

**Disclosure of Conflict of Interest**

<b>Date of CPD Activity:</b>	November 10 2023		
<b>Title of CPD Activity:</b>	Feldman Lecture		
<b>What is your role in the CPD activity?</b>	<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 type="checkbox"/> Facilitator
<b>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:</b>			
<b>Nature of relationship(s)</b>	<b>Name of for-profit or not-for-profit organization(s)</b>	<b>Description of relationship(s)</b>	
Any direct financial payments, gifts, in-kind compensation or honoraria	Janssen, Lundbeck, Otsuka	honoraria for Presentations,	
Membership on advisory boards or speakers' bureau	Janssen, Abbvie, Otsuka	invited guest/participant	
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		
<b>To be completed by speakers, moderators, facilitators and authors only:</b>			
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 type="checkbox"/> Yes <input checked="" 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"/> <b>I Agree</b>	By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.		
<b>Name:</b>	<i>Please Print</i> Jan Banasch		
<b>Signature:</b>	Jan Banasch	<b>Date:</b>	27-3-23

Complete and return to:  
 By email:   
 By Fax:

Document revised May 28, 2020  
 Created by CME & PD  
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