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## American Society for Reproductive Medicine Conflict of Interest Disclosure

### Purpose

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3. I or my spouse/partner has been a director or officer of or have/has been employed by a legal firm, accounting firm, consulting firm, investment banking firm, commercial bank or other financial institution that has performed services for or sought significant business with ASRM.
4. I or my spouse/partner has had an interest in an actual or proposed contract, sale or transaction or series of similar transactions involving a total amount more than \$10,000 to which the ASRM was a party.
5. I or my spouse/partner has entered into a personal or business financial arrangement as a result of access to confidential information gained through my position with ASRM.
6. I currently participate as an officer, executive, board member, consultant, or other leadership role in other societies/organizations.

**Do any of the six statements above accurately describe you or your spouse/partner?**

- Yes  
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Organization Name	Relationship Type	Who has this Relationship?
Organization Name <input type="text" value="WHO"/>	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input checked="" type="checkbox"/> Paid Consultant Relationship Began <input type="text" value="2021-05-01"/> Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes  <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Other	Who has this Relationship?  <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member

### Add Conflict

Signature:

By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
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Organization Name	Relationship Type	Who has this Relationship?	
Organization Name <input type="text" value="American Board of Urology"/>	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Consultant <input type="checkbox"/> Speaker's Bureau <input checked="" type="checkbox"/> Other	Who has this Relationship? <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member	
	Explain: <input type="text" value="Examination Committee Se"/>		
	Relationship Began <input type="text" value="2022-01-14"/>		
	Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes		

Organization Name <input type="text" value="American Urological Associ"/>	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Consultant <input type="checkbox"/> Speaker's Bureau <input checked="" type="checkbox"/> Other	Who has this Relationship? <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member	
	Explain: <input type="text" value="AUA Update Series Editoria"/>		
	Relationship Began <input type="text" value="2021-07-01"/>		
	Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes		

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Organization Name <input type="text" value="Levocept"/>	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input checked="" type="checkbox"/> Grant Recipient Relationship Began <input type="text" value="2019-01-01"/> Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes	Who has this Relationship?  <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member
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- Yes  
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- Yes  
 No

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Organization Name	Relationship Type	Who has this Relationship?
Organization Name <input type="text" value="Posterity Health"/>	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Consultant <input type="checkbox"/> Speaker's Bureau <input checked="" type="checkbox"/> Other Explain: <input type="text" value="Medical Advisory Board Me"/> Relationship Began <input type="text" value="0000-00-00"/> Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes	Who has this Relationship?  <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member

### Add Conflict

Signature:

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**Organization Name****Relationship Type****Who has this Relationship?**

Organization Name

- Company Officer  
 Direct Stockholder

Relationship Began

Does this relationship still exist?

- No  Yes

Full-Time Company Employee

 Grant Recipient Honoraria Paid Consultant Speaker's Bureau Other

Explain:

Relationship Began

Does this relationship still exist?

- No  Yes

Who has this Relationship?

 Self Immediate Family Member

Organization Name

- Company Officer  
 Direct Stockholder  
 Full-Time Company Employee  
 Grant Recipient  
 Honoraria  
 Paid Consultant  
 Speaker's Bureau  
 Other

Explain:

Relationship Began

Does this relationship still exist?

- No  Yes

Relationship Ended

Who has this Relationship?

 Self Immediate Family Member

Add Conflict

Organization Name	Relationship Type	Who has this Relationship?
Organization Name	2023-02-01	Who has this Relationship?
Parity Health Inc	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Consultant <input type="checkbox"/> Speaker's Bureau <input checked="" type="checkbox"/> Other	<input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member
	Explain: Scientific Advisor with stoc	
	Relationship Began 2021-06-17	
	Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes	

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Organization Name <input type="text" value="PCRS"/>	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Consultant <input type="checkbox"/> Speaker's Bureau <input checked="" type="checkbox"/> Other Explain: <input type="text" value="At large board member"/> Relationship Began <input type="text" value="0000-00-00"/> Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes	Who has this Relationship?  <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member

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**Organization Name****Relationship Type****Who has this Relationship?**

Organization Name

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 Grant Recipient  
 Honoraria  
 Paid Consultant  
 Speaker's Bureau  
 Other

Explain:

Relationship Began

Does this relationship still exist?

 No  Yes

Who has this Relationship?

- Self  
 Immediate Family Member



Organization Name

- Company Officer  
 Direct Stockholder  
 Full-Time Company Employee  
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 Other

Explain:

Relationship Began

Does this relationship still exist?

 No  Yes

Who has this Relationship?

- Self  
 Immediate Family Member



Add Conflict

**Organization Name****Relationship Type****Who has this Relationship?**

Organization Name

Ferring Pharmaceuticals

- Company Officer  
 Direct Stockholder  
 Full-Time Company Employee  
 Grant Recipient  
 Honoraria  
 Paid Consultant  
 Speaker's Bureau  
 Other

Explain:

Consultant to review e-lear

Relationship Began

2023-10-25

Does this relationship still exist?

- No  Yes

Who has this Relationship?

- Self  
 Immediate Family Member



Organization Name

Labcorp

- Company Officer  
 Direct Stockholder  
 Full-Time Company Employee  
 Grant Recipient  
 Honoraria  
 Paid Consultant  
 Speaker's Bureau  
 Other

Explain:

Clinical Advisory Board

Relationship Began

0000-00-00

Does this relationship still exist?

- No  Yes

Who has this Relationship?

- Self  
 Immediate Family Member



Add Conflict

Organization Name	Relationship Type	Who has this Relationship?
Organization Name <input type="text" value="Pharmaceutical Contractinc"/>	<input type="checkbox"/> Company Officer <input checked="" type="checkbox"/> Direct Stockholder Relationship Began <input type="text" value="0000-00-00"/> Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes  <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Consultant <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Other	Who has this Relationship?  <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member

### Add Conflict

Signature:

By signing, I affirm that:

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## American Society for Reproductive Medicine Conflict of Interest Disclosure

### Purpose

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Additionally, as a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME) and as a member of the Council of Medical Specialty Societies, the ASRM must ensure balance, independence, objectivity, and scientific rigor in all its educational activities. All individuals involved in planning, development, or dissemination of any educational activities or programming, including participation on committees, boards, or serving as a speaker/faculty, must disclose any commercial interest, financial interest, duality of interest, and/or other relationship with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. All relationships, whether they directly apply to a particular CME event, must be disclosed. **All non-FDA approved uses of products must be clearly identified. Disclosures must be made to educational activity participants in the form of a slide, printed material, and/or oral statement for live and enduring formats. Although ASRM reviews and resolves potential conflicts of interest, it remains for the audience to determine whether the speaker's/volunteer's interests or relationships may influence their participation, about exposition or conclusion.**

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### Definition

**Commercial interest** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

**Duality of Interest** is holding a position as an officer, trustee, director, or any other fiduciary role with an organization whether or not remuneration is received for service that could potentially

influence or be perceived to influence objectivity or could prevent the interested person from being impartial.

**Financial Relationships** are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speaker's bureau, ownership interest (e.g., stock, 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.

**Please disclose your relationships with any companies, societies, or other organizations accurately described by any of the following statements:**

1. I or my spouse/partner has had during the preceding 24 months a commercial interest, financial interest and/or other relationship with an entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
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4. I or my spouse/partner has had an interest in an actual or proposed contract, sale or transaction or series of similar transactions involving a total amount more than \$10,000 to which the ASRM was a party.
5. I or my spouse/partner has entered into a personal or business financial arrangement as a result of access to confidential information gained through my position with ASRM.
6. I currently participate as an officer, executive, board member, consultant, or other leadership role in other societies/organizations.

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- Yes  
 No

**Will you disclose all potential conflicts of interest?**

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 I will disclose my participation in societies/organizations, but **I refuse to disclose my interests in commercial entities**. *Note: Selecting this option will preclude you from participating in a Continuing Medical Education activity and may preclude you from participating in an official capacity in governance of the ASRM.*  
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 No, I refuse to disclose any interests in commercial organizations and any participation in societies/organizations.

Organization Name	Relationship Type	Who has this Relationship?
Organization Name <input type="text" value="Ferring"/>	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input checked="" type="checkbox"/> Paid Consultant Relationship Began <input type="text" value="2021-11-01"/> Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes  <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Other	Who has this Relationship?  <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member

### Add Conflict

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- Yes  
 No

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## Organization Name

## Relationship Type

## Who has this Relationship?

Organization Name

AutoIVF

- Company Officer  
 Direct Stockholder  
 Full-Time Company Employee  
 Grant Recipient  
 Honoraria  
 Paid Consultant  
 Speaker's Bureau  
 Other

Explain:

Scientific Advisory Board

Relationship Began

2023-10-01

Does this relationship still exist?

- No  Yes

Who has this Relationship?

- Self  
 Immediate Family Member



Organization Name

TMRW

- Company Officer  
 Direct Stockholder  
 Full-Time Company Employee  
 Grant Recipient  
 Honoraria  
 Paid Consultant  
 Speaker's Bureau  
 Other

Explain:

Scientific Advisory Board

Relationship Began

2022-12-20

Does this relationship still exist?

- No  Yes

Who has this Relationship?

- Self  
 Immediate Family Member



## Add Conflict

Signature: Sangita Jindal

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 No

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Organization Name	Relationship Type	Who has this Relationship?	
Organization Name <input type="text" value="Reprotech"/>	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input checked="" type="checkbox"/> Paid Consultant Relationship Began <input type="text" value="2022-05-01"/> Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes  <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Other	Who has this Relationship? <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member	
Organization Name <input type="text" value="SSMR"/>	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Consultant <input type="checkbox"/> Speaker's Bureau <input checked="" type="checkbox"/> Other Explain: <input type="text" value="Officer"/> Relationship Began <input type="text" value="2022-05-15"/> Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes	Who has this Relationship? <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member	

### Add Conflict

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**Do any of the six statements above accurately describe you or your spouse/partner?**

- Yes  
 No

Signature:

By signing, I affirm that:

- I have received, read and agree to comply with the [Conflict of Interest Policy and Procedure](#) as provided to me by ASRM.
- To the best of my knowledge, all of my responses above are current and accurate.
- If I am currently serving ASRM as an officer or committee member of editorial board member, I have a fiduciary responsibility to act in the best interests of the American Society for Reproductive Medicine and that this responsibility precludes me from using my position to obtain special advantage for myself, my relatives, my close associates, my business, or any other organization with which I am affiliated. I agree to abide by the ethical opinions and practice guidelines as outlined by the American Society for

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## **American Society for Reproductive Medicine Conflict of Interest Disclosure**

### **Purpose**

The American Society for Reproductive Medicine (the "ASRM" or "Organization") depends on the active voluntary involvement and leadership of its members to accomplish its mission and to maintain its credibility as a valued resource. To do so, all involved will have to scrupulously avoid any conflict between their own respective personal, professional, or business interests and the interest of the ASRM, in all actions taken by them in their respective capacities on behalf of the ASRM.

The ASRM and any of its affiliate societies or groups requires its voluntary leaders, including but not limited to directors, officers, journal editors, committee/task force members, and other members, to observe the highest standards of business and personal ethics in the conduct of their duties and responsibilities.

Acts that mix the personal, duality of interest, or financial interests of an Interested Person with the interests of ASRM are indicative of a potential Conflict of Interest (COI). Not every potential conflict is an actual conflict. However, acts or situations that even have the appearance of a COI can be damaging to the reputation of the individual and the Organization. Consequently, the Organization seeks to appropriately manage potential and actual COI, as well as the appearance of such conflicts.

Additionally, as a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME) and as a member of the Council of Medical Specialty Societies, the ASRM must ensure balance, independence, objectivity, and scientific rigor in all its educational activities. All individuals involved in planning, development, or dissemination of any educational activities or programming, including participation on committees, boards, or serving as a speaker/faculty, must disclose any commercial interest, financial interest, duality of interest, and/or other relationship with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. All relationships, whether they directly apply to a particular CME event, must be disclosed. **All non-FDA approved uses of products must be clearly identified. Disclosures must be made to educational activity participants in the form of a slide, printed material, and/or oral statement for live and enduring formats. Although ASRM reviews and resolves potential conflicts of interest, it remains for the audience to determine whether the speaker's/volunteer's interests or relationships may influence their participation, about exposition or conclusion.**

The intent of this disclosure is not to prevent an individual with a commercial, duality of interest or financial interest from participation in ASRM activities (educational, leadership, or committees). The interest is to assist ASRM in resolving conflicts of interest that may create bias in any ASRM activities (educational, leadership, or committees).

### **Definition**

**Commercial interest** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

**Duality of Interest** is holding a position as an officer, trustee, director, or any other fiduciary role with an organization whether or not remuneration is received for service that could potentially

influence or be perceived to influence objectivity or could prevent the interested person from being impartial.

**Financial Relationships** are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speaker's bureau, ownership interest (e.g., stock, 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.

**Please disclose your relationships with any companies, societies, or other organizations accurately described by any of the following statements:**

1. I or my spouse/partner has had during the preceding 24 months a commercial interest, financial interest and/or other relationship with an entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
2. I or my spouse/partner has had during the preceding 24 months a significant financial interest in, or arrangement or affiliation with one or more commercial entities that offer services to, support and/or participate in ASRM functions or activities related to reproductive medicine.
3. I or my spouse/partner has been a director or officer of or have/has been employed by a legal firm, accounting firm, consulting firm, investment banking firm, commercial bank or other financial institution that has performed services for or sought significant business with ASRM.
4. I or my spouse/partner has had an interest in an actual or proposed contract, sale or transaction or series of similar transactions involving a total amount more than \$10,000 to which the ASRM was a party.
5. I or my spouse/partner has entered into a personal or business financial arrangement as a result of access to confidential information gained through my position with ASRM.
6. I currently participate as an officer, executive, board member, consultant, or other leadership role in other societies/organizations.

**Do any of the six statements above accurately describe you or your spouse/partner?**

- Yes  
 No

**Will you disclose all potential conflicts of interest?**

- Yes (see below)  
 I will disclose my participation in societies/organizations, but **I refuse to disclose my interests in commercial entities**. *Note: Selecting this option will preclude you from participating in a Continuing Medical Education activity and may preclude you from participating in an official capacity in governance of the ASRM.*  
 I will disclose my interests in commercial entities, but **I refuse to disclose my participation in societies/organizations**. *Note: Selecting this option may preclude you from participating in an official capacity in governance of the ASRM.*  
 No, I refuse to disclose any interests in commercial organizations and any participation in societies/organizations.

Organization Name	Relationship Type	Who has this Relationship?	
Organization Name <input type="text" value="ACOG"/>	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Consultant <input type="checkbox"/> Speaker's Bureau <input checked="" type="checkbox"/> Other Explain: <input type="text" value="Board Member"/> Relationship Began <input type="text" value="2023-05-01"/> Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes	Who has this Relationship? <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member	
Organization Name <input type="text" value="Alnylam"/>	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input checked="" type="checkbox"/> Paid Consultant Relationship Began <input type="text" value="2023-03-01"/> Does this relationship still exist? <input checked="" type="radio"/> No <input type="radio"/> Yes Relationship Ended <input type="text" value="2023-03-31"/> <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Other	Who has this Relationship? <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member	
Organization Name <input type="text" value="Myovant Sciences"/>	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria	Who has this Relationship? <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member	

Add Conflict

Organization Name	Relationship Type	Who has this Relationship?
Organization Name <input type="text" value="SREI"/>	<input checked="" type="checkbox"/> Paid Consultant Relationship Began <input type="text" value="2019-10-01"/> Does this relationship still exist? <input checked="" type="radio"/> No <input type="radio"/> Yes Relationship Ended <input type="text" value="2021-10-01"/> <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Other	Who has this Relationship?  <input checked="" type="radio"/> Self <input type="radio"/> Immediate Family Member
	<input type="checkbox"/> Company Officer <input type="checkbox"/> Direct Stockholder <input type="checkbox"/> Full-Time Company Employee <input type="checkbox"/> Grant Recipient <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Consultant <input type="checkbox"/> Speaker's Bureau <input checked="" type="checkbox"/> Other Explain: <input type="text" value="President"/> Relationship Began <input type="text" value="2023-10-15"/> Does this relationship still exist? <input type="radio"/> No <input checked="" type="radio"/> Yes	

### Add Conflict

Signature:

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