

ACC Rockies March 1-3, 2020

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: karen@ebminc.ca

Please Check One:			
<input checked="" 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 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 type="checkbox"/>	sanofi
<input checked="" 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:		
2. Officer, Director, Or In Any Other Fiduciary Role:			
<i>Whether or not remuneration is received for service.</i>			
<input checked="" 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 checked="" 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 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: | |

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:

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 Alexander Dick

Signature 

Date Feb 28 2020

Please return completed form to Karen Earl: karen@ebmnc.ca.