University of Manitoba
Rady Faculty of Health Sciences

CPD Medicine Program
CONFLICT OF INTEREST DISCLOSURE FORM

All speakers, planning committee members, moderators, facilitators, and authors must complete this form and submit it to the identified CPD program's provider or organizer. Disclosure must be made to the audience whether you do or do not have a relationship with a for-profit or not-for-profit entity.

Your Name		
Email Address		
Name of Activity		
Date of Activity	Start Date:	End Date:
Your role in the CPD activity Check all that apply	☐ Member of the scientific planning committee ☐ Speaker ☐ Other:	☐ Moderator ☐ Facilitator ☐ Author

☐ **I do not have an affiliation (financial or otherwise) with a for-profit and/or a not-for-profit organization to disclose.**

☐ **I have/had an affiliation (financial or otherwise) with a for-profit and/or a not-for-profit organization to disclose.** Please indicate the organization(s) with which you, your spouse, or an immediate member of your family have/had a relationship over the previous two years and describe the nature of that relationship. You must disclose this information to your audience both verbally and in your presentation or included in the written conference materials.

Type of Affiliation/Financial Support	Name of Commercial Organization	Self	Spouse or immediate family	Description of relationship
Consultant		☐	☐	
Member of an advisory board or speakers' bureau or equivalent with a commercial organization		☐	☐	
Patent on a drug, product or device		☐	☐	
Participating/Participated in funded Grants/Research Support/Clinical Trials		☐	☐	
Advisory Board Membership		☐	☐	
Received/will be receiving a grant or an honorarium from a for-profit or not-for-profit organization		☐	☐	
Received payment from an organization (including gifts, other consideration, or in-kind compensation)		☐	☐	
Hold investments in a pharmaceutical organization, medical device company, or communications firm, or not-for-profit organization		☐	☐	
Have a relationship with one or more other for-profit or not-for-profit organizations that fund this program		☐	☐	

Only speakers, moderators, facilitators and authors must answer the following two questions.		
1. I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. off-label use of medication). You must declare all off-label use to the audience during your presentation.	☐ Yes	☐ No
2. I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusively and branding.	☐ Yes	☐ No

☐ **I Agree** By clicking "I Agree" you are acknowledging that you have reviewed this Conflict of Interest form and that the above information is accurate and that you understand that this information will be publicly available.

Signature:	Date:

Click to submit

Or Fax completed form to: 204-789-3911

For CPD Medicine Program Office Use – Conflict of Interest Resolution		
☐ No conflict of interest.		
☐ Conflict of interest resolved by:		
☐ Conflict unable to be resolved, speaker cancelled.		
Signature:	Role:	Date: