

Faculty and Presenter Disclosure
27th Annual Meeting of the American Society for Metabolic and Bariatric Surgery

Name: _____

Email: _____

Name of Abstract: _____

As a provider accredited by the ACCME, the American Society for Metabolic and Bariatric Surgery must insure balance, independence, objectivity, and scientific rigor in all its sponsored activities. All activity directors and faculty members/presenters participating in a sponsored activity are expected to disclose information regarding any relevant financial relationships* with commercial interest (any entity producing marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) during the past 12 months.

*Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Do you have financial relationships to disclose?:

- No, I do not have any financial relationship(s).
- Yes

(Please list the companies with which you, your spouse, and/or your partner currently have or had financial relationship(s) in the past 12 months).

Company Name: _____

What was received: _____

For what role: _____

Company Name: _____

What was received: _____

For what role: _____

Company Name: _____

What was received: _____

For what role: _____

Company Name: _____

What was received: _____

For what role: _____

Company Name: _____
What was received: _____
For what role: _____

Additional:

Based on the statement above, do you have additional disclosure information to input? If so, please enter it in the space below:

Please place a check in the box by each of the statements below to indicate your understanding and willingness to comply with each of the following statements.

- I have disclosed all relevant financial relationships to the ASMBS and will disclose any subsequent relationships (if applicable) to learners verbally and in print.
- I will not accept any honorarium/payment/reimbursement beyond what has been agreed upon directly with ASMBS.
- All scientific research to support a patient care recommendation will confirm to generally accepted standards of experimental design, data collection and analysis.
- If I discuss any off-label product use, I will disclose it to participants.
- I will base my contributions on the best scientific evidence available regarding this content. My contributions will give a balanced view of therapeutic options and be unbiased.
- If any portion of my presentation slides is not original work, I will obtain necessary copyright permission (As Applicable).
- My contributions will not promote the products or services of any commercial interest related to this content.
- I will not use trade names of health care products or services.

Signature: _____ Date: _____

Once form is complete, please print and mail to:

ASMBS
Presenter Disclosure
100 S.W. 75th Ave Suite 201
Gainesville, FL 32607

You may also fax (352) 331-4975 or save as a file and email to Natalie@asmbs.org.