

FACULTY DISCLOSURE FORM
Conflict of Interest

Office of Continuing Medical Education
University of Virginia School of Medicine

Copy

Name: Spencer King, MD

Title of CME Activity: Cardiology Grand Rounds

Date(s) of CME Activity: September 20, 2005

Sponsoring Department (UVA) or Affiliate Organization: Cardiovascular Division

Role in CME Activity:

- Course Director
 Planning Committee
 Speaker/Author

Overview of University of Virginia Conflict of Interest Policy

According to the ACCME Standards of Commercial Support (approved September 2004), a **conflict of interest** is present when individuals (or their spouses/partners) in a position to control the content of CME have a relevant personal financial relationship with a commercial entity that benefits the individual and may ultimately bias the presentation of that content to colleagues and participants. Since fair, unbiased education serves as part of the foundation for development of quality CME, UVA CME needs to identify affiliations that have the following elements:

both:

- a relevant financial relationship with a commercial interest occurring within the past 12 months

and,

- the opportunity to affect the content of CME about the products or services of that commercial interest.

Purpose: This disclosure form provides a standardized mechanism for identification, review and analysis of relevant financial relationship(s) that may affect the independence, integrity and scientific balance of CME activities designated for credit by the University of Virginia School of Medicine. **Please respond to the questions below with regard to the past 12 months:**

1. Disclosure of financial relationship(s):

I (and/or my spouse/partner) have a relevant financial relationship with a commercial entity producing healthcare goods and/or services. (Go to #2)

I (and/or my spouse/partner) do not have a financial relationship or interest with any proprietary entity producing healthcare goods or services. (Go to #3)

2. If you (and/or your spouse/partner) have a relevant financial relationship:

A. Please indicate the names of the commercial organizations and the clinical/research areas where you have a financial relationship(s). If you have more than 4 relationships, please add additional pages.

Name of Organization		Clinical/Research Area	Type of Relationship (Use Code Below)
1. Novoste		Royalties	→
2. Medtronic		Consultant	→
3. BMS/Sanofi		Speaker	→
4.			

- a. Employment (includes retainer)
- b. Independent Contractor (contracted research and clinical trials)
- c. Consultant
- d. Speaker's bureau and teaching engagements
- e. Advisory Committee/Board
- f. Stock/Ownership
- g. Patent holder
- h. Other (please describe) _____

B. Please answer the following questions:

- Did you participate in **company-sponsored** training? Yes No
 - If you traveled to participate in the training, did the company pay your travel and lodging? Yes No
 - Did the commercial entity provide you with slides as part of the training sessions?
 Yes No
 - Did you receive an honorarium or consulting fee for participating in the training?
 Yes No
3. If you participated in **institutional** contracted research or clinical trials, please answer the following questions:
- Do you receive salary support, retainer, or other monies to support your position as part of the research grant/clinical trials? Yes No
 - Are you the PI (principal investigator) for the research grant? Yes No
 - Have the results of your research/clinical trials been published? Yes No

I agree to comply with the University of Virginia Conflict of Interest Policy and identify to the participants any discussion of non-FDA or investigational uses of products or medical devices included in my presentation/article/case.

Signed

9-15-05

Signature

Date

JTB/cae
R: 5/17/05