



Disclosure of Commercial Relationships

Activity Title: 9th International Symposium on Virtual Colonoscopy Activity Date: October 27-29, 2008

Name: _____

Check one: Faculty Course Director Author Reviewer Moderator Planning Committee

Topic: _____

As a provider accredited by the ACCME, Boston University School of Medicine must insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. Any individual being considered to participate in a sponsored activity who is in a position to control the content is required to disclose any financial relationships* with commercial interests**. The intent of this disclosure is to aid the Continuing Medical Education Office in determining: 1) if a conflict of interest exists; and, if so, 2) if that conflict can be resolved. All such information disclosed by everyone appointed to participate in the CME activity will be disclosed to the CME activity participants. Refusal to disclose prohibits participation.

* **Financial Relationships** are those relationships in which the individual benefits by receiving a 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. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

** A **Commercial Interest** is any proprietary entity producing health care goods and services with the exception of non-profit or government organizations and non-health care related companies.

PLEASE REVIEW CAREFULLY and COMPLETE EACH SECTION

- I. Do you, your spouse or legally recognized domestic partner, or dependent children currently (within the past 12 months) have a financial interest* with any commercial interests**? YES NO
- II. I have the following financial interests*, arrangements, or affiliations with the following commercial interests** (please check in appropriate box if relationship is relevant*** to your participation in this activity; if additional space is needed, please attach):

Commercial Interest(s)	Nature of Financial Relationship					Is this relationship relevant***?
	Grant/Research Support	Consultant	Major Stockholder	Speakers Bureau	Other (Be Specific)	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

*** **Relevant Financial Relationships** ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

III. If you have relevant relationships***, do you feel you are able to present the content of the CME activity in a fair and unbiased manner? (Faculty/Author only) YES NO

IV. I attest that I am **not** receiving direct payments from a commercial entity with respect to this activity.

Signature _____

Date _____

Internal Review		
CME Office: <input type="checkbox"/>	Course Director: <input type="checkbox"/>	Associate Dean: (if app.) <input type="checkbox"/>