



Disclosure of Potential Conflict of Interest

The Canadian Cardiovascular Society (CCS) strives to enrich the sharing of best practices through the delivery of unbiased research findings. To this end, the CCS is committed to ensuring balance, independence, objectivity, and scientific rigor in the presentation of research, publications and educational activities within all co-developed programs.

A Conflict of Interest may occur in situations where personal and professional interest of individuals may have actual, potential or apparent influence over their judgment.

All financial or 'in kind' relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years must be disclosed.

The intent of this policy is not to prohibit information from being shared, but rather to inform the audience of any possible bias on the part of the author(s). It is the author's responsibility to ensure that content is balanced and reflects the current scientific literature. Unapproved use of products or services must be declared. The only caveat to this guideline is where there is only one treatment or management strategy.

In addition to completing this form, disclosures must be done verbally, displayed in writing on a slide at the beginning of a presentation or included in written materials.

Note: It is the responsibility of the primary author to collect and complete disclosure information for secondary authors.

Completed forms will be kept at the CCS office for 3 years following publication of the document.

Conflict of Interest Disclosures can be included in published manuscripts and /or posted to the CCS website.

Disclosure of Potential Conflict of Interest Form

To return the completed form, please save it as an attachment and email to cpd@ccs.ca

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

First Name:		Last Name	
Email:			
Title of Educational Program:	Innovating, Optimizing, and Advancing Antithrombotic Treatment in Atrial Fibrillation		
Date of Program:		Location of Program:	
File Number	2016-37	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**

☐ 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

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

☐ Yes, please specify the company/organization

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 _____

Signature _____