

AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY, INC. (AACC) DISCLOSURE FORM

ACTIVITY TITLE:

43RD ANNUAL MEETING OF THE

ACADEMY OF CLINICAL LABORATORY PHYSICIANS AND SCIENTISTS (ACLPS)

DATE(S): **JUNE 5 – 7, 2008**

LOCATION: **PHILADELPHIA, PA**

PURPOSE OF DISCLOSURE

- The possibility for bias or a conflict of interest occurs when an individual has a financial relationship with a company and he/she is in a position to control the content of an accredited Continuing Education Activity. This form is intended to help the accredited provider and its planning committees identify and determine if there is any potential for bias or any conflicts of interest that need to be resolved before the activity takes place.
- The information from this form will also be conveyed to the audience so they may decide for themselves whether or not the Continuing Education Activity has the potential for bias. The information will be given to the audience prior to the start of the activity as follows: “Dr. Jones disclosed that he receives grant support from XYZ Company”, or “Dr. Jones disclosed he has no relevant financial relationships in regards to his presentation.”

AACC POLICY ON DISCLOSURE OF POTENTIAL BIAS OR CONFLICT OF INTEREST

- AACC requires all individuals in a position to control the content of an accredited Continuing Education Activity to disclose any financial relationship(s) with a company if both (a) the relationship occurred within the past 12 months and (b) **the company's specific products or services will be referenced or discussed in the portion(s) of the activity over which the individual has control.**
- For example, if a speaker, moderator, or planning committee member (1) receives **grant or research support** from a company; (2) is paid **salary or consulting fees** by a company; (3) holds **stocks or bonds** in a company; (4) serves on a company **board or committee**, and/or (5) has received support for **travel expenses, honoraria, etc.**, from a company, **AND the company's specific products or services will be referenced or discussed as described above**, then the relationship(s) must be disclosed on this form.

IMPORTANT NOTE: IF A SPEAKER, MODERATOR, OR PLANNING COMMITTEE MEMBER HAS A FINANCIAL RELATIONSHIP WITH A COMPANY (OR A COMPETITOR OF THAT COMPANY), BUT NEITHER OF THE COMPANIES' SPECIFIC PRODUCTS OR SERVICES WILL BE REFERENCED OR DISCUSSED IN THE PRESENTATION, THEN HE/SHE SHOULD NOT DISCLOSE THE RELATIONSHIP(S).

DISCLOSURE STATEMENT

I have read the above statements and (*check off the appropriate box and provide name and date below*):

No, neither I nor any member of my immediate family has a financial relationship with a company as defined in the AACC policy on disclosure of potential bias or conflict of interest.

Yes, I have (or a member of my immediate family has) a financial relationship with a company as defined in the AACC policy on potential bias or conflict of interest (*check off types of relationships and list company names below*).

TYPES OF FINANCIAL RELATIONSHIP(S) AND COMPANY NAME(S)

- | | |
|---|--------------------|
| <input type="checkbox"/> Grant/Research Support | Company(ies) _____ |
| <input type="checkbox"/> Salary/Consultant Fee | Company(ies) _____ |
| <input type="checkbox"/> Board/Committee Membership | Company(ies) _____ |
| <input type="checkbox"/> Stocks/Bonds | Company(ies) _____ |
| <input type="checkbox"/> Honorarium/Expenses | Company(ies) _____ |

If you checked off “Yes”, will you mention or discuss the specific products/services of the company(ies) that you listed above? No Yes

Name: _____

Date: _____

(Please type or print your name, or provide electronic signature.)

Please return this form to: Dr. Alexander McAdam at fax number: 617 730 0383, or by email to:

alexander.mcadam@childrens.harvard.edu