Annual Conflict of Interest (COI) Disclosure Statement For IASA Board Members (Standing and Ad Hoc)

For the year ending March 31, 2013

By April 15 each year, IASA Board Members are required to disclose any interests or activities that may cause a real or perceived conflict of interest while conducting IASA business.

In addition to completing this form annually and submitting to the IASA Chair or designate, you are required to disclose any relevant change to your situation, including all new activities or interests that may give rise to a material (real or perceived) conflict of interest, within two weeks of becoming aware of the change. You may do so by either submitting a revised form or by emailing IASA Board Members. The Chair or designate may contact you for additional information on your disclosure(s). In the event that it is determined that a material (real or perceived) COI exists, then you will receive direction on how to mitigate the conflict. Measures may include refraining from voting on certain items or simply declaring the potential for a COI at the time of voting, withdrawing grant applications or, in the extreme, divesting yourself of certain financial interests or resigning from certain memberships or appointments.

The following activities/interests that <u>may</u> cause a real or perceived material conflict of interest while conducting IASA business:

(ONLY COMPLETE IF THERE IS A POSSIBILITY OF REAL OR PERCEIVED COI)

A. Grants or Awards (currently held) Please indicate the title of your application and type of the grant or award and the year it was awarded.
<u>1</u>
<u>2</u>
<u>3</u>
B. Grants or Awards (application is planned or has been submitted)
<u>1</u>

<u>2</u>
<u>3</u>
 E. Research Contracts (currently held) Please indicate the name of contracting company or entity, the nature of the health-related research provided.
<u>2</u>
3
F. Journals Please indicate the name of the Journal and your role (e.g. member of the editorial board or a reviewer). Note you do not have to make a disclosure if your relationship is simply as a published author.
<u>1</u>
<u>2</u>
<u>3</u>
G. Health Related Memberships/Appointments: Please indicate the name of the entity and your role in governance.
1
<u>2</u>
<u>3</u>

H. Financial Interests: Please list any financial interests you may have in any for-profit enterprises indicating the nature of your interest (e.g. owner/partner/joint venture, stock holdings, options, bonds, etc. but excluding mutual funds or other widely held instruments), the name of the enterprise (if applicable).
1
<u>2</u>
<u>3</u>
I. Other:
<u>1</u>
<u>2</u>
<u>3</u>
Please disclose any other activity or interest that could be a material (real or perceived) conflict of interest.
Please complete, sign, date and return this form to:
admin@iasa-dmm.org
I, (name)
(please print) (signature)
on the (date: day/month/year)
Position
(provide name of your employer and position or, if self-employed, the name of your company)
acknowledge that I have read this document and: 1. have disclosed real or perceived conflicts of interest to IASA, and 2. will disclose real or perceived conflicts of interest to IASA Board Members.