

## FINANCIAL DISCLOSURE FORM

All lead submitters, presenting authors, and presenting faculty at ISHA 2024 must complete a Financial Disclosure Form.

The purpose of this form is to identify potential conflicts of interest that arise from financial relationships with ineligible companies, relevant to the content you are planning, developing, or presenting in an accredited Continuing Medical Education (CME) activity and mitigate or prevent any potential bias on the activity's educational content. Some relationships or affiliations may be "disqualifying" or inappropriate for CME participation. We ask that you complete the below information in its entirety to assist us in correctly identifying any conflicts of interest.

**PLEASE COMPLETE AS APPROPRIATE AND UPLOAD THIS FORM WITH YOUR ABSTRACT SUBMISSION, OR RETURN IT WHEN YOU CONFIRM YOUR PARTICIPATION AS INVITED FACULTY.**

<b>Name:</b>	<b>Email:</b>
<b>Title in Organization:</b>	<b>Name of Organization:</b>
<b>Presentation / Submission Title (s):</b>	

Please report financial relationship(s)\* you have with ineligible companies (i.e., any entity producing, marketing, selling, re-selling, or distributing health care goods or services consumed by, or used on, patients) in the past 24 months in the table below. If no financial relationships exist, enter "N/A" in the table over page.

ISHA Program Office

T: +44 (0)20 3519 9427 (Mon - Fri Business Hours BST)

[www.ishasoc.com](http://www.ishasoc.com)

E: [abstract@ishaconference.com](mailto:abstract@ishaconference.com)



Name of ineligible company	Individual's role(s) in activity	Nature of relationship	Magnitude of Interest (A-E)*	Content Area (if applicable)
Example: XYZ Devices	Course Director	Employee	E	Trends in Devices

Attach a separate page if you need additional space.)

\* Financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

Note: Disclosing a financial relationship with an ineligible company, does not preclude you from participating in accredited CME activities.

The magnitude of the financial interest must be disclosed using the following ranges:

- A. Less than \$1,000
- B. \$1,001 to \$10,000
- C. \$10,001 to \$50,000
- D. \$50,001 to \$100,000
- E. More than \$100,001



Statement:		
If the nature of my financial relationships change between now and the time of my involvement in the activity, I will communicate these changes to the ISHA Program Office.	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
I have not and will not accept any honoraria, additional payments or reimbursements related to this activity.	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree

Next Steps:

- A. If you reported **no** financial relationships with ineligible companies, please begin your work on the activity.
- B. If you reported financial relationship(s) with ineligible company(ies), **do not** begin working on the activity. The ISHA Program Office will review your financial relationships to determine if there is a conflict of interest with the content. If a conflict of interest exists, the ISHA Program Office will determine the best mechanism to resolve the conflict of interest. The ISHA Program Office will contact you, in writing, with the resolution and your next steps. After receiving this letter, you may begin working on the activity.

If you have any questions regarding your financial relationship(s), please contact the ISHA Program Office at [abstracts@ishaconference.com](mailto:abstracts@ishaconference.com), tel. +44 (0)20 3519 9427.

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