

## Disclosure of Relevant Financial Relationships Form

<b>Name:</b> Patrick Souverein
<b>Content of Activity:</b> Deliver seminar
<b>Date of Activity:</b> 11-14 Sept 2014

Please complete and return this form **before 30 June 2014** to [taviana.caminiti@eahp.eu](mailto:taviana.caminiti@eahp.eu)

Thank you.

In accordance with the Accreditation Council for Continuing Medical Education's Standards for Commercial Support, all planning committee members, authors, and teachers involved in the development of continuing education content are required to disclose to the accredited provider their **relevant financial relationships**. An individual has a relevant financial relationship if he or she has a financial relationship in any amount occurring in the last twelve months with a commercial interest whose products or services are discussed in the CPE activity content over which the individual has any control.

The intent of this disclosure is not to prevent an author, writer, presenter, faculty, or consultant with a potential conflict of interest from contributing to a CPE program, but to resolve any actual conflicts and to inform learners about the relationship before the program begins.

For an individual with no relevant financial relationships, learners must be informed that no relevant financial relationship(s) exist(s).

### Please answer the following questions:

1. Does the CPE content over which you have control contain information about healthcare products or services?

Please circle:

Yes or **No**

- If **No**: please go to the next page, sign and return this form.
- If **Yes**: please answer Question 2.

2. Regarding the healthcare products or services that will be discussed in the CPE content over which you have control, have you had a financial relationship in any amount in the last 12 months with the manufacturers of the products or providers of the services?

Please circle:

Yes or **No**

- If **No**: please go to the next page, sign and return this form.
- If **Yes**: please complete the chart on the next page, then sign and return this form.

Chart to complete if yes to question 2:

Manufacturer or Service Provider	Nature of Relationship*	I have divested myself of this relationship ( <i>circle one</i> ).	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

\* E.g. Advisory or other groups funded by industry

Signature:



Date:

24-6-2014