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Definitions for terms are found at the end of this document.

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Have you or an immediate family member been employed by any for-profit health care company currently or during the past 2 years?

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Company*: __________________________________________________________

Recipient*: ☐ You ☐ An Immediate Family Member

* - required field

☐ No, I have no employment to disclose.
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Have you or an immediate family member been compensated for a leadership role (such as officer or member of a board of directors) in any for-profit health care company, currently or during the past 2 years?

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* - required field

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Have you or an immediate family member owned stock or held an ownership interest in any for-profit health care company (publicly traded or privately held), currently or during the past 2 years?

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☐ No, I do not have stock or other ownership Interest to disclose.

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Have you or an immediate family member been paid for any consulting or advisory role by any for-profit health care company, currently or during the past 2 years?

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Recipient*: ☐ You ☐ An Immediate Family Member ☐ Your Institution
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☐ No, I do not have a consulting or advisory role to disclose.
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Have you or an immediate family member been paid to participate in a speakers’ bureau for any for-profit health care company, currently or during the past 2 years?

- [ ] Yes, I have a speakers’ bureau to disclose.
  
  Company*: ____________________________________________  
  Recipient*: [ ] You  [ ] An Immediate Family Member  
  * - required field

- [ ] No, I do not have a speakers’ bureau to disclose.

7. **Research Funding**

Have you or an immediate family member conducted any research project funded, in whole or in part, by any for-profit health care company, currently or during the past 2 years?

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You do not need to disclose funding from National Institutes of Health (NIH) or a non-profit foundation.

- [ ] Yes, I have research funding to disclose.
  
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  Recipient*: [ ] You  [ ] An Immediate Family Member  [ ] Your Institution  
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- [ ] No, I do not have research funding to disclose.

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Do you or an immediate family member hold patents, have patents pending, receive royalties, participate in royalty sharing agreements, or have other intellectual property interests from a discovery or technology relating to health or medicine, currently or during the past 2 years?

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  Recipient*: [ ] You  [ ] An Immediate Family Member  [ ] Your Institution  
  * - required field

- [ ] No, I do not have a patent or other intellectual property interest to disclose.
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Have you or an immediate family member been paid to provide expert testimony on behalf of any for-profit health care company, currently or during the past 2 years?

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□ [Recipient*: ☐ You ☐ An Immediate Family Member]

* - required field

☐ No, I do not have expert testimony to disclose.

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Have you or an immediate family member had travel, accommodations, or other expenses paid or reimbursed by any for-profit health care company, currently or during the past 2 years?

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□ [Recipient*: ☐ You ☐ An Immediate Family Member]

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☐ No, I do not have travel, accommodations, or expenses to disclose.

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Have you or an immediate family member had another relationship, role, activity, or interest, currently or during the past 2 years, that could be perceived to influence your work or your professional activities? Disclosure is encouraged.

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□ [Company*: ____________________________________________________________]

□ [Recipient*: ☐ You ☐ An Immediate Family Member]

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Definitions

For-profit health care Company: means a business that develops, produces, markets or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions.

Immediate family member: means a spouse or dependent child.

Honoraria: means money paid to recognize participation in an activity such as a speech or seminar presentation. If you directed your honoraria to another individual or to a charity, please note.

Consulting or advisory role: means the provision of any services, including advisory boards, scientific review, or editorial services. If you participated in an unpaid capacity but received travel expenses or reimbursement, please disclose either in this category or the “Travel” category.

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You do not need to disclose funding from National Institutes of Health (NIH), other government agency, or a non-profit foundation.