



JOINT MEETING
APRIL 25-28, 2018

FACULTY DISCLOSURE FORM

It is the policy of California Blood Bank Society & South Central Association of Blood Banks to insure balance, independence, objectivity and scientific rigor in all CE & CME activities.

Your role in this activity:
[] Presenter [] Panel Member [] Moderator [] Planning Committee Chair or Member [] Other

DISCLOSURE

Conflict exists when you have a financial interest in a company and the opportunity to affect the activity content about that company's product or service as related to your presentation at this activity.

Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with the manufacturer of the products or services that will be discussed in this activity?

- [] NO Skip to Declaration section
[] YES Please list your disclosures and resolutions below

Table with 2 columns: Commercial Interest, Nature of Relevant Financial Relationship. Includes examples like Recipient of grants/research support, honorarium, royalty, etc.

RESOLUTION OF CONFLICT OF INTEREST Please indicate below how the conflict of interest will be resolved.

Presenters, Panel Members, Authors, or Moderators

- [] I will support my lecture and clinical recommendations with the "best available evidence" from the medical literature
[] I will refrain from making recommendations regarding products or services, e.g., limit talk to pathophysiology, diagnosis, and/or research findings.
[] I will recommend an alternative speaker for this topic for the planning committee's consideration.
[] I will submit my talk in advance to allow for adequate peer review.
[] I will divest myself of this financial relationship.

Planning Committee Chairs & Members

- [] To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.
[] I will recuse myself from planning activity content in which I have a conflict of interest.

Additional information may be requested to resolve conflict of interest. Disclosure will be made to participants prior to educational activity.

DECLARATION

I will uphold academic standards to insure balance, independence, objectivity and scientific rigor in my role in the planning, development or presentation of this CME activity. In addition, I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I agree to the verbal disclosure prior to my presentation at the activity.

Name:

Signature: _____ Date: _____

Thank you for completing this form. Please return this form to the SCABB Central office by fax (866-649-6590) or email (scabb@scabb.org). If you have any questions, please call 866-649-6550.