Name: __________________________________________________________________________________

Activity Title/Content: __________________________________________________________________________________________________________________

Date of Activity: _______________________________________________________________________

First, please list those commercial interests (defined as: any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) and with which you or your spouse/partner either:

a) have a relevant financial relationship now, or
b) have had a relevant financial relationship during the past 12 months.

Non-profit companies, non-health care related companies and governmental organizations do NOT need to be included.

Second, describe your role in relation to the commercial interest(s) listed.

Third, describe what you or your spouse/partner received (ex: salary, honorarium etc). OHSU does NOT need to know how much you received.

Fourth, please check A or B and C below and sign this page.

<table>
<thead>
<tr>
<th>Commercial Interest</th>
<th>Nature of Relevant Financial Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(please attach an additional sheet if necessary)</td>
</tr>
<tr>
<td></td>
<td>What Role</td>
</tr>
<tr>
<td>Example: Company ‘X’</td>
<td>Example: Speaker</td>
</tr>
</tbody>
</table>

A) I have the relevant financial relationships listed above.

B) I do not have any relevant financial relationships with any commercial interests.

C) I agree to abide by the ACCME Standards for Commercial Support.

Signature ____________________________________________________________________________

Date ________________________________________________________________________________

ACCME Standards for Commercial Support (regarding independence of CME activities)

OHSU is accredited by the Accreditation Council for Continuing Medical Education and all activities we plan must meet the ACCME Standards for Commercial Support of Continuing Medical Education and its standards of practice in CME.

Content Validation

OHSU expects that all of its CME programs will adhere to the ACCME’s content validation value statements. Specifically, all the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Please contact the OHSU Div. of CME if you do not feel your presentation can meet these standards.

Safeguards Against Commercial Bias

OHSU expects that the content or format of CME activities and related materials will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

Faculty may not accept any additional payments or reimbursements from any commercial interest for presenting CME activities for OHSU.

In addition, CME must give a balanced view of therapeutic options. Use of generic names is required.

Educational Materials

Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages.

Conflicts of Interest

Your relevant financial relationships, if any, will be disclosed to the learners prior to the activity. In addition, with your assistance we may employ one or more strategies to ensure the absence of commercial bias, including advance peer review of slides and syllabus material. OHSU will be seeking feedback from learners on the effectiveness of the activity and whether any bias was perceived.