FACULTY DISCLOSURE FORM
Conflict of Interest
Office of Continuing Medical Education
University of Virginia School of Medicine

INSTRUCTIONS: Please read through the following definitions regarding the University of Virginia CME Conflict of Interest Policy and then complete the attached form and return it to your Dept/Div. CME Coordinator who will forward it to the University of Virginia Office of Continuing Medical Education via email.

Purpose:
This disclosure form provides a standardized mechanism for identification, review and analysis of any financial relationship(s) that may affect the independence, integrity and scientific balance of CME activities designated for credit by the University of Virginia School of Medicine. Please respond to the questions below with regard to your relationship with industry over the past 12 months:

Overview of University of Virginia Conflict of Interest Policy
According to the ACCME Standards of Commercial Support (approved 9/2004 updated 9/2006), a conflict of interest is present when individuals (or their spouses/partners) in a position to control the content of CME have any personal or professional financial relationship with a commercial entity (interest) that benefits the individual and may ultimately bias the presentation of that content to colleagues and participants. Since fair, unbiased education serves as part of the foundation for development of quality CME, UVA CME requires all course directors, authors, speakers and/or planning committee members to identify affiliations related to the following elements:

- any financial relationship with a commercial entity (interest) occurring within the past 12 months and,
- the opportunity to influence the content of CME re: the products or services of that commercial interest.

Definition of a Commercial Interest
The Accreditation Council for Continuing Medical Education (ACCME) defines commercial interests as: A commercial interest is defined as “any proprietary entity producing, marketing, re-selling, distributing or otherwise participating in or profiting from the distribution, promotion or sale of healthcare goods or services consumed by/ or used on, patients. (effective 8/2007).
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Conflict of Interest

Office of Continuing Medical Education
University of Virginia School of Medicine

Name: Susanna Naggie
Title of CME Activity:
Date(s) of CME Activity: 10/11/19
Sponsoring Department (UVA) or Affiliate Organization:

Role in CME Activity:
☐ Course Director
☐ Planning Committee
☒ Speaker/Author

1. Disclosure of financial relationship(s):
☒ I (and/or my spouse/partner) have a personal or professional financial relationship with a commercial entity producing healthcare goods and/or services.

If you (and/or your spouse/partner) have a financial relationship(s):

A. Please indicate the names of the commercial organizations and the clinical/research areas where you have a financial relationship(s). If you have more than 4 relationships, please add additional pages.

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Clinical/Research Area</th>
<th>Type of Financial Relationship</th>
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</thead>
<tbody>
<tr>
<td>Abbott</td>
<td>HIV</td>
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<tr>
<td>Gilbaro</td>
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</tbody>
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a. Employment (includes retainer)
b. Industry funded research/investigator
c. Consultant
d. Speakers Bureau, Faculty, Peer Reviewer
e. Advisory Committee/Board
f. Stock/Ownership
g. Patent holder
h. Other (please describe)

OR

H:\Chief Resident's Office\Group Access\Admin\Conferences\Medical Grand Rounds\1819\Faculty Disclosure
Form.doc
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Revised: 8 November 2012
☐ I (and/or my spouse/partner) do not have a personal or professional financial relationship or interest with any proprietary entity producing healthcare goods or services.

2. Attestations (Please respond to all statements):

A. I understand that my responsibility as a faculty presenter/author/editor/planner is to develop and provide the content and/or presentation that focus on the improvement of healthcare for patients.
   ☑ Agree       ☐ Disagree

B. I will not promote any specific proprietary or commercial business interest as part of my role in the planning and delivery of this CME certified activity. Content for this activity will provide a well-balanced, evidence-based and unbiased approach to diagnostic and therapeutic options related to quality patient care.
   ☑ Agree       ☐ Disagree

C. I will provide the educational content and resources for independent peer review as requested by the UVA Office of Continuing Medical Education.
   ☑ Agree       ☐ Disagree

D. I will identify to participants any discussion of non-FDA approved or investigational uses of products or medical devices included in my presentation/article/case/discussion.
   ☑ Agree       ☐ Disagree

I have carefully considered each item and have answered all of these attestations to the best of my knowledge. (If sending electronically, your email copy will serve as your signature.)

______________________________  ____________________________
Signature                          Date

Please send this form directly as an attachment to the email address of:
Your dept/div CME Coordinator: ___________ (your email will be your signature)

Or Print out, sign, scan and email this form the email address of:
Your dept/div CME Coordinator: ___________