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Commercial Interest

Nature of Relevant Financial Relationship

Name of Company

Employee, Grants/Research Support recipient, Board Member, Advisor or Review Panel member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speakers’ Bureau, Honorarium recipient, Royalty recipient, Holder of Intellectual Property Rights, or Other

1.
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The following mechanisms have been identified to resolve conflicts of interest. For non-UCI speakers, if a possible conflict of interest has been identified above, you must forward your presentation for peer review PRIOR to the activity (please check below).

Please check all that apply:
Presenter/Authors
☐ I will support my presentation and clinical recommendations with the “best available evidence” from the medical literature.
☐ I will refrain from making recommendations regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.
☐ I will recommend an alternative presenter for this topic for the planning committee’s consideration.
☐ I will submit my presentation in advance to allow for adequate peer review.
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Planners
☐ To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.
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UNLABELLED USE OF DRUGS OR DEVICES

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☐ I will not discuss the use of any unlabelled/unapproved drugs or devices
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DECLARATION

1. I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.
2. I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. (HIPAA)
3. I will inform learners when I discuss or reference unapproved or unlabeled uses of therapeutic agents or products.

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