



South Central Association of Blood Banks

ANNUAL MEETING
MAY 30th - June 1st, 2019

FACULTY DISCLOSURE FORM

It is the policy of South Central Association of Blood Banks to insure balance, independence, objectivity and scientific rigor in all CE & CME activities. Activity content will be evidence based and free of commercial bias. Anyone engaged in content development, planning or presentation must complete this form. Persons who fail to complete this form may not participate in the program. All identified conflicts of interest will be resolved, and disclosure will be made to activity participants.

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 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.