



Better health through  
laboratory medicine.

## ACCENT® SPEAKER FORM

### SPEAKER INFORMATION

NAME:

TITLE:

COMPANY/ INSTITUTION:

### PRESENTATION INFORMATION

ACTIVITY TITLE:

ACTIVITY DATE(S):

ACTIVITY LOCATION:

PRESENTATION TITLE:

LEARNER OBJECTIVES: State what the learner **will be able to do** after completing this activity, i.e. ,  
“After completing this activity, the learner will be able to...” (objectives may not begin with  
“understand”, “comprehend”, or “know”)

For assistance in developing the learner objective(s), go to: <https://www.aacc.org/learningobjectives>

### SPEAKER DISCLOSURE

#### PURPOSE OF DISCLOSURE

- The possibility for bias or a conflict of interest occurs when an individual has a financial relationship with a company, and he/she is in a position to control the content of an accredited Continuing Education Activity. This form is intended to help the accredited provider and its planning committees identify and determine if there is any potential for bias or any conflicts of interest that need to be resolved before the activity occurs.
- The information from this form will also be conveyed to the audience so they may decide for themselves whether the Continuing Education Activity has the potential for bias. The information will be given to the audience prior to the start of the activity as follows: “Dr. Jones disclosed that he receives grant support from XYZ Company”, or “Dr. Jones disclosed he has no relevant financial relationships in regard to his presentation.”

**AACC POLICY ON DISCLOSURE OF POTENTIAL BIAS OR CONFLICT OF INTEREST**

- AACC requires all individuals in a position to control the content of an accredited Continuing Education Activity to disclose any financial relationship(s) with a company if both (a) the relationship occurred within the past 12 months and (b) one or more of the company's products are relevant to the activity topic. **Even if a product is not specifically referenced or discussed during the activity, individuals must disclose their financial relationship(s) with the company.**
- For example, if a speaker, moderator, author, or planning member (1) receives **grant or research support** from a company; (2) is paid **salary or consulting fees** by a company; (3) holds **stocks or bonds** in a company; (4) serves on a company's **board/committee/advisory board**; (5) has received support for **travel expenses or honoraria**, etc. from a company; and/or (6) has **intellectual property or royalty income**, **AND** the company's products are relevant to the activity topic, then the relationship(s) must be disclosed below.

**DISCLOSURE STATEMENT**

**I have read the above statements and (place a check mark in the appropriate box and provide name and date):**

- No**, neither I nor any member of my immediate family has a financial relationship with a company as defined in the AACC policy on disclosure of potential bias or conflict of interest.
- Yes**, I have (or a member of my immediate family has) a financial relationship with a company as defined in the AACC policy on potential bias or conflict of interest (*check off types of relationships and list company names below*).

**TYPES OF FINANCIAL RELATIONSHIP(S) AND COMPANY NAME(S)**

- Grant/Research Support (including equipment/reagents) Company(ies): \_\_\_\_\_
- Salary Company(ies): \_\_\_\_\_
- Consultant Fee Company(ies): \_\_\_\_\_
- Board/Committee Membership/Advisory Board Company(ies): \_\_\_\_\_
- Stocks/Bonds Company(ies): \_\_\_\_\_
- Honorarium/Expenses Company(ies): \_\_\_\_\_
- Intellectual Property/Royalty Income Brief description of technology: \_\_\_\_\_

**If you checked "yes", will you mention or discuss the specific products of the company(ies) or technology that you listed above?**  No  Yes

**Signature:** \_\_\_\_\_  
(Please type or print your name or provide electronic signature.)

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

Thank you for completing this form. Please return it by email or fax to your CE Officer.