

# POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

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**CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST**

Faculty, planners, and managers who affect the content of a CME/CE activity are required to disclose their own financial relationships, as well as relationships to products or devices their spouse/life partner have, with commercial interests *related to the content of this CME/CE activity of any amount* over the past 12 months. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected (honoraria received from a CME/CE provider for serving as a CME/CE faculty member by you or your spouse/life partner, even though those funds may have been provided through an educational grant from a commercial interest, **DO NOT HAVE TO BE DISCLOSED**). A *commercial interest* is defined by the ACCME, AAPA, ACPE, ANCC, and ARBO/COPE as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients. Relationships with governmental agencies (e.g., the NIH) do not have to be disclosed.

Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Alison Humphries

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

Alison Humphries

7 June 2020

Signature of Reporting Individual

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

<sup>2</sup>An accredited ACCME/ACPE/ANCC provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.

<sup>3</sup>Only include research funds received directly from industry; grants to your institution are reportable only when you're the person or named investigator on the grant.

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Angela Jacobson

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	Employee of Ashfield Healthcare Communications	<input checked="" type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

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Yes  No

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I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

Angela Jacobson

Signature of Reporting Individual

June 4, 2020

Date of Submission

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Brian Scheckner I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

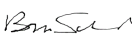
<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

- Yes  No
- I have no real or apparent conflicts of interest to report.
- I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.

DocuSigned by:

  
 D5805E33FE8C4A8...

Signature of Reporting Individual

04-Jun-2020

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.  
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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Carolyn Hustad I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.

Carolyn M. Hustad

June 5, 2020

Signature of Reporting Individual

Date of Submission

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Christopher Spohr

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	Ashfield Healthcare Communications	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>	none	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>	none	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)	none	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)	none	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>	none	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	none	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	none	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other	none	<input type="checkbox"/> Self <input type="checkbox"/> Spouse

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Yes  No

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I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

Christopher Spohr  
Signature of Reporting Individual

6.9.20  
Date of Submission

*Christopher Spohr*

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: David Hogben

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

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I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

\_\_\_\_\_  
Signature of Reporting Individual

06/08/2020  
\_\_\_\_\_  
Date of Submission

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: David Mellor

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	Center for Open Science. I am an employee of COS, which builds and maintains the OSF, an open source project management platform for enabling open science activities. The mission of COS is to increase the transparency and reproducibility of scientific research.	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

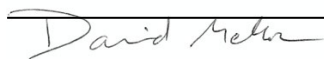
Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.



Signature of Reporting Individual

10 June, 2022

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

<sup>2</sup>An accredited ACCME/ACPE/ANCC provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.

<sup>3</sup>Only include research funds received directly from industry; grants to your institution are reportable only when you're the person or named investigator on the grant.



# POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

Continuing medical, physician assistants, pharmacy, nursing, and optometry education (CME/CE) activities are conducted in the public interest; therefore, it is important to assure the public that education received by physicians and other health professionals through whom patient care decisions are made is conducted with the highest integrity, scientific objectivity, and in the absence of bias. A conflict of interest (COI) exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME/CE about the product or services of that commercial interest. As a Jointly Accredited provider, the Postgraduate Institute for Medicine is responsible for collecting information from its faculty, planners, and managers of CME/CE content and resolving those conflicts prior to the commencement of the CME/CE activity. The intent of the COI resolution process is to assure that provider, faculty, and planner financial relationships with commercial interests and resultant loyalties do not supersede the public interest in the design and delivery of CME/CE activities for the profession.

**CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST**  
 Faculty, planners, and managers who affect the content of a CME/CE activity are required to disclose their own financial relationships, as well as relationships to products or devices their spouse/life partner have, with commercial interests *related to the content of this CME/CE activity of any amount over the past 12 months*. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected (honoraria received from a CME/CE provider for serving as a CME/CE faculty member by you or your spouse/life partner, even though those funds may have been provided through an educational grant from a commercial interest, DO NOT HAVE TO BE DISCLOSED). A *commercial interest* is defined by the ACCME, AAPA, ACPE, ANCC, and ARBO/COPE as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients. Relationships with governmental agencies (e.g., the NIH) do not have to be disclosed.

Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Debbie Walton, MS, MBA, CPM, CMPP I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.

Debbie Walton

6/20/20

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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<sup>3</sup>Only include research funds received directly from industry; grants to your institution are reportable only when you're the person or named investigator on the grant.





Signature of Reporting Individual

Date of Submission

C

# POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Denise Bonen I am a/an:  Faculty Member  Planner/Manager  Other: Employee of Complete HealthVizion, a McCann Health company \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or <i>their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

- Yes  No
- I have no real or apparent conflicts of interest to report.
- I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.

Denise Bonen  
 \_\_\_\_\_  
 Signature of Reporting Individual

June 5, 2020  
 \_\_\_\_\_  
 Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.  
<sup>2</sup>An accredited ACCME/ACPE/ANCC provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.  
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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Diane Sloan

I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.



6-8-2020

Signature of Reporting Individual

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Dikran Toroser

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	Takeda, Amgen	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	Amgen	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

*Dikran Toroser*

May 27th, 2020

Signature of Reporting Individual

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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**POSTGRADUATE INSTITUTE FOR MEDICINE  
CONFLICT OF INTEREST REPORTING FORM**

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Project ID: 15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Elisa Park

I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number: 1548423593

I do not have an NPI Number.

*Elisa Park*

June 4, 2020

Signature of Reporting Individual

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Eugene Tombler

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

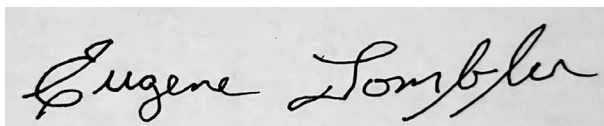
Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.



Signature of Reporting Individual

June 3, 2020

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

<sup>2</sup>An accredited ACCME/ACPE/ANCC provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.

<sup>3</sup>Only include research funds received directly from industry; grants to your institution are reportable only when you're the person or named investigator on the grant.



# POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

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### CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST

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Project ID: 15292      Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: I am a/an: Faculty Member Planner/Manager Other: \_\_\_\_\_

Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY	Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY	
Salary	Biogen Vertex	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	Biogen Vertex	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

Heather Abrizaj

6-5-20

Signature of Reporting Individual

Date of Submission



# POSTGRADUATE INSTITUTE FOR MEDICINE

## CONFLICT OF INTEREST REPORTING FORM

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Jason Gardner

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	CMC Connect, McCann Health Medical Communications	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

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 Recoverable Signature

**X** Jason Gardner

---

Jason Gardner

Head of Scientific Services, CMC Connect

Signed by: jason.gardner@emea.corp.ipqnetwork.com

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Signature of Reporting Individual

9<sup>th</sup> June 2020

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Date of Submission

# POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Jeffrey Stumpf

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

Jeffrey Stumpf \_\_\_\_\_

Signature of Reporting Individual

6/4/2020 \_\_\_\_\_

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Karen King I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

- Yes  No
- I have no real or apparent conflicts of interest to report.
- I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.

Karen King  
Signature of Reporting Individual

June 9<sup>th</sup> 2020  
Date of Submission

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Project ID: 15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Ken Pomerantz I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	Alexion Pharmaceuticals	X Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes X No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number: \_\_\_\_\_ DocuSigned by: \_\_\_\_\_ x I do not have an NPI Number.

*Kenneth Pomerantz*

6/4/2020

Signature of Reporting Individual: Kenneth Pomerantz

Date of Submission

Signing Reason: I approve this document  
Signing Time: 04-Jun-2020 | 10:50:54 EDT

E3A01168E4154EE4B464FDC0703130FD

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Lauri Arnstein

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

Lauri Arnstein

05/06/2020

Signature of Reporting Individual

Date of Submission

L Arnstein

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Laurie Myers I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	X Employee and stockholder of Merck & Co., Inc.	<input checked="" type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

- Yes  No
- I have no real or apparent conflicts of interest to report.
- I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.



Laurie Myers  
Signature of Reporting Individual

06/04/2020  
Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.  
<sup>2</sup>An accredited ACCME/ACPE/ANCC provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.  
<sup>3</sup>Only include research funds received directly from industry; grants to your institution are reportable only when you're the person or named investigator on the grant.

# POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

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**CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST**

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Lisa DeTora

I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

*Lisa M DeTora*

8 June 2020

Signature of Reporting Individual

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

<sup>2</sup>An accredited ACCME/ACPE/ANCC provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.

<sup>3</sup>Only include research funds received directly from industry; grants to your institution are reportable only when you're the person or named investigator on the grant.

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Michael G Pellegrino

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

Michael G Pellegrino, PhD

May 27, 2020

Signature of Reporting Individual

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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# POSTGRADUATE INSTITUTE FOR MEDICINE

## CONFLICT OF INTEREST REPORTING FORM

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Michael Trabold

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)	n/a	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)	n/a	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>	n/a	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?


Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

  
\_\_\_\_\_  
Signature of Reporting Individual

6/5/2020  
\_\_\_\_\_  
Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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# POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Mike Morrison I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.



Signature of Reporting Individual

6/9/2020

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Niamh O'Connor I am a/an:  Faculty Member  Planner/Manager  Other: Conference speaker \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	Employed by PLOS (Public Library of Science)	X Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes X No

X I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number: X I do not have an NPI Number.

Niamh O'Connor  
Signature of Reporting Individual

05 June 2020  
Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Robin LeWinter

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	Orchard Therapeutics	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	Orchard Therapeutics	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

June 8, 2020

\_\_\_\_\_  
Signature of Reporting Individual

\_\_\_\_\_  
Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

<sup>2</sup>An accredited ACCME/ACPE/ANCC provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.

<sup>3</sup>Only include research funds received directly from industry; grants to your institution are reportable only when you're the person or named investigator on the grant.

# POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

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**CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST**  
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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Scott Bayer I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

- Yes  No
- I have no real or apparent conflicts of interest to report.
- I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.

Scott Bayer  
Signature of Reporting Individual

6/4/2020  
Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.  
<sup>2</sup>An accredited ACCME/ACPE/ANCC provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.  
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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: M. Suz Schrandt, JD

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

\_\_\_\_\_  
Signature of Reporting Individual

\_\_\_\_\_  
5 28 20  
Date of Submission

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# POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Sylvia Baedorf Kassis

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials. -NOT APPLICABLE

NPI Number:

I do not have an NPI Number.



06-04-2020

\_\_\_\_\_  
Signature of Reporting Individual

\_\_\_\_\_  
Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Trishna Bharadia

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.



Signature of Reporting Individual

5th June 2020

Date of Submission

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# POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Vanessa Pott I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	Merck KGaA, Darmstadt, Germany	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.

Vanessa Pott  
Signature of Reporting Individual

9 June 2020  
Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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Project ID:15292 Activity: ISMPP 16th Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Dawn Richards

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)	Provided an honorarium to participate in an advisory board hosted by Lilly Canada.	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other volunteer activities	Am the volunteer Vice President of the Canadian Arthritis Patient Alliance, which is funded primarily by the pharmaceutical industry	<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.



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Signature of Reporting Individual

11 June 2020  
Date of Submission

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## POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

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### CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST

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Project ID: 15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: TRANDY OLSON

I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

Trandy Olson

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Richard W. Davis IV

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other None	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse

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Yes  No

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I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.



6/11/2020

Signature of Reporting Individual

Date of Submission

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Todd Parker I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	MedThink SciCom	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

- Yes  No
- I have no real or apparent conflicts of interest to report.
- I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.

Todd Parker  
 Signature of Reporting Individual

6/12/2020  
 Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.  
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Project ID:15292 Activity: ISMPP 16th Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Dawn Richards

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)	Provided an honorarium to participate in an advisory board hosted by Lilly Canada.	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other volunteer activities	Am the volunteer Vice President of the Canadian Arthritis Patient Alliance, which is funded primarily by the pharmaceutical industry	<input type="checkbox"/> Self <input type="checkbox"/> Spouse

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Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

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Signature of Reporting Individual

11 June 2020  
Date of Submission

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## POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

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Project ID: 15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: TRANDY OLSON

I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY	Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

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Yes  No

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Trandy Olson

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Project ID:15292 Activity: ISMPP 16th Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Dawn Richards

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)	Provided an honorarium to participate in an advisory board hosted by Lilly Canada.	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
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Other volunteer activities	Am the volunteer Vice President of the Canadian Arthritis Patient Alliance, which is funded primarily by the pharmaceutical industry	<input type="checkbox"/> Self <input type="checkbox"/> Spouse

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Signature of Reporting Individual

11 June 2020  
Date of Submission

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Project ID: 15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: TRANDY OLSON

I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

Trandy Olson

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

<sup>2</sup>An accredited ACCME/ACPE/ANCC provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.

<sup>3</sup>Only include research funds received directly from industry; grants to your institution are reportable only when you're the person or named investigator on the grant.



# POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

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**CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST**  
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Project ID:15292 Activity: ISMPP 16th Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Dawn Richards

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)	Provided an honorarium to participate in an advisory board hosted by Lilly Canada.	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other volunteer activities	Am the volunteer Vice President of the Canadian Arthritis Patient Alliance, which is funded primarily by the pharmaceutical industry	<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.



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<sup>3</sup>Only include research funds received directly from industry; grants to your institution are reportable only when you're the person or named investigator on the grant.

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Signature of Reporting Individual

11 June 2020  
Date of Submission

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## POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

Continuing medical, physician assistants, pharmacy, nursing, and optometry education (CME/CE) activities are conducted in the public interest, therefore, it is important to assure the public that education received by physicians and other health professionals through whom patient care decisions are made is conducted with the highest integrity, scientific objectivity, and in the absence of bias. A conflict of interest (COI) exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME/CE about the product or services of that commercial interest. As a Jointly Accredited provider, the Postgraduate Institute for Medicine is responsible for collecting information from its faculty, planners, and managers of CME/CE content and resolving those conflicts prior to the commencement of the CME/CE activity. The intent of the COI resolution process is to assure that provider, faculty, and planner financial relationships with commercial interests and resultant loyalties do not supersede the public interest in the design and delivery of CME/CE activities for the profession.

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Project ID: 15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: TRANDY OLSON

I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY	Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY	
Salary		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.

Trandy Olson

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Richard W. Davis IV

I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other None	None	<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.



6/11/2020

Signature of Reporting Individual

Date of Submission

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Todd Parker I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	MedThink SciCom	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

- Yes  No
- I have no real or apparent conflicts of interest to report.
- I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.

Todd Parker  
 Signature of Reporting Individual

6/12/2020  
 Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.  
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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Rebecca Rozich I am a/an:  Faculty Member  Planner/Manager  Other:

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	Employee of Ashfield Healthcare Communications	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.

Rebecca A. Rozich  
Signature of Reporting Individual

June 12<sup>th</sup>, 2020  
Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Kate Lewis I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	Bluebird bio	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.

Katherine Lewis  
Signature of Reporting Individual

15 June 2020  
Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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# POSTGRADUATE INSTITUTE FOR MEDICINE CONFLICT OF INTEREST REPORTING FORM

Continuing medical, physician assistants, pharmacy, nursing, and optometry education (CME/CE) activities are conducted in the public interest; therefore, it is important to assure the public that education received by physicians and other health professionals through whom patient care decisions are made is conducted with the highest integrity, scientific objectivity, and in the absence of bias. A conflict of interest (COI) exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME/CE about the product or services of that commercial interest. As a Jointly Accredited provider, the Postgraduate Institute for Medicine is responsible for collecting information from its faculty, planners, and managers of CME/CE content and resolving those conflicts prior to the commencement of the CME/CE activity. The intent of the COI resolution process is to assure that provider, faculty, and planner financial relationships with commercial interests and resultant loyalties do not supersede the public interest in the design and delivery of CME/CE activities for the profession.

**CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST**

Faculty, planners, and managers who affect the content of a CME/CE activity are required to disclose their own financial relationships, as well as relationships to products or devices their spouse/life partner have, with commercial interests *related to the content of this CME/CE activity of any amount over the past 12 months*. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected (honoraria received from a CME/CE provider for serving as a CME/CE faculty member by you or your spouse/life partner, even though those funds may have been provided through an educational grant from a commercial interest, DO NOT HAVE TO BE DISCLOSED). A *commercial interest* is defined by the ACCME, AAPA, ACPE, ANCC, and ARBO/COPE as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients. Relationships with governmental agencies (e.g., the NIH) do not have to be disclosed.

Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Corinne Williams  
Editor \_\_\_\_\_

I am a/an:  Faculty Member  Planner/Manager  Other: Science

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	n/a	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>	n/a	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>	n/a	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)	n/a	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest or their Agents <sup>2</sup> (e.g., speakers' bureaus)	n/a	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>	n/a	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	n/a	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	n/a	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Other	n/a	<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:

I do not have an NPI Number.



6/15/2020

Signature of Reporting Individual

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

<sup>2</sup>An accredited ACCME/ACPE/ANCC provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.

<sup>3</sup>Only include research funds received directly from industry; grants to your institution are reportable only when you're the person or named investigator on the grant.

# POSTGRADUATE INSTITUTE FOR MEDICINE

## CONFLICT OF INTEREST REPORTING FORM

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### CRITERIA FOR DISCLOSURE OF CONFLICTS OF INTEREST

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Project ID:15292 Activity: ISMPP 16<sup>th</sup> Annual Virtual Conference

Name(s) of Commercial Interest(s) Providing Support for this Activity (to date): n/a

Name: Leslie McIntosh Borrelli I am a/an:  Faculty Member  Planner/Manager  Other: \_\_\_\_\_

<i>Type of Financial Relationship WITHIN THE PAST 12 MONTHS ONLY</i>	<i>Indicate Applicable Manufacturer(s)/Company WITHIN THE PAST 12 MONTHS ONLY</i>	
Salary	Ripeta, LLC	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Royalty <sup>1</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Receipt of Intellectual Property Rights/Patent Holder <sup>1</sup>	Ripeta, LLC	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Consulting Fees (e.g., advisory boards)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Fees for Non-CME/CE Services Received Directly from a Commercial Interest <i>or their Agents</i> <sup>2</sup> (e.g., speakers' bureaus)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Contracted Research <sup>3</sup>		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>less than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )		<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ownership Interest <i>greater than 5%</i> (stocks, stock options, or other ownership interest <i>excluding diversified mutual funds</i> )	Ripeta, LLC	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse
Other		<input type="checkbox"/> Self <input type="checkbox"/> Spouse

If you reported relationships in the chart above, will any of these relationships impact your ability to present an unbiased presentation?

Yes  No

I have no real or apparent conflicts of interest to report.

I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

NPI Number:  I do not have an NPI Number.



Signature of Reporting Individual

June 10, 2020

Date of Submission

<sup>1</sup>For Royalty and Patent Holder relationships, include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners; there is no need to report rights and royalties if they are fully assigned to another party.

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