



Declaration of Conflict of Interest

Part 1 All Speakers and Planning Committee members must complete this form and submit to the NOSM CEPD Office. Disclosure must be made to the audience whether you do or do not have a relationship with a commercial entity such as a pharmaceutical organization, medical device company or a communications firm.

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G	I am currently participating or have participated in a clinical trial within the past two years.		

Part 2 Speakers only:

		Yes	No	
H	I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).		<input checked="" type="checkbox"/>	You must declare all off-label use to the audience during your presentation.
I	The RCPC requires faculty presentations to be consistent in their use of either generic names, trade names or both generic and trade names during their presentation.			

Check one: Faculty/Speaker Planning Committee Member

Name of PPC/Event: IBrms 2015 Winter School Date: Feb. 13, 2015

Acknowledgment: I, Dr. Anatoly Shuster, acknowledge that the above information is accurate and I understand that this information will be publicly available.

Signature: Date: Feb. 13, 2015

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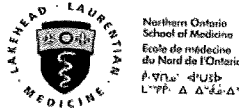
Check one: Faculty/Speaker Planning Committee Member

Name of PPC/Event: TBMS 2015 Winter School Date: Feb. 13, 2015

Acknowledgment: I, Dr. Yassin Abdulkrehman, acknowledge that the above information is accurate and I understand that this information will be publicly available.

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Name of PPC/Event: TBMS 2015 Winter School Date: Feb. 13, 2015

Acknowledgment: I, Dr. Yasir Abdulrehman, acknowledge that the above information is accurate and I understand that this information will be publicly available.

Signature: [Signature] Date: Feb. 13, 2015

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Acknowledgment: I, Dr. Harshad Telang, acknowledge that the above information is accurate and I understand that this information will be publicly available.

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Acknowledgment: I, Dr. Gabe Mapezo, acknowledge that the above information is accurate and I understand that this information will be publicly available.

Signature: [Signature] Date: Feb. 13, 2015



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Name of PPC/Event: TBINS 2015 Winter School Date: Feb. 13, 2015

Acknowledgment: I, Dr. Sanjay Azad, acknowledge that the above information is accurate and I understand that this information will be publicly available.

Signature: *[Signature]* Date: Feb. 13, 2015