

## **Disclosure of Interests Form**

ASHM requires those it engages as committee members, representatives, staff, consultants, speakers, presenters, authors, editors and reviewers to declare significant relationships and associations which may create conflicts of interest. This is particularly relevant to relationships and associations with healthcare-related industry. (Please see ASHM's policy for its *Relationship with Healthcare-Related Industry*). This form has been adapted with permission from one produced by the International Committee of Medical Journal Editors (ICMJE), and ASHM gratefully acknowledges the assistance of the Committee.

Name :	
Email :	
Phone :	
Detail the capacity in which you may	be engaged by ASHM:

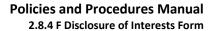
## 1. Information about relevant financial relationships

Please place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities which you name that may represent a potential conflict of interest *relevant to your relationship with ASHM and the work you are undertaking for the Society*. If there is a question, it is usually better to disclose a relationship than not to do so. Please use one line for each entity and use the comments column to indicate any additional information that you think an interested party would want to know about the compensation. Report relationships that were present during the 36 months prior to this statement. In addition, please disclose relationships that fall outside the 36-month window that interested parties may want to know about and could reasonably criticize you about for not disclosing (for example, long-term financial relationships that are now ended).

The purpose of this request for disclosure of potential conflicts of interest is to ensure that any interactions that could be perceived to influence (or that give the appearance of potentially influencing) your work for ASHM are declared. You should disclose support only from entities that could be perceived to benefit financially as a result of your work for ASHM, such as drug companies, or foundations supported by them that could be perceived to have a financial stake in the outcome. Public funding sources need not be disclosed.

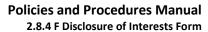


Type of Relationship (in alphabetical order)	No	Money Paid to You	Money Paid to Your institution	Entity	Comments			
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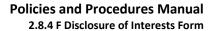




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Travel/accommodation expenses covered or reimbursed						
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Other (err on the side of full disclosure)						
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Other (err on the side of full disclosure)						
If necessary, please click here to add more information						
nformation about financial relationships involving your spouse or partner syour spouse or partner have financial relationships with entities which may represent a potential confliterest?						
No other relationships/conditions/circumstances that present potential conflict of interest						
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es, the following relationship	os/cond	itions/circ	umstances	are present (explain below):		



Information about other relation							
Are there any other relationships or activities that an interested party could perceive to influence, or that give the appearance of potentially influencing, you?							
No other relationships or activities which could be perceived as a conflict of interest.							
Yes, the following relations	ships	or activities	s could be per	ceived as a conflict of int	terest.		
(please list under "type of relation	nship (	or activity" ir	n the additional	disclosure list and explain l	pelow if necessary):		
I hereby certify that the info	rmati	on I have	provided her	e is correct.			
Signature:							
Name: Date: Click here to enter a date.							
Additional Disclosure (If necessary)							
Type of Relationship or activity	No	Money Paid to	Money Paid to Your	Entity	Comments		
(in alphabetical order)		You	institution	-			
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