

**American Society for Dermatologic Surgery (ASDS)  
COMMERCIAL RELATIONSHIP DISCLOSURE**

**INSTRUCTIONS**

- Download form to your device and save it.
- Open form on your device, complete all fields on both pages, save again, then email as attachment to [morourke@asds.net](mailto:morourke@asds.net)
- Or, print out, complete by hand, scan and email; or fax to (847) 956-0999

Name: \_\_\_\_\_

I understand that I occupy a position of trust and that I am expected to act at all times in good faith and without bias or favor to outside interests. Whenever my outside interests or other responsibilities potentially conflict with my duty to the ASDS, I will declare these financial relationships and will act in such a manner as to avoid even the appearance of using my position to advance any personal interest or the interest of any individual or entity with whom I have a significant relationship. In particular, I will not act in a way inconsistent with the purposes and best interests of the ASDS.

Please disclose all relevant financial relationships (financial relationships in any amount occurring within the past 12 months that may create a conflict of interest) that you or any member of your immediate family or significant other has with a commercial interest (any entity producing, marketing, re-selling, or distributing health-care goods or services consumed by or used on patients). If none, check box at BOTTOM of page.

**ADD COMPANY NAME(S) FOR ALL RELEVANT FINANCIAL RELATIONSHIPS IN CATEGORIES BELOW**

Serve on **Advisory Board** at (for fees or honoraria or grants/research funding or stock options or no compensation):

Serve on **Board of Directors** at (for fees or honoraria or grants/research funding or stock options or no compensation):

Serve as a **Consultant** at (for fees or honoraria or grants/research funding or intellectual property rights or no compensation):

Serve as an **Employee** at (for salary):

Serve as an **Investigator** at (for fees or honoraria or grants/research funding or stock options or no compensation):

Serve as **Speaker** at (for honoraria or grants/research funding or no compensation):

Serve on a **Speaker's Bureau** at (for fees):

Maintain an **Ownership Interest** at (for stock or intellectual property rights – excludes interest in diversified mutual funds)

Received **Free or Discounted Equipment** from:

**Other**, specify:

**Neither I, the undersigned, nor a first-degree relative, has at present or has had within the past 12 months, financial interests/arrangements, affiliations, or other relationships with a commercial interest.**

I represent that, to the best of my knowledge and belief, the information reported above is complete and accurate. This disclosure is for all ASDS activities in which I am involved in for the next 12 months or I will notify ASDS with any disclosure changes that occur.

**Signature**

\_\_\_\_\_

Typing your name above constitutes an electronic signature

**Date**

\_\_\_\_\_

**continue to attestation on next page**

**Faculty Name:** \_\_\_\_\_

**Will you be making patient care recommendations during your presentation(s)?**  Yes  No

**Will you be discussing a product/agent/device from any of the commercial interests in your disclosure?**  Yes  No

**Please indicate your acceptance, understanding, and willingness to comply with each statement below by checking each box, and then signing and dating this document.**

- I will make a verbal disclosure of all relevant financial relationships to the audience at the beginning of my presentation and will include a disclosure slide at the start of my presentation.
- I agree to remind the audience to disclose any commercial interests prior to asking a question or otherwise participating in discussions during any portion of my session.
- I have not and will not accept any honoraria, additional payments or reimbursements beyond any that will be provided directly from the ASDS in relation to this educational activity.
- I understand that the ASDS may need to review my presentation and/or content prior to the activity to ensure my presentation is fair and balanced and free of commercial bias. If the ASDS requests changes to my presentation after review, I will make appropriate changes. I also understand that a formal observer may attend my session.
- I attest that if I provide recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in this CME activity in support of justification of patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis.
- I attest that if I discuss a product use that is off-label (unapproved use of FDA-approved product), unlabeled, experimental, and/or investigational (not FDA approved); and any limitations on the information that is presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
- I attest that if I discuss specific health care products or services, I will use generic names to the extent possible. If I need to use trade-names, I will use trade names from several companies when available as opposed to referencing a single trade name from any single company.
- I attest that if I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way during my presentation.
- I attest that if I discuss research funded by a commercial entity, the information presented will be based on generally accepted scientific principles and methods, and will not in any way promote the commercial interest of the funding company.
- I attest that I will not utilize any materials/slides that have been created by a commercial entity and agree that my presentation will not include promotional messages or corporate logos.
- I warrant that all materials included within my presentation are HIPAA compliant and that if identifiable patient images are utilized, I have secured written permission from the patient.
- I agree to obtain the necessary copyright permission(s) if any portion of my CME activity materials that I prepare is not my original work or for which I do not hold the copyright.
- I understand that my presentation files for all sessions must be uploaded in advance. If for any reason I am unable to, I will arrive at my session room at least 15 minutes in advance with my presentation on a portable storage device so that it can be loaded to the ASDS supplied computer in the session room (and that I cannot use my personal device for presentation).
- I understand that failure to comply with all of the above may result in the withdrawal of this or future activity participation as determined by the related ASDS Work Group.**

**Please list your current title and affiliation below:**

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**Signature**

**Date**

Typing your name above constitutes an electronic signature

**continue to consent on next page**

**FACULTY RECORDING CONSENT**  
**2018 ANNUAL MEETING • OCTOBER 10-14, 2018**

I hereby request and consent to participate as a faculty member for the educational sessions, to be held at the JW Marriott Desert Ridge, Phoenix, AZ during the 2018 ASDS Annual Meeting.

I understand that the ASDS may (i) record the Course, or portions thereof, via videotape, DVD, CD-ROM and/or other recording medium; and (ii) broadcast the Course, or portions thereof, live, via video feed, Web cast, or satellite and/or archive the Course for future publication and distribution via any electronic media, including, without limitation, videotape, DVD, CD-ROM, Internet, or satellite. I hereby authorize the ASDS to record, retain, reproduce, publish, and/or disseminate: (i) my name, image, voice, title, and other identifying information ("Identifying Information") for broadcast, republication and/or distribution of the patient demonstration portion of the Course in any form or media; and (ii) my Identifying Information and presentation materials, both oral and written, including, without limitation, handouts, illustrations, and PowerPoint slides, for broadcast, republication and/or distribution of the didactic portion of the Course in any form or media.

I represent and warrant that the content of any presentation that I make at the Course shall be accurate to the best of my knowledge; shall not violate any copyright, proprietary rights or personal rights of others; and the materials, including photographs, used in the Course shall not identify, by name or otherwise, suggest the identity of, or present a recognizable likeness of any patient or other individual; or, if they do, I shall have obtained all necessary consents from the subject individual for the further use, distribution and publication of such materials, including, without limitation, specific consent not only to use the image in the presentation, but also in any future broadcast, publication or dissemination of the presentation in any form or media.

I hereby indemnify and hold the ASDS and its directors, officers, members, employees and agents harmless from and against any and all claims, expenses (including reasonable attorneys' fees), and liabilities whatsoever arising, directly or indirectly, from any breach of my representations herein, or my actions or inaction at, or participation in, the Course. I further waive any and all rights I may have against the ASDS, its directors, officers, members, employees and agents, and release and discharge them from any claim relating to the Course or the manner in which it is conducted.

**Please check one box below with your preference:**

**Accept**

**Audio Only**

**Decline**

**I have read this Faculty Recording Consent and agree to be bound by its terms.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Typing your name above constitutes an electronic signature