**Weill Cornell Physician Organization AUC Conflict of Interest/Bio Form: (2017) Please provide**

**Information as you would want to appear on the public facing website:**

*Name:*

*Title(s):*

*Brief Bio:*

*Conflict of Interest:*

Do you or any relative\* have any real or potential conflict of interest (financial or other) related to the development or implementation of Appropriate Use Criteria (AUC) at Weill Cornell/NewYork Presbyterian Hospital?

This could include (but is not limited to) ownership in, interest in, employment by, gifts from, or compensation from an entity in which the Weill Cornell Physicians Organization (WCPO), Weill Cornell Medical College (WCMC) or NewYork--‐Presbyterian Hospital (NYPH) that could benefit from the AUC that are developed or from the recommendations provided by the AUC.

**YES \_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_**

If YES, please list:

\*Definition of relative is spouse, domestic partner, ancestors, brothers and sisters (where by whole or half-blood), children (whether natural or adopted), grandchildren, great--‐grandchildren, and the spouses of brothers, sisters, children, grandchildren and great--‐grandchildren.