



# Southeastern Fracture Consortium

## Authorship/Poster Presenter Disclosure Form

This form is to identify and resolve conflicts of interest for all individuals responsible for the development, management, presentation, and/or evaluation of an activity conducted during a CME/CE approved activity

**Purpose:** To assure fair and unbiased presentation of valuable educational materials and to comply with the ACCME Standards for Commercial Support.

**Who:** Planning committee members, speakers, presenters, moderators, Activity Medical Directors, authors, etc.

**How Often:** Annually or within 30 days of terminating or acquiring a new relevant financial relationship.

**Instructions:** Read and complete each section of this form, ensuring that all check boxes are checked and that signature and date are affixed where indicated.

**Title of Poster:** \_\_\_\_\_  
\_\_\_\_\_

### Contact Information of Individual Completing Form

**Full Name:** \_\_\_\_\_ **Degree(s):** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_ **Specialty** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

### Fair Balance, Independent Content Validation, Level of Evidence

I understand that presentation, posters, slides/abstract/monograph, etc. may be peer reviewed and edited accordingly prior to the CME/CE activity occurring (or being released) and evaluated by participants for fair balance and to validate content.

I attest that any and all clinical recommendations that I make for patient care as part of my planning and activity materials will be based on the best available evidence, that a balanced view of therapeutic options will be given, and the content will be in accordance with ACCME's Content Validation Statement.

### Off-Label Uses and Limitations of Data



## Southeastern Fracture Consortium

I agree to make meaningful disclosure to the attendees during the SEFS 2016 when products or procedures I discuss are off-label, unlabeled, experimental, and/or investigational (not FDA approved), and any limitations on the information that I present, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.

**Signature**

:

**Date:**

### HIPAA, Copyright Permission(s), and Opportunity for Debate

I attest that my CME/CE activity materials will be HIPAA compliant (i.e., I will use de-identified patient information when possible).

I agree to obtain the necessary copyright permission(s) if any portion of my CME/CE activity materials that I prepare is not my original work or for which I do not hold the copyright.

I agree to provide meaningful opportunity for questioning or scientific debate (live presentation).

### Disclosure of All Financial Relationships

- A. *List the names of proprietary entities producing health care goods or services* (commercial interests) with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a financial relationship within the past 12 months. For this purpose the ACCME considers the financial relationships of your spouse or partner that you are aware of to be yours. Please refer to Page 5 of the "CME Policy & Procedure" for definitions of financial relationships (note: if you do not have any financial relationships to disclose, please skip to Part IV-D).
- B. *Delineate what you or your spouse/partner received* (ex: salary, honorarium etc). Please do not include amounts received.
- C. *Delineate your or your spouse/partner's role*.
- D. If you do not have any financial relationships to disclose, please clearly print "NONE" in the box below.

Commercial Interest	Nature of Financial Relationship (Include all that apply)	
	What was received?*	For what role?*
<i>Example: ABC Pharmaceuticals</i>	<i>Honorarium</i>	<i>Speaker</i>



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<b>*Explanatory Terminology</b>	
<b>What was received:</b> Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.	<b>Role(s):</b> Employment, management position, independent contractor (including contracted research), consulting, speaking/ teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).

**Signature:**

**Date:**

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