

FLORIDA SOCIETY OF CLINICAL ONCOLOGY

Conflict of Interest Disclosure and Declaration

FLASCO has a firm commitment to a conflict of interest policy that requires disclosure of any financial interests that might be construed as presenting an actual, potential, or apparent conflict and to the management of such conflicts. This policy also ensures compliance with the standards established by the Accreditation Council for Continuing Medical Education. This form is provided for use in reporting pertinent financial interests. If you or anyone with whom you directly share income – such as a spouse – has a financial interest or other relevant relationship that may influence your service as a Board, committee, subcommittee, task force or program faculty member on a particular subject matter, it must be reported in this document. The timeframe for this disclosure report is one year, unless otherwise specified. Any changes to the disclosed information must be reported immediately. Please provide your response to each question below.

Do you, or anyone with whom you directly share income, have any financial interests or relationships requiring disclosure that include, but are not necessarily limited to:

1. **Employment or Leadership Position** Any full or part-time employment or service as an officer or board member for an entity having an investment, licensing, or other commercial interest in any drugs, products or services that are the subject matter under consideration must be disclosed.
[] Yes [] No If yes, please list.

2. **Consultant or Advisory Role** Consultant or advisory arrangements with an entity having an investment, licensing, or other commercial interest in the subject matter under consideration must be disclosed if consultation was performed or payments made for such consultation within two years of the activity or subject matter in question.
[] Yes [] No If yes, please list.

3. **Ownership Interests** Any ownership interest (except when invested in a diversified fund not controlled by the covered individual) in a start-up company, the stock of which is not publicly traded, or in any publicly traded company must be disclosed if the company is an entity having an investment, licensing, or other commercial interest in the subject matter under consideration.
[] Yes [] No If yes, please list.

4. **Honoraria** Disclose when paid directly to the covered individual by an entity having an investment, licensing, or other commercial interest in the subject matter under consideration and when provided within two years of the activity or subject matter in question. (Honoraria paid by independent institutions or organizations, such as ASCO, financially supported by the entity with a commercial interest do not have to be declared if the institution or organization selection process was independent of financial support.)
[] Yes [] No If yes, please list.

5. **Research Funding** All payments associated with the conduct of the clinical research project in question must be disclosed if provided by the trial /research sponsor or agents employed by the sponsor.
[] Yes [] No If yes, please list.

6. **Expert Testimony** Information relating to the provision of testimony in a legal or regulatory setting, such as a malpractice case or FDA hearing must be disclosed when the testimony relates to the subject matter under consideration.
[] Yes [] No If yes, please list.

7. **Other Remuneration** The value of trips, travel, gifts, or other in-kind payments not directly related to research activities must be disclosed if received from an entity having an investment, licensing, or other commercial interest in the subject matter under consideration and when received within two years of the activity or subject matter in question. These payments exclude research-related costs and travel. . Revenue from royalty and intellectual property rights must also be declared.
[] Yes [] No If yes, please list.
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Conflict of Interest Declaration

1. Are you, or any of your immediate family, employed by, affiliated with any vendor, supplier or service provider to FLASCO, or any of its officers? If so, please list the names of those individuals and businesses and the relationship to each business.

 2. Are you, or any of your immediate family, or any firm with which you are employed or affiliated, compensated for services provided to FLASCO? If so, please describe below the type of service, amount of fees or compensation received during the prior 12 months.

 3. Are you, or any of your immediate family, or any institution with which you are employed or affiliated applying for or receiving grant funding from FLASCO, or any of its offices. If so, please list below the institutions and nature of your affiliation or details of your direct relationship.

 4. Are you, or your immediate family, a recipient of any grant or funds awarded by FLASCO? If so, please describe below the nature, amount and terms.

 5. Do you receive monetary compensation or in kind compensation for any services you provide FLASCO other than that in your employment agreement? If so, please explain the nature and annual amount of compensation.

 6. FLASCO employees, officers, and members of the board of directors, are to abstain from voting on any committee or board resolution which would create a potential conflict of interest for you and FLASCO.

 7. Are you aware of any fact or situation not listed in the above statement which would constitute a possible conflict of interest? If so, please describe.

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Failure to comply with this disclosure requirement will disqualify you from participation on the Board, committee, subcommittee, task force or program faculty for which you have been invited to serve. Prior to each FLASCO meeting, conference call or educational conference, the above information will be reviewed by the chair(s) of the board, committees, subcommittees, task forces, etc. on which you serve. It is her/his responsibility to decide if a conflict or perceived conflict exists and how such a conflict is to be resolved.

I confirm that the information reported is accurate. I understand that this information may be disclosed publicly in FLASCO publications where appropriate. I further understand that FLASCO reserves the right to replace me on a Board/committee/task force/faculty, or otherwise limit my participation in a particular FLASCO activity if the Society believes that an un-resolvable conflict exists. I also understand that failure to complete this Disclosure Declaration will disqualify me from participation in the named service role or event.

Name (please print)

Signature

Date

Service Role – please specify (Board, Committee, Task Force, and Program Faculty) by listing the name of the group or program