

Disclosure of Conflict of Interest

Definitions:

Conflict of interest: A conflict of interest is a set of conditions in which judgement or decisions concerning a primary interest (example a patients' welfare, the validity of research and/or quality of medical education) is unduly influenced by a secondary interest (personal or organizational benefit including financial gain, academic or career advancement, or other benefits to family, friends, or colleagues).

Perceived conflict of interest: A perceived conflict of interest is the appearance of a conflict of interest as judged by outside observers regardless of whether an actual conflict of interest exists.

Real conflict of interest: A real conflict of interest is when two or more interests are indisputably in conflict.

The following describes the processes and requirements for gathering, managing and disclosing conflicts of interest to members:

All members must provide to CLyDRN a written description of all relationships with for-profit and not-for-profit organizations over the previous 2 years including (but not necessarily limited to):

- a) Any direct financial payments including receipt of honoraria;
- b) Membership on advisory boards or speakers' bureaus;
- c) Funded grants or clinical trials;
- d) Patents on a drug, product or device; and
- e) All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

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| \sim | I do not have a relationship with a for-profit and/or a not-for-profit organization to |
| | disclose. |

☐ I have a relationship with a for-profit and/or a not-for-profit organization to disclose. Please indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

| Nature of relationship(s) | Name of for-profit or not-for- profit organization(s) | Description of relationship(s) |
|---|--|--------------------------------|
| Any direct financial | profit organization(s) | |
| payments including | | |
| receipt of honoraria | | |
| | | |
| Membership on advisory | | |
| boards or speakers' bureaus | | |
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| Funded grants or clinical | | |
| trials | | |
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| Patents on a drug, | | |
| product or device | | |
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| All other investments or | | |
| relationships that could be seen by a reasonable, | | |
| well-informed member | | |
| as having the potential to | | |
| influence membership with the network | | |
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By checking "I agree" you are acknowledging that the above information is accurate.

I Agree

| Name: PRAHEET | SHETH |
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| Signature: | |
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