

# Disclosure of Potential Conflict of Interest Form

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All presenters and planning committee members must complete this form and submit to the CCS.

First Name:	Dr. Paul	Last Name	Dorian
Email:	DORIANP@smh.ca		
Title of Educational Program:	Innovating, Optimizing, and Advancing Antithrombotic Treatment in Atrial Fibrillation		
Date of Program:	October 24 <sup>th</sup> , 2016	Location of Program:	Palais des congrès, Montreal, QC
File Number		Sponsor	BMS/Pfizer Alliance

Please check one:

- ☐ I do not have an affiliation (financial or otherwise) with a commercial organization within the previous two (2) years that may have a direct or indirect connection to the content of this presentation.
- ☒ I have/had an affiliation (financial or otherwise) with a commercial organization within the previous two (2) years that may have a direct or indirect connection to the content of this manuscript. If you check this one, please provide details in the next question.

## Relevant Disclosure Relationships

**Consulting Fees/Honoraria:** Including honoraria from a third party, gifts or other consideration, or "in kind" compensation, whether for consulting, lecturing, travel, service on an advisory board, legal testimony or consultation or for any other similar purpose in the prior two calendar years.

☐ None

- ☐ Abbott Vascular
- ☐ AstraZeneca
- ☒ Boehringer Ingelheim
- ☒ BMS/Pfizer Alliance
- ☐ Edwards Lifesciences
- ☐ GlaxoSmithKline
- ☐ Medtronic
- ☐ Novartis
- ☒ Pfizer
- ☐ Sanofi
- ☐ Servier
- ☐ Other, please specify

- ☐ Amgen
- ☒ Bayer
- ☐ Boston Scientific
- ☒ Bristol-Myers Squibb
- ☐ Eli Lilly
- ☐ Johnson & Johnson
- ☐ Merck
- ☐ Otsuka
- ☐ Roche
- ☐ Schering Plough
- ☐ St. Jude Medical

**Clinical Trials:** *Participating in a clinical trial sponsored by a commercial organization that may have a direct or indirect connection to the content of my presentation.*

☐ None

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☐ Eli Lilly

☐ Johnson & Johnson

☐ Merck

☐ Otsuka

☐ Roche

☐ Schering Plough

☐ St. Jude Medical

**Officer, Director, or in Any Other Fiduciary Role:** *Whether or not remuneration is received for service.*

☒ None

☐ Yes, please specify the company/organization

**Ownership/Partnership/Principal:** *Excluding mutual diversified funds*

☒ None

☐ Yes, please specify the company/organization

**Intellectual Property Rights:** *Includes patent or other intellectual property in a for-profit corporation*

☒ None

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**Other Financial Benefit**

☒ None

☐ Yes, please specify the company/organization

**I acknowledge that the above information is accurate and that the content developed/presented is valid, objective, balanced and clinically relevant for physicians**

☒ Yes

☐ No

Date June 14<sup>th</sup> 2016

Signature Paul Dorian