Children’s Hospital of Los Angeles Office of CME

 4650 Sunset Blvd | Los Angeles, CA 90027

Disclosure of Financial Relationships for Continuing Medical Education

*Required documentation related to disclosure of financial relationships with Ineligible companies for planners, faculty, authors, applicable cMe staff, and content reviewers of cMe activities.*



Information You Need To Know to Disclose Your Financial Relationships with Companies Related to Healthcare Products or Services

# Why We Ask:

Because Children’s Hospital of Los Angeles (CHLA) is accredited by the California Medical Association (CMA), we require your assistance to comply with accreditation guidelines and help us create high-quality education that is independent of industry influence. To participate in this educational activity, all individuals who have the ability to influence and/or control the content of this accredited CME activity must disclose all financial relationships with all companies — whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients — over the past 24 months. **To confirm your participation in this CME activity, we ask that you complete and return this form immediately.**

# What to Disclose:

* There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with companies as described above; only disclose your own financial relationships, *not* those of your spouse or life partner.
* We ask you to disclose all financial relationships regardless of whether or not you view the relationships as relevant to the CME activity. The CME Office will determine if the information that you provide is relevant to the topics of the CME activity in which you will participate.
* Since healthcare professionals serve as the trusted authorities when advising patients, they must protect the learning environment from industry influence to ensure they remain true to their ethical commitments.
* If the CME Office in collaboration with the CME Committee determine that the financial relationships create a conflict of interest, the CME Office and the CME Committee also will determine the appropriate method of mitigation. Mitigation may involve but is not limited to an independent review of the content you develop (or if you are a planner, other methods will be utilized, including peer review of content by non-conflicted planners, etc.).
* Many healthcare professionals have financial relationships with companies as defined above. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

If you have questions, please contact us at aarellano@chla.usc.edu.

Disclosure Form Required By The ACCME *Standards for Integrity and Independence*

[NOTE: Be sure to click within the greyed text box to type]

***This section to be completed by the CME staff:***

**Name of Individual:** Click or tap here to enter text.

**Title of CME Program:** Click or tap here to enter text.

**Date and Location of the CME Program (or if an enduring material, the date of release):**

Location: Click or tap here to enter text. Date: Click or tap to enter a date.

**Individual’s Role(s) in This Educational Activity (check all that apply):**

[ ] Planner (e.g., planning committee, course director, CME staff)

[ ] Faculty, Author, Editor

[ ] Moderator, Panelist

[ ] Content Reviewer

[ ] Other Click or tap here to enter text.

***This section to be completed by the Planner, Faculty, Author, Content Reviewer or Others Who May Control Educational Content:***

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the **name** of the ineligible company and the **nature** of the financial relationship(s). There is no minimum

financial threshold. We ask that you disclose all financial relationships, regardless of the amount, with ineligible companies.

A table to assist you in providing your disclosure information follows on the next page.

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| **Enter Name of Company with Whom You Have a Financial Relationship***[A* ***company*** *is any entity whose**primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Types of organizations for which you must disclose your financial relationships are as follows: (1)* ***biomedical startups*** *that have begun a governmental regulatory approval process; (2)* ***compounding pharmacies*** *that manufacture proprietary compounds; (3)* ***device manufacturers or distributors****; (4)* ***diagnostic labs******that sell proprietary products****; (5) growers, distributors, manufacturers or sellers of* ***medical foods and dietary supplements****; (6) manufacturers of* ***health-related wearable products****; (7)* ***pharmaceutical companies or distributors****;* ***pharmacy benefit managers****; and (8)* ***reagent manufacturers or sellers****.]* | **Enter the Nature of the Financial Relationship***[Examples of financial relationships include employee or executive role or an owner (of a pharmaceutical or medical device manufacturer), researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, individual stocks and stock options should be disclosed, but diversified mutual funds do not need to be disclosed. Research funding from companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.]* | **Has the Relationship Ended?***[If the financial relationship existed**during the last 24 months, but has**now ended, please check the box in this column. The CME Office will use this information to determine if any mitigation steps need to be taken]* |
| Example: Eli Lilly & Company | Example: Consultant |[ ]
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**OR**

[ ]  In the past 24 months, I have not had **any** financial relationships with companies as defined on this page.

I attest that the above information is correct as of this date of submission (type your name):

Click or tap here to enter text.

**Special Questions for Faculty or Authors Who are Executives, Employees, or Owners of Companies Whose Products are Related to Healthcare and Patient Treatments:**

(1) What is your title and role at the Company? Click or tap here to enter text.

(2) Will the content of your presentation:

1. Contain any references to the business lines or products of your employer/company? [ ] Yes [ ]  No
2. Be limited to basic science research, such as pre-clinical and drug discovery, or the methodologies of research, and not make care recommendations? [ ] Yes [ ]  No

Once you have completed this form, please save it to your desktop (or print and scan it) and attach it to an email addressed to aarellano@chla.usc.edu.