

**Wayne State University School of Medicine Continuing Medical Education
DISCLOSURE OF COMMERCIAL RELATIONSHIPS**

Activity Title:
Activity Date(s):
Name:

- The Wayne State University School of Medicine Division of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME) as a provider of continuing medical education.
- Wayne State University School of Medicine requires that all presentations at CME activities be **fair, balanced, free of commercial bias, and fully supported by scientific evidence.**
- **Planning committee members, moderators and presenters** of programs are required to list all financial arrangements or affiliations with companies or organizations having a relationship to the subject of this educational activity. Please note: The ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.
- Individuals who refuse to disclose are disqualified from CME planning and implementation.

I. Check one:

- I have no relevant personal financial relationships within the past 12 months**
- I have personal financial relationships within the past 12 months with the following commercial interests:**

Check Appropriate Boxes	Type of Financial Relationship (within the past 12 months) Include spousal/life partner relationships	Indicate Applicable Manufacturers or Commercial Entities
<input type="checkbox"/>	Speakers' Bureau	
<input type="checkbox"/>	Consulting Fees (e.g., advisory boards), Honoraria	
<input type="checkbox"/>	Royalty, Receipt of Intellectual Property Rights / Patent Holder	
<input type="checkbox"/>	Grant/Research Support (Principal Investigator)	
<input type="checkbox"/>	Ownership Interest (stocks, stock options, or other ownership interest <u>excluding</u> diversified mutual funds)	
<input type="checkbox"/>	Other (must specify)	
<input type="checkbox"/>	Employee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse or Partner	

1. I agree that all the recommendations involving clinical medicine will be based on evidence accepted within the profession of medicine as adequate justification for their indications and contraindications in patient care.
2. I agree to provide a balanced presentation that is free from commercial bias or financial interest for or against any commercial product or service.

II. Off-Label: Will your presentation or participation involve comments or discussion concerning an FDA non-approved use of a pharmaceutical or medical device? Yes No Not Applicable (Planner)

If "Yes", how will you inform the audience that the FDA has not approved this use?

Signature: _____ **Date:** _____

Activity Director or Reviewer:

III. Resolution: If current conflicts of interest are present, the person overseeing CME content completes this section. (The Activity Director/Reviewer may not have the same conflict of interest if they are to resolve/approve a presentation.)

To assure independence and balance of content, current conflicts of interest were resolved by the following process (check one):

- Pre-review of presentation slides by Activity Director Pre-review of ppt. slides by CME department
- Other (describe): _____

Signature (no relevant relationships): _____ **Role:** _____ **Date:** _____