



The American Society of Hypertension, Inc.

## DISCLOSURE FORM FOR RESPONSIBLE PERSONS

### Disclosure of Conflict of Interest

A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME regarding the product or services of that commercial interest.

### Criteria for Disclosure of Conflicts of Interest

Faculty, speakers, chairmen, facilitators and moderators who affect the content of a CME activity are required to disclose to the American Society of Hypertension Inc. (ASH), **any** financial relationships or relationships to products with commercial interests or manufacturers (**over the past 12 months**) associated with or discussed in their presentation. Honoraria derived from CME activities, conducted by CME providers, do not need to be reported.

Name of Reporting Individual:

Date:

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Please disclose any financial relationship (within the past 12 months) with a manufacturer of a healthcare product or service that is consumed by or used on patients, and is relevant to your involvement in this activity.

I have no relationships to disclose. (Proceed to Part 2)

Part 1 of 3					
Check {X} Appropriate Boxes	Type of Financial Relationship Within the Past 12 Months	Name of Company	AMOUNT		
			<\$10,000	\$10,000 - \$25,000	>\$25,000
	Employment income/salary				
	Royalties (including trademarks or patents)				
	Advisor/consultant				
	Trustee, board member, committee member				
	Grant/research support				
	Ownership interest (stocks, <b>excluding diversified mutual funds</b> )				
	Ownership/partnership or principal of non-profit or for profit corporation				
	Speakers' bureau/speaking/teaching				
	Other relevant financial benefit or relationship				

Part 2 of 3		
Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed to ASH all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in the first slide of my power point presentation.
<input type="checkbox"/>	<input type="checkbox"/>	The content and/or presentation of the information with which I am involved will promote improvements in the quality of healthcare and will not promote a specific proprietary business interest or a commercial interest.
<input type="checkbox"/>	<input type="checkbox"/>	Activity content, including presentation of therapeutic options, will be well balanced, evidence-based and unbiased.
<input type="checkbox"/>	<input type="checkbox"/>	Should an honorarium be offered for my participation in the activity, I have not and will not accept any honoraria, payments or reimbursements beyond that which has been agreed upon directly with ASH.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that ASH may review my presentation for commercial bias prior to the activity. I will provide educational content and resources in advance as requested.

Part 3 of 3			
Agree	Disagree	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that a CME monitor may be attending the (live) event to ensure that my presentation is educational, and not promotional, in nature.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The recommendations that I provide involving clinical medicine will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will disclose that the use or indication of an off label product is not currently approved by the FDA for labeling or advertising.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting research funded by a commercial company, the information presented will not promote the commercial interest of the funding company.

**I represent that the foregoing information is complete and truthful.**

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**Signature of Reporting Individual**

**Date of Completion**