



Member of Qatar Foundation

Sidra Continuing Medical Education /  
Continuing Professional Development Office  
Sidra Medical and Research Center  
Al Nasr Tower, 14<sup>th</sup> Floor, Doha – Qatar  
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## DISCLOSURE FORM

### CONTINUING MEDICAL EDUCATION/CONTINUING PROFESSIONAL DEVELOPMENT DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

Name/Degree: \_\_\_\_\_ Activity Date: **OCT 13-14, 2017**

Activity Name: **INFERTILITY AND REPRODUCTIVE HEALTH CONFERENCE**

Type of Activity:  Live Meeting  Enduring Materials  Regularly Scheduled Series  Other

Title of Presentation (if applicable): **chairperson of the first session**

Indicate Your Role in the CME/CPD Activity:  Presenter/Instructor  Author  Course Director  
 Moderator  Planning Committee  Other \_\_\_\_\_

**Purpose:** It is the policy of the Sidra Medical and Research Center to ensure balance, independence, objectivity and scientific rigor in all of its sponsored educational activities. All participating speakers, course directors, and planning committee members are required to disclose to the program audience any financial relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years **and must complete the Disclosure of Relevant Financial Relationships form**. Relationships of spouse/partner with proprietary entities producing health care goods or services should be disclosed if they are of a nature that may influence the objectivity of the individual in a position to control the content of the CME/CPD activity. Disclosure information is reviewed in advance in order to manage and resolve any possible conflicts of interest. Specific disclosure information for each speaker, course director, and planning committee member will be shared with the audience prior to the speaker's presentation.

**Persons who fail to sign and return this form in advance of the course are not eligible to be involved in this activity.**

#### Step 1 – Disclosure of Relevant Financial Relationships

Relevant financial relationships are those in which an individual (including their spouse/partner) in the last two (2) years:

- Has had a personal financial (any amount) relationship with a commercial interest producing health care goods or services; and who
- Has control over educational content (planning or presenting) related to the products and/or services of the commercial interest(s).

Regarding your role in this CME/CPD activity (check one):

**No**, I have no relevant financial relationships to disclose. (If you checked this box, skip to Step 2.)

**Yes**, I do have a relevant financial relationship with a commercial interest and control over educational content related to the products and/or services of the commercial interest(s). (Provide information below.)

Nature of Financial Relationship	Name of Company(s) and relationship	Self	Spouse/Partner
<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Membership on the commercial interest's advisory board		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Patent holder for a product referred to the CME/CPD activity		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support <i>(Principal Investigator or working directly for company/company's agent)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder <i>(self-managed)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other <i>(Describe):</i>		<input type="checkbox"/>	<input type="checkbox"/>

### Step 2 – Disclosure of Promotional Talk

- No**, I have not presented any promotional talks for any pharmaceutical/device companies within the past 24 months.
- Yes**, I have presented promotional talks for one or more pharmaceutical/ device companies within the past 24 months.

**If yes, please provide details:** (Company, Therapeutic Area, Month and Year)

### Step 3 – Disclosure of Off-Label and/or Investigational Uses

If at any time during my education activity I discuss an off-label/investigative use of a commercial product/device, I understand that I must provide disclosure of that intent.

- No**, I do not intend to discuss an off-label/investigative use of a commercial product/device. *(If you checked this box, skip to Step 4.)*
- Yes**, I do intend to discuss off-label/investigative use(s) of the following commercial product(s)/device(s). *(Provide information below.)*

### Step 4: Declaration

I will uphold Sidra Medical and Research Center continuing medical educational/continuing professional development standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME/CPD activity. I understand that continuing medical education/continuing professional development accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited CME/CPD provider or its educational partner (or fiscal agent).



Signature/Name: \_\_\_\_\_

23/05/2017

Date: \_\_\_\_\_

*If sending this completed form electronically, please type your name above and check this box:*

By checking this box, I attest that the completed information is accurate.

Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest will be managed and resolved in advance of the activity and disclosure information will be shared with the activity participants.

Thank you for completing this document.

**Please return to:**

**Fatima Mohamud, Administrator for Faculty Affairs and CME/CPD Office**

**[fmohamud@sidra.org](mailto:fmohamud@sidra.org)**