Conflict of Interest Resolution Form for Non-Employees of Commercial Interests

When a conflict of interest has been disclosed by a faculty member, speaker, or author, this form MUST be a.) completed by the Activity Director or a member of the CME Planning Committee, and b.) reviewed/approved by an Office of CME Reviewer. Both reviews MUST be performed prior to the presentation being delivered at the CME-sponsored activity. Both reviewers must agree and ensure that no bias, preferences, or otherwise promotional content exists in the presentation or amendments will be required to the satisfaction of the CME Office in order for CME credit to be granted for that specific presentation.

Name of Activity:__________________________
Conflicted Faculty Member’s Name:__________________________
Presentation Title(s): ________________________

Financial Relationship(s) Disclosed by Faculty Member:

<table>
<thead>
<tr>
<th>Type of Financial Relationship</th>
<th>Name of Commercial Interest(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant/Research Support</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Consultant</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Speakers’ Bureau</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Stockholder (excluding mutual funds)</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Other Financial/Material Benefit</td>
<td>_____________________________</td>
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</tbody>
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1. The material/presentation reviewed was based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
   ☐ Yes ☐ No
   If No, explain: __________________________________________________________

2. The material/presentation reviewed does conform to the generally accepted standards of experimental design, data collection, and analysis.
   ☐ Yes ☐ No
   If No, explain: __________________________________________________________
3. The material/presentation reviewed does promote recommendations, treatments, or manners of practicing medicine that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

☐ Yes    ☐ No

If Yes, explain: __________________________________________________________

4. The material/presentation does include images or slides that might have emanated from an ACCME-defined commercial interest or their agent(s) as indicated by copyright statements or other identifying markers. [NOTE: An ACCME-defined commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.]

☐ Yes    ☐ No    ☐ Possibly (i.e., it’s difficult to tell)

If Yes OR Possibly, explain: __________________________________________________________

5. The material/presentation does list the name of, history of, product(s) of, or service(s) of one or more ACCME-defined commercial interests.

☐ Yes    ☐ No

If Yes, explain: __________________________________________________________

6. If you answered Yes to #5 above, explain how the material did or did not give a balanced view of therapeutic options? For example, if the products/services of one commercial interest have been specifically mentioned, has the presenter/author also included products/services of one or more competing companies AND provided peer-reviewed medical evidence for any recommendations for or against any products/services?

Explain: __________________________________________________________

Name/Title of Person Reviewing the Conflicted Speaker’s Presentation
(CME Activity Director or CME Planning Committee Member OR OCME Independent Subject Matter Expert)

Print First/Last Name

Sign  Date of Review

Revised 5/6/15
OCME Staff Use Only:

1.) Has the activity director or CME planning committee member identified any areas of the presentation that will require adjustments in order to resolve/delete biased material that promotes the interests of an ACCME-defined commercial interest, or any other compliance issues?

☐ Yes  ☐ No

If Yes, explain: __________________________________________________________

__________________________________________________________________________

2.) Have you, the CME Office reviewer, also reviewed the conflicted presentation?

☐ Yes  ☐ No

3.) Did you, the CME Office reviewer, identify any areas of the presentation that require adjustments to the presentation in order to resolve/delete biased material that promotes the interests of an ACCME-defined commercial interest, or any other compliance issues?

☐ Yes  ☐ No

If Yes, explain: __________________________________________________________

__________________________________________________________________________

4.) If yes to #3 above, describe the actions that you are requiring the activity director or CME Planning Committee member to take in order to resolve the presentation of any biased, promotional, or otherwise unacceptable material:

☐ Remove/replace slides and/or images that were provided by commercial interests or their agents.

☐ Remove unnecessary use of company name(s), product(s), or other.

☐ Require an independent, OCME subject matter expert to review the content using this form.

☐ Require inclusion of directly competing products, together with peer-reviewed evidence cited.

☐ Reject this speaker and/or presentation for CME credit.

☐ Other.

Explain all/any above: ______________________________________________________

__________________________________________________________________________

Name/Title of CME Office Reviewer ____________________________________________

Signature of OCME Reviewer: _______________________________________________

Date: ___________________