

Name: _____

Abstract

Title:

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:

Signature _____

Date _____

Typing your name above constitutes an electronic signature