not relevant to the content of the presentation.  ☐ Other (Please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |