



Disclosure of Conflict of Interest

Title of CPD activity			
Date of CPD activity	2022-2023		
What is your role in the CPD activity?	<input checked="" type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input type="checkbox"/> Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other (describe)		

I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose

I have a relationship with a for-profit and/or a not-for-profit organization to disclose Please indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria		
Membership on advisory boards or speakers' bureaus	Merck AZ & GSK & Essau	
Funded grants or clinical trials		
Patents on a drug, product or device		
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity		

To be completed by speakers only

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication). <i>Note: You must declare all off-label use to the audience during your presentation.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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I acknowledge that the <u>National Standard</u> requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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I Agree By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

Signature:	Date: 13/10/2022
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