

CAP FULL DISCLOSURE STATEMENT FOR EDUCATIONAL ACTIVITIES

I, the undersigned, declare that except as noted below, neither my immediate family members, partners, nor I have a financial interest in or other relationship with a manufacturer/provider of any commercial product/service presented/discussed in the 2010 Annual Meeting of the Association of Clinical Scientists, for which I am faculty, author or planner, or with a manufacturer/provider of a directly competitive product/service.

My role(s) for CAP educational activities: Faculty Author Planner Other
 (SELECT ALL THAT APPLY)

- I have no relevant financial relationships to report
 I have the following relevant financial relationships to report

Commercial Interest	Your Role	What was received
Indicate name of entity producing health care goods/services	Indicate your relationship (e.g., employee, contract researcher, board member) to the commercial interest	Indicate form of compensation (e.g., consulting fee, stock) not amount

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | Statement |
| <input type="checkbox"/> | <input type="checkbox"/> | I have disclosed to CAP all relevant financial relationships and I will disclose or acknowledge that CAP will disclose this information to participants prior to the educational activity. |
| <input type="checkbox"/> | <input type="checkbox"/> | The content of educational activity with which I am involved as either an author/planner/faculty will promote quality or improvements in healthcare and not a specific proprietary business interest of a commercial interest. Content for this activity will be well balanced, evidence-based and unbiased. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have not and will not accept any additional payments or reimbursements beyond that which has been agreed upon directly with CAP. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that CAP may need to review my presentation and/or content prior to the activity, and I will provide the educational content and resources in advance as requested. If I have a live activity a representative of CAP may be there to ensure that my presentation is educational and not promotional in any way. |
| <input type="checkbox"/> | <input type="checkbox"/> | If I am providing recommendations involving clinical medicine, they 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 to or used in the educational activity in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. |
| <input type="checkbox"/> | <input type="checkbox"/> | If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company. |
| <input type="checkbox"/> | <input type="checkbox"/> | If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising. |
| <input type="checkbox"/> | <input type="checkbox"/> | If I have been trained by or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. |
| <input type="checkbox"/> | <input type="checkbox"/> | If I am presenting research funded by a commercial entity, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company. |

Signature

Date

Printed Name

E-mail Address