

# GENESYS

## DISCLOSURE OF COMMERCIAL INTERESTS

Activity Title: \_\_\_\_\_ Activity Date(s): \_\_\_\_\_

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

- Genesys Regional Medical Center (GRMC) is accredited by the Michigan State Medical Society Committee on CME Accreditation and the American Osteopathic Association as a provider of continuing medical education.
- GRMC requires that all presentations at CME activities be **fair, balanced, free of commercial bias, and fully supported by scientific evidence.**
- **Planning committee members, moderators and presenters** of programs are required to list all **relevant** financial arrangements or affiliations with **ACCME-defined commercial interests** that are related to the subject of this educational activity. **Please consider the relationships of your spouse or partners as one and the same as your own relationship, thus should be included in this disclosure.**
- Individuals who refuse to disclose are disqualified from CME planning and implementation.

I. **Check one:**

**I have no relevant personal financial relationships within the past 12 months**

**I have personal financial relationships within the past 12 months with the following commercial interests:**

Name of Commercial Interest (One Per Line)	Type of Relationship		
	<input type="checkbox"/> Consultant	<input type="checkbox"/> Speaker	<input type="checkbox"/> Grant
	<input type="checkbox"/> Research Support	<input type="checkbox"/> Stock	<input type="checkbox"/> Other
	<input type="checkbox"/> Consultant	<input type="checkbox"/> Speaker	<input type="checkbox"/> Grant
	<input type="checkbox"/> Research Support	<input type="checkbox"/> Stock	<input type="checkbox"/> Other
	<input type="checkbox"/> Consultant	<input type="checkbox"/> Speaker	<input type="checkbox"/> Grant
	<input type="checkbox"/> Research Support	<input type="checkbox"/> Stock	<input type="checkbox"/> Other
	<input type="checkbox"/> Consultant	<input type="checkbox"/> Speaker	<input type="checkbox"/> Grant
	<input type="checkbox"/> Research Support	<input type="checkbox"/> Stock	<input type="checkbox"/> Other

II. **Off-Label: Will your presentation or participation involve comments or discussion concerning an FDA non-approved use of a pharmaceutical or medical device?**  Yes  No  Not Applicable (Planner)

If yes, how will you inform the audience that the FDA has not approved this use?

\_\_\_\_\_

- I agree that all the recommendations involving clinical medicine will be based on evidence accepted within the profession of medicine as adequate justification for their indications and contraindications in patient care.
- I agree that all scientific and clinical research used to justify patient care recommendations will conform to generally accepted standards of experimental design, data collection and analysis.
- I agree to provide a balanced presentation that is free from commercial bias or financial interest for or against any commercial product or service.

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

**Reviewer:**

III. **Resolution:** To assure independence and balance of content, current conflicts of interest were resolved by the following process (check one):

- Planning committee member, moderator and/or presenter was removed from program
- Planning committee member, moderator and/or presenter was deemed necessary for education. A review of presentation slides by Activity Director and/or CME coordinator was completed.
  - Commercial Interest bias was not detected in presentation. Presentation allowed to be presented as is.
  - Bias or unauthorized information was present. Presenter was directed to remove bias or unauthorized information. A follow-up review of presentation is required. (Documentation of the request and review must be attached)
- Other: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Role: \_\_\_\_\_ Date: \_\_\_\_\_