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| --- | --- |
| **RSS Number** |  |
| **Date of Presentation** |  |



Continuing Medical Education

**Potential Conflict of Interest (COI) Resolution Form – Presenters for RSS**

### The documentation of the mechanisms used to resolve *relevant* conflict of interest (COI) is critical. Faculty COI should be reviewed and resolved *prior* to their participation in the CME activity.

|  |  |
| --- | --- |
| **Name of Presenter** |  |
| **Presentation Title**  (Or attach first page of journal article or indicate “Cases”) |  |
| **Financial Relationship(s)**  ***(Indicate here or attach an updated disclosure)*** | Research Support/Grants:  Consulting/Advisory Committees  Employment/Salary: *(If employment is with industry, contact the CME office prior to presentation.)*  Ownership Investment: Stock Equity or Options (any amount):  Speakers' Bureaus/Honoraria:  Other Relationships: |

**Explanation of Potential Conflict:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Review of Material Being Presented** (slides or journal article) | | | | | **Yes** | **No** |
| Any discussion of products or services of a commercial interest is presented in a balanced and unbiased fashion. | | | | |  |  |
| If pharmaceutical/medical device products or services are discussed, generic names are used. If trade names are also used, they are used for all products/services. | | | | |  |  |
| Any clinical recommendations are based on the best available evidence. | | | | |  |  |
| All scientific research referred to conforms to the generally accepted standards of experimental design, data collection and analysis. | | | | |  |  |
| Any off-label or non-approved use of a drug or medical device is disclosed. | | | | |  |  |
| No commercial interest logos are used | | | | |  |  |
| **Recommendations** | | | | | | |
|  | No bias found | | | | | |
|  | Potential bias found and has been addressed by (select at least one): | | | | | |
|  |  | Changing content |  | Omitting recommendations for specific products | | |
|  |  | Selecting an alternate speaker |  | Relationship / interest terminated | | |
|  |  | Peer review with validation of content | | | | |
|  |  | Not crediting presentation because COI could not be resolved | | | | |

**Other comments:**

**Reviewed By:** Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_