



2025 Tandem Meetings | Transplantation & Cellular Therapy Meetings of ASTCT and CIBMTR: Organizing/Planning Committee Member Financial Disclosure Form

Many healthcare professionals have financial relationships with ACCME(R) defined ineligible companies. These relationships must not be allowed to influence accredited continuing education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.

The Medical College of Wisconsin collects information from all planners, faculty, and others in control of educational content about all their financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education.

An **ineligible company** is a company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

TITLE OF PRESENTATION/POSTER/ABSTRACT OR MEETING: *

RELATED CLINICAL STATE/DISEASE PROCESS *

For clinical content, describe related clinical state/disease process. State N/A if non-clinical content.

ROLE IN THE CME ACTIVITY: *

(Click on all that apply)

- Planning/Scientific Committee Member
- Moderator
- Session Chair
- Speaker/Presenting Author
- Abstract Reviewer
- Other...please enter details below:

DO YOU HAVE FINANCIAL RELATIONSHIPS TO DISCLOSE? *

- No**, I do not have a financial relationship with ineligible companies to disclose within the past 24 months.
If you answered "NO", please complete the "PROPRIETARY & CLINICAL CONTENT" attestation down below and add your signature, email address and date.
- Yes**, within the past 24 months, I do have the following financial relationships to disclose.
If you answered "YES", please complete ALL sections below.

FINANCIAL RELATIONSHIP (1): COMPANY NAME

FINANCIAL RELATIONSHIP (1): COMPANY'S PRIMARY BUSINESS

(Click on all that apply)

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers
- Other...please provide details below:

FINANCIAL RELATIONSHIP (1): ROLE

(Click on all that apply)

- Employee
- Ownership Interest Executive Role
- Contractor
- Consultant
- Speaking or Teaching
- Advisory Committee
- Review Panel
- Board Member
- Researcher
- Other...please provide details below:

FINANCIAL RELATIONSHIP (1): WHAT WAS RECEIVED?

(Click on all that apply)

- Honorarium
- Consulting Fee
- Research Funding
- Royalties/Patent Beneficiary
- Ownership Interest
- Individual Stock or Stock Options
- Other...please provide details below:

RELATIONSHIP STATUS (1)

Has this financial relationship ended?

- Yes, this financial relationship has ended.
- No, this is a current financial relationship.

FINANCIAL RELATIONSHIP (2): COMPANY NAME

FINANCIAL RELATIONSHIP (2): COMPANY'S PRIMARY BUSINESS

(Click on all that apply)

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers
- Other...please provide details below:

FINANCIAL RELATIONSHIP (2): ROLE

FINANCIAL RELATIONSHIP (2): WHAT WAS RECEIVED?

(Click on all that apply)

- Honorarium
- Consulting Fee
- Research Funding
- Royalties/Patent Beneficiary
- Ownership Interest
- Individual Stock or Stock Options
- Other...please provide details below:

RELATIONSHIP STATUS (2)

Has this financial relationship ended?

- Yes, this financial relationship has ended.
- No, this is a current financial relationship.

FINANCIAL RELATIONSHIP (3): COMPANY NAME

FINANCIAL RELATIONSHIP (3): COMPANY'S PRIMARY BUSINESS

(Click on all that apply)

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers
- Other...please provide details below:

FINANCIAL RELATIONSHIP (3): ROLE

FINANCIAL RELATIONSHIP (3): WHAT WAS RECEIVED?

(Click on all that apply)

- Honorarium
- Consulting Fee
- Research Funding
- Royalties/Patent Beneficiary
- Ownership Interest
- Individual Stock or Stock Options
- Other...please provide details below:

RELATIONSHIP STATUS (3)

Has this financial relationship ended?

Yes, this financial relationship has ended.

No, this is a current financial relationship.

ANY ADDITIONAL DISCLOSURES AND/OR ANY DETAILS

Any additional disclosures and/or any details you can provide about how your work with the ineligible companies does or does not relate to the content of your presentation will greatly help the Office of Continuing Professional Development with the process of resolving any real or perceived conflict(s) of interest and approving your participation in content development. I will provide educational content (slides, handouts, etc) to the Medical College of Wisconsin prior to the start of the CME activity for review.

PROPRIETARY & CLINICAL CONTENT *

I attest to the following:

- I will not use proprietary content in this accredited continuing education activity.
- I have not and will not directly receive payments including travel for presenting this content from an ineligible company.
- I will inform learners when I discuss or reference unapproved or unlabeled uses of therapeutic agents or products.
- I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA).

EMPLOYEES AND OWNERSHIP INTEREST

As an employee or owner of an ineligible company; I attest that (check all that apply)

- The content I am presenting in the activity is not related to the business lines or products of my employer/company.
- The content of my presentation is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and I will not make care recommendations.
- I am a technician teaching the safe and proper use of medical devices, and do not recommend whether or when a device is used.

PRINTED NAME AND SIGNATURE *

I have carefully read and considered each item in this form, and I have completed it to the best of my ability.

EMAIL ADDRESS *

DATE *