



Disclosure of Potential Conflict of Interest

Preventing and treating infectious diseases
Prévenir et traiter les infections

The Association of Medical Microbiology and Infectious Disease (AMMI) Canada requires all presenters and members of planning committees to complete this Disclosure of Potential Conflict of Interest form. The Canadian Medical Association Policy, "Physicians and the Pharmaceutical Industry (Update 2007)" indicates that,

CME/CPD organizers and individual physician presenters are responsible for ensuring the scientific validity, objectivity and completeness of CME/CPD activities. Organizers and individual presenters must disclose to the participants at their CME/CPD events any financial affiliations with manufacturers of products mentioned at the event or with manufacturers of competing products.

The intent of this policy is not to prohibit speakers from presenting, but rather to inform the audience of any possible bias that speakers may have.

Please check the statement that applies to you:

- A: I do not have any affiliation (financial or otherwise) with a commercial organization that may have a direct or indirect connection to the content of my presentation.
- B: I have/had an affiliation (financial or otherwise) with a commercial organization that may have a direct or indirect connection to the content of my presentation.
- C: I am a member of an advisory board or similar committee with a commercial organization that may have a direct or indirect connection to the content of my presentation.
- D: I am a member of a speakers bureau for industry
- E: I am currently participating, or have you recently participated, in a clinical trial sponsored by a commercial organization that may have a direct or indirect connection to the content of my presentation.
- F: I have received payment, grants or an honorarium from a commercial organization that may have a direct or indirect connection to the content of my presentation.
- G: I hold a patent for a product referred to in the CME program or marketed by a commercial organization that may have a direct or indirect connection to the content of my presentation.

If you checked any of the above statements (other than "A"), please indicate the commercial organization(s) that you have/had affiliations with, and briefly explain what connection you have/had with that organization. You must verbally disclose this information to your audience at the beginning of your presentation:

(If necessary, please attach a second page)

Acknowledgment:

I, _____, acknowledge that the above information is accurate.
[Please Print Name]

Signature: _____

Date: _____

Please return the completed form to AMMI Canada Attn: Riccarda Galioto, 192 Bank Street, Ottawa, ON K2P 1W8
TEL 1.613.260.3233 ext 102 FAX 1.613.260.3235 EMAIL manager@ammi.ca

We appreciate your cooperation in this matter.