

Disclosure of Conflict of Interest

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|---|---|--|--|
| Date of CPD Activity: | November 4 2022 | | |
| Title of CPD Activity: | 37 th Annual Feldman Lecture | | |
| What is your role in the CPD activity? | <input checked="" type="checkbox"/> Member of the scientific planning committee | <input checked="" type="checkbox"/> Moderator | <input type="checkbox"/> Speaker |
| | <input type="checkbox"/> Other (describe) | <input type="checkbox"/> Author | <input checked="" type="checkbox"/> Facilitator |
| Complete details of any financial affiliations you have or have had in the last 2 years with for-profit and not-for-profit organizations, below: | | | |
| Nature of relationship(s) | Name of for-profit or not-for-profit organization(s) | Description of relationship(s) | |
| Any direct financial payments, gifts, in-kind compensation or honoraria | Janssen | Honoraria for Presentations and Curriculum Development | |
| Membership on advisory boards or speakers' bureau | Janssen Otsuka Abbvie Lundbeck | Ad board Participation | |
| Funded grants or clinical trials | None | | |
| Patents on a drug, product or device; royalties | None | | |
| All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity. | None | | |
| To be completed by speakers, moderators, facilitators and authors only: | | | |
| I intend to make therapeutic recommendations for medications that have not received regulatory approval ("off-label" use of medication). <i>Declare off-label use to the audience.</i> | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| I acknowledge that the <u>National Standard</u> requires me to use generic names (or both generic and trade names) to refer to therapeutic options; and not reflect exclusivity or branding. | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> I Agree By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available. | | | |
| Name: | Please Print Jan Banasch | | |
| Signature: | Jan Banasch | | Date: April 10, 2022 |

Complete and return to:

By email:
By Fax:

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Created by CME & PD
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University of Calgary