

**Texas Orthopaedic Association**  
**Disclosure of Relevant Financial Relationships**  
**By Speakers, Authors, and Planners of CME Activities**

The intent of this disclosure is to allow TOA the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of its CME activities. All faculty and planners of TOA-sponsored activities are expected to disclose to TOA any relevant financial relationships with any commercial interest that produces health care goods or services concerned with the content of an educational presentation.

**Conflict of interest.** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which she/he has a financial relationship.

**Commercial interest.** Any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

**Financial relationships.** Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and a spouse or partner. Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure.

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**PLEASE COMPLETE AND SIGN ON THE SIGNATURE LINE BELOW**

**Name of Speaker or Planner:** \_\_\_\_\_

**Title of Presentation:** \_\_\_\_\_

**Please complete the following sentence regarding the continuing medical objective of the presentation. "After attending this session, the attendee should be able to...":** \_\_\_\_\_

Do you have relevant financial relationships with proprietary entities producing health care goods or services related to the **content of your presentation at this activity?**

**Yes**       **No**

If yes, please identify the company and the nature of this relationship below:

<u><b>Commercial Interest</b></u>	<u><b>What was Received</b></u>	<u><b>For What Role</b></u>
<i>Example: Company X</i>	<i>Honorarium</i>	<i>Speaker</i>

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Example Terminology

**What was received:** Salary, royalty, intellectual property rights, consulting fee, honoraria, grant, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, research, membership on advisory committees or review panels, board membership, and other activities (please specify).

**Signature of Speaker/Planner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAX FORM TO 866-864-1568**