

**AMERICAN COLLEGE OF RADIOLOGY
DISCLOSURE OF COMMERCIAL INTEREST**

Activity Name: CASE IN POINT **Date:** _____

Location: online

Case Name: _____

Role: AUTHOR/ITEM WRITER

The American College of Radiology (ACR) is accredited by the Accreditation Council on Continuing Medical Education (ACCME) to sponsor continuing medical education activities for physicians.

The ACR Disclosure Policy: In compliance with ACCME requirements and guidelines, the ACR has developed a policy for review and disclosure of potential conflicts of interest, and a method of resolution if a conflict does exist. The ACR maintains a tradition of scientific integrity and objectivity in its educational activities. In order to preserve this integrity and objectivity, all individuals participating as planners, presenters, moderators and evaluators in an ACR educational activity or an activity jointly sponsored by the ACR **must appropriately disclose any financial relationship with a commercial organization that may have an interest in the content of the educational activity.**

ACCME Definition of a Financial Relationship: Financial relationships are 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, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration benefit is received or expected. The ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

(Please complete Sections 1, 2, and 3.)

SECTION 1. (Please choose one.)

I, or a member of my immediate family, DO NOT NOW HAVE and have NOT HAD within the past 12 months a financial interest or other relationship as defined in paragraph two above with **a commercial organization that may have an interest in the content of this educational activity.**

OR

I, or a member of my immediate family, now have or within the past 12 months have had a financial interest or other relationship as defined in paragraph two above with **a commercial organization that may have an interest in the content of the educational activity.** Please list the organization(s) and/or service providers with whom you have a financial relationship and describe the nature of the relationship. Please be specific (i.e., commercial interest, clinical/non-clinical, research grant, research contract, speakers bureau, stocks/ bonds [not mutual funds], consultant, other offices/board):

Commercial Interest	Nature of Relationship *	Role **

***Nature of Relationship:** Salary, royalty, intellectual rights, consulting fee, honoraria, travel reimbursement, ownership interest (e.g. stocks, stock options or other ownership interest (excluding diversified mutual funds) or other financial benefit.

****Role:** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, speakers bureau or board membership.

SECTION 2. (Please mark correct box.)

I will will NOT discuss or describe, in the educational content, a use of a medical device or pharmaceutical that is classified by the Food and Drug Administration (FDA) as investigational for intended use.

SECTION 3. (Please initial HIPAA, complete this section, and sign.)

I affirm that the statements above are accurate and the presentation complies with the U.S. Government's Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and data security standards.

_____ (Initial here)

I attest that this activity will adhere to all ACCME Criteria and *Standards for Commercial Support*.

_____ (Initial here)

Signature: _____

Date: _____

ADD as many Co-Authors as necessary to complete this form. If an author has ANYTHING relevant to the content of this activity to disclose, he or she must file an individual separate Disclosure Form.

OTHER CO-AUTHORS

Signature: _____

By signing here I acknowledge that I have **NOTHING to disclose** and have received a copy of the ACR *Disclosure of Commercial Interest* Form.

Date: _____

Signature: _____

By signing here I acknowledge that I have **NOTHING to disclose** and have received a copy of the ACR *Disclosure of Commercial Interest* Form.

Date: _____

Signature: _____

By signing here I acknowledge that I have **NOTHING to disclose** and have received a copy of the ACR *Disclosure of Commercial Interest* Form.

Date: _____

Fax to: (703) 880-0694 or e-mail to: cipsubmit@acr.org