

MEMORIAL SLOAN-KETTERING CANCER CENTER  
**Continuing Medical Education**  
**FACULTY DISCLOSURE FORM**

It is the policy of Memorial Sloan-Kettering Cancer Center to make every effort to insure balance, independence, objectivity, and scientific rigor in all continuing medical education activities which it sponsors as an ACCME accredited provider. In accordance with ACCME guidelines and standards, all faculty participating in an activity sponsored by Memorial Sloan-Kettering Cancer Center are expected to disclose any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services which are discussed by the faculty members in an educational presentation and/or have provided support for this course. As required by the ACCME, when an unlabeled use of a commercial product or an investigational use not yet approved for any purpose is discussed during an educational activity, Memorial Sloan-Kettering Cancer Center requires the speaker to disclose that the product is not labeled for the use under discussion or that the product is still investigational.

TITLE OF CME ACTIVITY:

DATE:

COURSE DIRECTOR:

PRESENTER/FACULTY:

TITLE OF PRESENTATION:

**[ THANK YOU FOR COMPLETING ALL SECTIONS ENTIRELY. ]**

**I. UNLABELED USE** (Product does not have an FDA-approved indication for the use under discussion.)

I do not anticipate discussing unlabeled uses of any commercial product in this educational activity

I anticipate discussing the following unlabeled use(s) of the following product(s):

Product:

Unlabeled Use to Be Discussed:

Product:

Unlabeled Use to Be Discussed:

**II. INVESTIGATIONAL PRODUCTS** (Not approved by the FDA for any purpose.)

I do not anticipate discussing any investigational products in this educational activity.

I anticipate discussing the following investigational product(s):

Investigational Product:

Use to Be Discussed:

Investigational Product:

Use to Be Discussed:

## I. FACULTY DISCLOSURE OF AFFILIATIONS AND SIGNIFICANT RELATIONSHIPS

In compliance with ACCME requirements, please answer all questions and provide the company(ies) with whom you have current or past relationships or affiliations. This information will be disclosed to participants before any educational activities in brief statements in all educational activity materials. We require that you complete and return this form before production of educational activity materials.

During the past 12 months, have you or any member of your immediate family had a significant financial interest, arrangement, or affiliation (direct or indirect payment) with a commercial company or with the grantor(s) whose products you may discuss in your educational activity presentation or enduring materials.

Please specify:

No            Yes

If yes, please specify the affiliation below, i.e. formal advisory board, product royalty/licensing fees, support of research activities, full-time/part-time employment, speakers' bureau, etc.

Company name	Affiliation
Company name	Affiliation
Company name	Affiliation
Company name	Affiliation
Company name	Affiliation

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that relevant financial relationships with any commercial company whose product(s) I may discuss in my educational activity presentation or enduring material must be disclosed prior to, and will be listed in materials for, CME-certified activities.

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Signature:

Please return to:

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