

ACC Rockies March 10-13, 2019

Faculty Conflict Of Interest Disclosure



If any potentially conflicting interests exist with respect to presentation content, there is an obligation to disclose this conflict.

Please return completed form to Karen Earl:

Email: karen@ebminc.ca

Fax: (905) 607-3163

Please Check One:	
<input type="checkbox"/>	I do not have an affiliation (financial or otherwise) with a commercial organization within the previous two (2) years that may have a direct or indirect connection to the content of this presentation.
<input checked="" type="checkbox"/>	I have/had an affiliation (financial or otherwise) with a commercial organization within the previous two (2) years that may have a direct or indirect connection to the content of this presentation.
If this option applies, please provide details by completing the rest of this form.	
Relevant Disclosure Relationships	
1. Consulting Fees/Honoraria:	
<i>Including honoraria from a third party, gifts or other consideration, or "in kind" compensation, whether for consulting, lecturing, travel, service on an advisory board, legal testimony or consultation for any other similar purpose in the prior two calendar years.</i>	
<input type="checkbox"/> None	<input type="checkbox"/> Johnson & Johnson
<input type="checkbox"/> Abbott Vascular	<input type="checkbox"/> Medtronic
<input type="checkbox"/> AstraZeneca	<input type="checkbox"/> Merck
<input type="checkbox"/> Bayer	<input type="checkbox"/> Novartis
<input type="checkbox"/> Boehringer Ingelheim	<input type="checkbox"/> Pfizer
<input type="checkbox"/> Boston Scientific	<input type="checkbox"/> Roche
<input type="checkbox"/> Bristol-Myers Squibb	<input checked="" type="checkbox"/> sanofi
<input type="checkbox"/> Edwards Lifesciences	<input type="checkbox"/> Schering Plough
<input type="checkbox"/> Eli Lilly	<input type="checkbox"/> Servier
<input type="checkbox"/> GlaxoSmithKline	<input type="checkbox"/> St. Jude Medical
<input checked="" type="checkbox"/> Other, please specify: AMGEN, Novo-Nordisk	
2. Officer, Director, Or In Any Other Fiduciary Role:	
<i>Whether or not remuneration is received for service.</i>	
<input type="checkbox"/> None	
<input type="checkbox"/> Yes, please specify the company/organization:	

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3. Clinical Trials:
Participating in a clinical trial sponsored by a commercial organization that may have a direct or indirect connection to the content of my presentation.

<input type="checkbox"/> None	<input type="checkbox"/> Johnson & Johnson
<input type="checkbox"/> Abbott Vascular	<input type="checkbox"/> Medtronic
<input type="checkbox"/> AstraZeneca	<input type="checkbox"/> Merck
<input type="checkbox"/> Bayer	<input type="checkbox"/> Novartis
<input type="checkbox"/> Boehringer Ingelheim	<input type="checkbox"/> Pfizer
<input type="checkbox"/> Boston Scientific	<input type="checkbox"/> Roche
<input type="checkbox"/> Bristol-Myers Squibb	<input checked="" type="checkbox"/> sanofi
<input type="checkbox"/> Edwards Lifesciences	<input type="checkbox"/> Schering Plough
<input type="checkbox"/> Eli Lilly	<input type="checkbox"/> Servier
<input type="checkbox"/> GlaxoSmithKline	<input type="checkbox"/> St. Jude Medical

Other, please specify: **AMGEN, cerenis**

4. Ownership/Partnership/Principal:
Excluding mutual diversified funds.

None
 Yes, please specify the company/organization:

5. Intellectual Property Rights:
Includes patent or other intellectual property in a for-profit corporation.

None
 Yes, please specify the company/organization: **Patent: Desmocillin1 inhibition for the prevention of ASCVD**

6. Other Financial Benefit:
Includes patent or other intellectual property in a for-profit corporation.

None
 Yes, please specify the company/organization:

7. Will you describe the off-label use of a device, product, or drug that is approved for another purpose?

None
 Yes (If Yes, you must disclose this to the audience within your presentation)

I confirm that as a faculty speaker at ACC Rockies, I will indicate to the audience the existence of any potential bias, direct or indirect, that might be perceived to influence my presentation(s).

Printed Name Jacques Genest MD

Signature e-sign Jacques Genest MF _
 Date 2019 Jan 16

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Jaymes Earl

Please return completed form to Kar
karen@ebminc.ca or fax (855) 877-7741.

en Earl: email