

Texas Orthopaedic Association
Disclosure of Relevant Financial Relationships
By 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.

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).

Texas Orthopaedic Association 2012 Annual Meeting in conjunction with TSSM and Texas Orthopaedic Foundation

Name of Board Member or Planner: _____

Do you have relevant financial relationships with proprietary entities producing health care goods or services related to your role as planner for **this activity**? **Yes** **No**

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

Commercial Interest
Example: Company X

What was received?
Honorarium

For what role?
Speaker

I understand that this Texas Orthopaedic Association meeting is a CME activity and I agree to keep my presentation materials commercial free to offer a non-bias view to the attendees.

Signature of Planner: _____

Date: _____