

St. Jude Children's Research Hospital

CME DISCLOSURE FORM

Having received financial support from a *Relevant Commercial Interest* does not prevent a speaker from making a presentation, however, the relationship must be made known to the audience in accordance with the standards of the Accreditation Council for Continuing Medical Education (ACCME). In order to fulfill this obligation, please assist us by completing the Disclosure Form regarding financial relationships you and/or your spouse or life partner have held within the past 12 months with a *relevant commercial interest*.

Definition: A *Relevant Commercial Interest* is defined as any "entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients" (ACCME). Please note that **ALL** support from a *relevant commercial interest* must be reported. This includes grants given to an institution which manages the funding, **IF**, the CME planner or speaker is the principal or a named investigator on the grant.

This information must be submitted within one week prior to a regularly scheduled series, and two weeks before a course or conference. If it is not submitted in time, you may not be able to present or CME credit will not be granted.

CME ACTIVITY INFORMATION

Brain Tumor Conference

CTRSTC (formerly Solid Tumor Board)

HIV Lecture Series

Infectious Diseases Clinical Case Conference

Infectious Disease Research Conference

LLH/BMTCT Conference

Solid Tumor Conference

☐ Schwartz Center Rounds

☐ St. Jude Grand Rounds

☐ Annual Conference: St. Jude/PIDS Conference

☐ Annual Conference: HIV/AIDS Course

☐ Annual Conference: ID Transplant Course

☐ Annual Conference: Surgical/Oncology Review Course

☐ Other: _____

Date of activity: _____

Date form completed: _____

Recurring event? ☐ Yes ☐ No

PARTICIPANT INFORMATION

Your name: _____

Title: _____ Email address: _____

I am a: ☐ Speaker ☐ Meeting Planner ☐ Reviewer ☐ CME Committee Member ☐ Other _____

Activity or Presentation Title: (Please Note: If exact date is not known for presentation **OR** you will be presenting various topics over a one year time period, please check the "Varies" box. If not presenting, check the "Does Not Apply" box)

☐ Varies ☐ Does not apply

Name of Activity or Presentation: _____

FINANCIAL RELATIONSHIP(S) WITH *RELEVANT COMMERCIAL INTERESTS*

Please check all that apply. Please indicate names of relevant commercial interests for each category from which remuneration is expected or has been received.

☐ **Consultant Fees** (e.g., advisory committees, expert panels, board memberships, etc.)

☐ Self ☐ Spouse or Life Partner

Name(s) of relevant commercial interests, product(s), and list effective and/or expiration date(s):

☐ **Intellectual Property Rights/Patent Holder**

☐ Self ☐ Spouse or Life Partner

Name(s) of relevant commercial interests, product(s), and list effective and/or expiration date(s):

☐ **Ownership Interest** (stocks, stock options; excluding diversified mutual funds)

☐ Self ☐ Spouse or Life Partner

Name(s) of relevant commercial interests, product(s), and list effective and/or expiration date(s):

☐ **Salary, Royalty, Honoraria**

☐ Self ☐ Spouse or Life Partner

Name(s) of relevant commercial interests, product(s), and list effective and/or expiration date(s):

☐ **Speaker's Bureaus**

☐ Self ☐ Spouse or Life Partner

Name(s) of relevant commercial interests, product(s), and list effective and/or expiration date(s):

☐ **Supported/Contracted Research** (complete if you or your spouse or life partner are a principal or named investigator on a grant, even if the grant is awarded to and administered by your institution.)

☐ Self ☐ Spouse or Life Partner

Name(s) of relevant commercial interests, product(s), and list effective and/or expiration date(s):

☐ **Other**

☐ Self ☐ Spouse or Life Partner

Name(s) of relevant commercial interests, product(s), and list effective and/or expiration date(s):

☐ **No financial relationship with a relevant commercial interest exist for Self, Spouse, or Life Partner.**

ACKNOWLEDGEMENT

I have read and understand the Conflict of Interest guidelines:

A conflict of interest occurs when financial relationships give an individual an opportunity to influence CME content with respect to products or services of a commercial interest. It is the responsibility of the Activity Program Director, Host, or CME Director to resolve any potential conflicts of interest.

When a conflict is resolved by the Activity Director or Host, a subsequent review will be conducted by the CME Director.

The presenter must provide this information a minimum of two weeks prior to a course or conference to allow time to review the conflict and to determine if the conflict can be resolved.

This form is valid until December 31st; however, if you acquire new financial relationships with a commercial interest prior to this date, please complete a new Disclosure Form immediately. Otherwise, you will be required to complete a Disclosure Form towards the end of the year, which will be representative of the new year (January 1st to December 31st).

Initials: _____

Clinical Education and Training Office
Continuing Medical Education