

***Blended Surgical Education and Training for Life®***

**Annual Disclosure of financial relationships**

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| **Name of Individual:** | **Arushri Swarup** |
| **Name & Date of Meeting:** | **2017 Annual Meeting of SENTAC, November 30-December 3, 2017** |

In accordance with ACCME regulations, the American College of Surgeons must ensure that anyone who is in a position to control the content of the education activity has disclosed all financial relationships with any commercial interests. Definitions can be found at:

<http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/financial-relationships-and-conflicts-interest>

All CME Planners and Speakers /Moderators/Discussants/Authors/Editors involved in the development and/or presentation of CME content must complete this form. The form must be updated whenever circumstances require.

**Failure or refusal to disclose or the inability to manage the identified conflict will result in the withdrawal of the invitation to participate.**

**X I do not have personal financial relationships with any commercial interests.**

**☐ I do have financial relationship(s) with commercial interests.**

* List the names of companies that you (or your Spouse/Partner) have a financial relationship with currently or have had in the last 12 months.
* Explain what you (or your Spouse/Partner) received (i.e. salary, honorarium etc.).
* Specify your role (i.e. consultant, board member, etc.)

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| Commercial Interest | What I/Spouse/Partner Received | For What Role? |
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**☒ I agree that I will not accept honoraria, travel expenses, in-kind contributions, or any other support from commercial companies in connection with this activity.  Date: \_\_\_\_10-Oct-2017\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**☒ I certify that I have identified and disclosed all financial relationships with any commercial interests and that all information provided herein is true and correct. If any of the information reported above changes, I will notify ACS immediately and update this form accordingly. Date:\_\_\_\_\_\_10-Oct-2017\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Conflict of Interest (COI) Management Section for Designated Program Official Use Only:**

This section must be completed by a designated program official (MD/DO), such as the planning committee chair, for any conflicts reported above. The designated official may email or phone the individual to discuss how the potential conflict can be managed.

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| **Name of Designated Official (MD/DO) Completing Form:** |  |
| **Meeting Name:** |  |
| **Relevant Conflict of Interest Identified Above:** |  |
| **Presentation Title (if speaker, moderator, etc.):** |  |
| **Management Plan (Please select all that apply):**  **(Recommended ways to manage the conflict)** | ☐ Planning Committee Member will recuse them self from the relevant portion of the meeting.  ☐ Presentation will include validation of evidence based content.  ☐ Peer review of content will be done to ensure absence of bias and, if necessary, content will be restructured.  ☐ Content that has the potential to include a conflict will be assigned to another individual.  ☐ The speaker will offer no recommendations and limit content to scientific/research data.  ☐ Another speaker will be assigned to address broader implications and recommendations.  ☐ Determination that the conflict of interest is not relevant to the content of the presentation.  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |