FLORIDA MEDICAL ASSOCIATION

Disclosure of Relevant Financial Relationships
By Authors of Poster Presentations for 2009 Annual Meeting

The intent of this disclosure is to allow Florida Medical Association the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of the poster presentations at Annual Meeting. All **faculty** and **planners** of FMA-sponsored activities are expected to disclose to FMA any relevant financial relationships with any commercial interest that produces health care goods or services related to the **content of the educational presentation** in which they are involved.

Conflict of interest. Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which she/he has a financial relationship.

Commercial interest. Any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

Financial relationships. Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and his/her spouse or partner. Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure.

PLEASE COMPLETE AND SIGN ON THE SIGNATURE LINE BELOW

Name of Author: _____

Content of Poster: _____

Title of Poster: _____

Do you or your spouse presently (past 12 months) have relevant financial relationships with proprietary entities producing health care goods or services related to the **content of this poster?**

☐ **Yes** ☐ **No**

If yes, please identify the commercial interest/organization next to the best description of this relationship.

Financial Relationship	**Commercial Interest/Organizations** - Please print/provide a typed list
Grant/Research Support	_____
	_____
Consultant	_____
	_____
Speaker's Bureau	_____
	_____
Major Stock Shareholder	_____
	_____
Other Financial/Material Support	_____
	_____

If you have indicated any pertinent relationships, please complete the reverse side of the form.

I agree that my recommendations involving clinical medicine in this poster will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in support or justification of a patient care recommendations will conform to the generally accepted standards of experimental design, data collection and analysis. I further agree to disclose when discussion of an unlabeled use of a product or an investigational use not yet approved occurs during the poster.

Signature of Author: _____ **Date:** _____