



Disclosure of Interests Form

ASHM requires those it engages as committee members, representatives, staff, consultants, speakers, presenters, authors, editors and reviewers to declare significant relationships and associations which may create conflicts of interest. This is particularly relevant to relationships and associations with healthcare-related industry. (Please see ASHM's policy for its *Relationship with Healthcare-Related Industry*). This form has been adapted with permission from one produced by the International Committee of Medical Journal Editors (ICMJE), and ASHM gratefully acknowledges the assistance of the Committee.

Name :
Email :
Phone :

Detail the capacity in which you may be engaged by ASHM:

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1. Information about relevant financial relationships

Please place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities which you name that may represent a potential conflict of interest *relevant to your relationship with ASHM and the work you are undertaking for the Society*. If there is a question, it is usually better to disclose a relationship than not to do so. Please use one line for each entity and use the comments column to indicate any additional information that you think an interested party would want to know about the compensation. Report relationships that were present during the 36 months prior to this statement. In addition, please disclose relationships that fall outside the 36-month window that interested parties may want to know about and could reasonably criticize you about for not disclosing (for example, long-term financial relationships that are now ended).

The purpose of this request for disclosure of potential conflicts of interest is to ensure that any interactions that could be perceived to influence (or that give the appearance of potentially influencing) your work for ASHM are declared. You should disclose support only from entities that could be perceived to benefit financially as a result of your work for ASHM, such as drug companies, or foundations supported by them that could be perceived to have a financial stake in the outcome. Public funding sources need not be disclosed.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money Paid to Your institution	Entity	Comments
Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If necessary, please click here to add more information					
Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If necessary, please click here to add more information					
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If necessary, please click here to add more information					
Expert testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Expert testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Expert testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Expert testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Expert testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If necessary, please click here to add more information					
Gift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If necessary, please click here to add more information					
Grants/grants Pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grants/grants Pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grants/grants Pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grants/grants Pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Grants/grants Pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If necessary, please click here to add more information					
Honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Honoraria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If necessary, please click here to add more information					
Payment for manuscript preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Payment for manuscript preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Payment for manuscript preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Payment for manuscript preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Payment for manuscript preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If necessary, please click here to add more information					
Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If necessary, please click here to add more information					
Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



If necessary, please click here to add more information					
Stock/stock options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stock/stock options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stock/stock options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stock/stock options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stock/stock options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If necessary, please click here to add more information					
Travel/accommodation expenses covered or reimbursed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Travel/accommodation expenses covered or reimbursed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Travel/accommodation expenses covered or reimbursed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Travel/accommodation expenses covered or reimbursed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Travel/accommodation expenses covered or reimbursed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If necessary, please click here to add more information					
Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If necessary, please click here to add more information					

2. Information about financial relationships involving your spouse or partner

Does your spouse or partner have financial relationships with entities which may represent a potential conflict of interest?

- No other relationships/conditions/circumstances that present potential conflict of interest**
- Yes, the following relationships/conditions/circumstances are present (explain below):**



3. Information about other relationships or activities

Are there any other relationships or activities that an interested party could perceive to influence, or that give the appearance of potentially influencing, you?

- No other relationships or activities which could be perceived as a conflict of interest.**
- Yes, the following relationships or activities could be perceived as a conflict of interest.**

(please list under "type of relationship or activity" in the additional disclosure list and explain below if necessary):

I hereby certify that the information I have provided here is correct.

Signature:

Name: _____

Date: [Click here to enter a date.](#)

Additional Disclosure (If necessary)					
Type of Relationship or activity (in alphabetical order)	No	Money Paid to You	Money Paid to Your institution	Entity	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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