

CON SEIL QUÉBÉCOIS DE DEVELOPPEMENT PROFESSIONNEL CONTINU DES MÉDECINS



Faculté de médecine Director, Continuing Professional Development (CPD) Office

POTENTIAL CONFLICT OF INTERESTS DISCLOSURE FORM

The participants in a continuing medical education (CME) or continuing professional development (CPD) activity should know in advance of any affiliation or financial interest that could influence the presentation of a speaker, a workshop leader or a resource person. The intention of disclosure is not to prevent a presenter with a potential conflict of interests from speaking, but to inform the audience in advance of the possible affiliations or financial interests. Since these facts are known openly, the participants can render an informed judgement on the content of the presentation itself.

Affiliation means, for example, acting as an advisory board member for a pharmaceutical company; <u>financial</u> <u>interest</u> means, for example, accepting an invitation, gratuity or remuneration for services rendered, royalties or research funds from a business corporation, or holding a financial interest in an enterprise.

| Declaration of the resource person (speaker, facilitator, scientific committee member or others) I currently have, or I have had in the past two years, an affiliation with/or financial interest of any nature in a business corporation, or I receive remuneration, royalties or research grants from a business corporation : no yes | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| | | |
| Type of affiliation | Name of the corporation | Period |
| Speaker | Astellas Pharma, USA | Present |
| NAME (block letters) : Robert Corey Title and date of educational activity : 1(S ANN G -9 ⁿ (Signature | 0'Connor WAL MEETING 2015, MONT)CTOBER 2015 Date 6/11/201 | |
| Responsibil | ity of the organizer | |
| It is the responsibility of the organizer of an educational speakers, facilitators, scientific committee members or available to the participants by a notation in the course thereof) are disclosed by the presenter at the beginning of For the sake of equity and transparency, the organizer w • The resource person did not declared any potential co The resource person declared a potential conflict of as mentioned by the resource person); or | others. The organizer shall ensure that syllabus and that potential conflicts of of his presentation (oral and visual discle ill inform the participants that : onflict of interests; | the information is made interests (or the absence bsure with slide). |

The resource person did not return the potential conflict of Interests disclosure form.