

Disclosure Form (Guideline Co-Chair – Working Group Member- Evidence Synthesis Team- Contractor)

Title of Program:		Program Date(s):	
Contact Person:		Evidence Based Practice Program 90 K Street NE (10A4B) Washington, DC 20002 DUE DATE:	
Contact Person Email:			
Phone:			
Fax:			

Your Name:					
Your Role:	(Check all that apply)	<input type="checkbox"/> Co Chair	<input type="checkbox"/> Workgroup member	<input type="checkbox"/> Evidence Synthesis team	<input type="checkbox"/> Contractor

The VA/DoD Evidence Based Practice Working Group (EBPWG) must insure balance, independence, objectivity, and scientific rigor in all VA/DoD EBPWG sponsored development activities. VA/DoD EBPWG is concerned about maintaining transparency in their guideline development process and is concerned about situations where an individual might have incentives to use VA/DoD Clinical Practice Guidelines (CPGs) to market or promote commercial products or where they otherwise receive or stand to receive financial gain from a commercial source as a result of the content of the CPG. All persons involved in the planning, and the workgroup participating in a VA/DoD-sponsored activity, are expected to disclose to VA/DoD EBPWG any *relevant financial and intellectual interests or other relationship with: (1) the manufacturer(s) of any commercial product(s) and/or (2) the provider(s) of commercial services discussed in this CPG activity as well as any commercial supporters of the activity. **Financial interest (Commercial or non-commercial) or other relationship may include such things as grants or research support, employee, consultant, major stock holder, member of speakers' bureau, etc. within the past 24 months, for yourself or a close family member.** The information will be reviewed by VA/DoD EBPWG. In most cases, such relationships will simply be reported to the audience. There are some relationships that might be judged a conflict. In such cases, VA/DoD EBPWG must work with you to resolve the conflict prior to your participation in the CPG development.

*The ACCME defines "relevant financial relationships" as financial relationships in any amount that creates a conflict of interest.

PLEASE COMPLETE:		<i>If more space is needed to fully respond to questions, please attach a separate sheet.</i>	
1a	<u>Within the last 24 months</u> have you or member of your family had any of the following relationships with the manufacturer(s) of any of the product(s) or provider(s) of any of the services to be addressed in the portion of your responsibility for the CPG development activity? Check only those which apply:		
	<input type="checkbox"/> Speaker's Bureau for drug/device company	<input type="checkbox"/> Speaker's Bureau for communication company	
	<input type="checkbox"/> Research grant paid to you direct from company	<input type="checkbox"/> Research grant paid from company to employer/institution	
	<input type="checkbox"/> Consultant	<input type="checkbox"/> Stockholder	<input type="checkbox"/> Patent Owner
	<input type="checkbox"/> Other - Please describe:		
1b	If you <u>checked any</u> in 1a above, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s).		
2a	Have you received (from any source) training, scripts, slides, or other resources that will be used in this activity?	YES	NO
2b	If <u>YES</u> to 2a, please describe:		
3a	<u>Within the last 24 months</u> have you had relationship(s) with the commercial supporter(s) of this activity? (If applicable)	YES	NO
3b	If <u>YES</u> to 3a, please list the commercial supporter(s) and describe the nature of the relationship(s).		

Workgroup Member:

Signature: _____ *I will update this form if my disclosure status changes.* Date: _____