**IASLC 2020 WCLC DISCLOSURE**

Top of Form

**\*ACCME Definition of a Commercial Interest:**  A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Based on the Accreditation Council for Continuing Medical Education (ACCME) [Standards for Commercial Support](https://www.accme.org/accreditation-rules/standards-for-commercial-support), the IASLC adheres to the following:  
  
*A) All individuals in a position to control the educational content of a CME activity MUST disclose all relevant financial relationships of themselves, and/or their spouse/partner, with ACCME-defined commercial interests prior to the CME activity.*

*B) Should it be determined that a conflict of interest exists, the conflict MUST be resolved prior to the CME activity.*

*C) Any individual who refuses to disclose these financial relationships will be disqualified from being a part of the CME activity.*

*D) Employees of ACCME-defined commercial interests are prohibited from having any role in the planning or implementation of CME activities related to their employer’s business lines or products.*

**1. Credentials:\***

 MD/DO     Other (please specify):   

**2. Role(s) in the IASLC CME activity(ies):\***

 Conference Planner (Chair, Program Committee)     Invited Speaker, Session Chair or Presenter     Content Reviewer and/or Abstract Reviewer     Abstract Submitter     IASLC Staff  Other (please specify):   

**3. Disclosure of Relevant Financial Relationships within 12 months of date of this form (select one):\***

 **NO**, neither I nor my spouse/significant other has a financial relationship(s) or interest in any amount (currently or within the past 12 months) with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.  
  
 **YES**, I have, or my spouse/significant other has, a financial relationship(s) or interest in any amount (currently or within the past 12 months) with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. If checked, provide additional information below. 

If **YES,** indicate your role(s), the name(s) of the commercial interest(s) and whether it is you or your spouse that has the relevant financial relationship with this commercial interest.

|  |  |  |
| --- | --- | --- |
| **Person** | **Nature of Relationship(s)** | **Name of Commercial Interest(s)** |
| Myself | Speakers bureau |  |
| Myself | Advisory board |  |
| Myself | Consultant |  |
| Myself | Ownership/Stock interest |  |
| Myself | Employment |  |
| Myself | Honorarium received from promotional activities |  |
| Myself | Financial support or relationship with tobacco and/or e-cigarette company |  |
| Myself | Contracted/Supported research grant |  |
| Myself | Royalties/Intellectual property/Patent holder |  |
| Myself | Other (please specify) |  |

**4. Disclosure Affirmations:\***

Attested to by checking ALL boxes below.

 I have disclosed to the IASLC all relevant financial relationships and I understand that the IASLC will disclose this information to participants in advance of the activity. In addition, I understand that participants will be asked to evaluate whether my contribution to a CME activity was educational, and not promotional, in nature.

 The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.

 If I am providing recommendations involving clinical medicine, they will 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 support of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.

 I have not and will not accept any honoraria, additional payments or reimbursements from a commercial interest for my participation in this activity.

 I understand that my presentation will be monitored to ensure that it is educational and not commercial in nature.

 If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from a single company.

 I agree to disclose to the audience whether a pharmaceutical or medical device introduced during this educational activity is classified by the FDA as “investigational” or “off-label” with respect to the intended use.

 If I am presenting research funded by a commercial entity, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interests of the funding company.

 I agree that if a potential conflict of interest arises which has not been reported previously, I will immediately notify the IASLC in writing.

**5. Electronic Signature\***

 I have carefully read and completed this form myself and provided current and accurate information to the best of my ability. I understand that checking this box serves as an electronic signature for purposes of this form and that if left unchecked, I will not be allowed to participate in planning or presenting content for this activity.

Bottom of Form