



Preventing and treating infectious diseases
Prévenir et traiter les infections

Association of Medical Microbiology
and Infectious Disease Canada

Association pour la microbiologie
médicale et l'infectiologie Canada

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DECLARATION OF CONFLICT OF INTEREST

The Association of Medical Microbiology and Infectious Disease Canada requires all presenters and members of Planning Committees to complete this Disclosure of Conflict of Interest form. The 2007 CMA Guidelines for Physicians in Interaction with Industry, Section 24, states 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.”¹

This serves as the basis for the AMMI Canada’s Conflict of Interest policies; however, AMMI Canada goes beyond this definition and applies this policy in a broader context. The intent of this policy is not to prohibit speakers from presenting, but rather to inform the audience of any bias that speakers may have.

Definition:

A Conflict of Interest may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions.

1. All financial or ‘in kind’ relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years must be disclosed.
2. It is the presenter’s responsibility to ensure that their presentation (and any recommendations) is balanced and reflects the current scientific literature. Unapproved use of products or services must be declared within the presentation. The only caveat to this guideline is where there is only one treatment or management strategy.
3. Disclosure must be done verbally, displayed in writing on a slide at the beginning of a presentation or included in the written conference materials.
4. The attached form must be completed and submitted to your Accredited CPD Provider prior to the start date of the event or program.
 - Part 1 must be completed by all Speakers and Planning Committee members.
 - Part 2 must be completed by all Speakers.
5. Examples of relationships that must be disclosed include but are not limited to the following:
 - Any direct financial interest in a commercial entity such as a pharmaceutical organization, medical devices company or communications firm (“the Organization”)
 - Investments held in the Organization
 - Membership on the Organization’s Advisory Board or similar committee
 - Current or recent participation in a clinical trial sponsored by the Organization
 - Member of a Speakers Bureau
 - Holding a patent for a product referred to in the CME/CPD activity or that is marketed by a commercial organization
6. Failure to disclose or false disclosure may require the Planning Committee to replace the speaker.

Reference: 1 CMA Policy: Guidelines for Physicians in Interactions with Industry, Approved 2007-Dec-01.
<http://policybase.cma.ca/dbtw-wpd/policypdf/pd08-01.pdf>

Please return the completed form by email manager@ammi.ca or fax 613-260-3235 to the Association of Medical Microbiology and Infectious Disease (AMMI) Canada

PART 1: All speakers and Planning Committee members must complete this form and submit it to the Accredited CPD Provider the Association of Medical Microbiology and Infectious Disease Canada. Disclosure must be made to the audience whether you do or do not have a relationship with a commercial entity such as a pharmaceutical organization, medical device company or a communications firm.

- I do **not** have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Speakers who have no involvement with industry should inform the audience that they cannot identify any conflict of interest.

- I **have/had** an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Complete the section below as it applies to you during the past two calendar years. Please indicate the commercial organization(s) with which you have/had affiliations, and briefly explain what connection you have/had with the organization. You must disclose this information to your audience.

| | | Company/Organization | Details |
|----------|--|-----------------------------|----------------|
| A | I am a member of an Advisory Board or equivalent with a commercial organization. | | |
| B | I am a member of a Speakers bureau. | | |
| C | I have received payment from a commercial organization. (including gifts or other consideration or ‘in kind’ compensation) | | |
| D | I have received a grant(s) or an honorarium from a commercial organization. | | |
| E | I hold a patent for a product referred to in the CME/CPD program or that is marketed by a commercial organization. | | |
| F | I hold investments in a pharmaceutical organization, medical devices company or communications firm. | | |
| G | I am currently participating in or have participated in a clinical trial within the past 2 years. | | |

PART 2: Speakers only

| | | Yes | No | |
|----------|--|------------|-----------|--|
| H | I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. “off-label” use of medication). | | | You must declare all off-label use to the audience during your presentation. |
| I | The Association of Medical Microbiology and Infectious Disease Canada requires faculty presentations to be consistent in their use of either generic names, trade names or both generic and trade names during their presentation. | | | |

Check one: Faculty/Speaker

Planning Committee Member

| |
|--|
| <p>Name of Program/Event: _____ Date: _____</p> <p>Acknowledgement: I, _____, acknowledge that the above information is accurate and I understand that this information will be publicly available.</p> <p>Signature: _____ Date: _____</p> |
|--|

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