**AMERICAN SOCIETY OF HEMATOLOGY  
Continuing Medical Education (CME) Disclosure of Financial Interest Form**

The American Society of Hematology (ASH) is committed to ensuring the integrity of its scientific, educational, and research programs. The [ASH Conflict of Interest Policy](https://www.hematology.org/about/governance/conflict-of-interest) requires disclosure of any financial or other interest in the biomedical industry that might be construed as resulting in an actual, potential, or apparent conflict. We ask that you **disclose all relationships that you may have, regardless of their relevance to a particular role or presentation.**

ASH's Conflict of Interest Policy, along with rules formulated by the Accreditation Council for Continuing Medical Education in its “Standards for Integrity and Independence,” require that you **disclose any financial relationships with ineligible companies (as defined below) held by you or your spouse/partner within the past 24 months.**

For this purpose, "financial relationships" are those 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 committee or review panels, board memberships, and other activities from which remuneration is received, or expected. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.

By submitting this form, you agree that you have read the [ASH Conflict of Interest Policy](https://www.hematology.org/about/governance/conflict-of-interest) and that you understand and support its intent.

Once you have entered your conflict-of-interest disclosure into the system, it will be applied to all roles that you perform for this meeting. (Please note that disclosure submitted to this system will not impact any disclosure you entered on the ASH website at www.hematology.org.)

**Abstract Submitters:** If an author's COI disclosure form populates with information already supplied, **we strongly urge you to use this existing information for that person**. If you are aware of a relationship that should be added to that disclosure, you may do so, and the update will be applied all of that individual's disclosures for the entire meeting. **Please do NOT delete** any existing disclosure information if you are not the person in question.

|  |
| --- |
| **IMPORTANT:** In contrast to past years, oral abstract and poster presentations will no longer be contained in the ACCME-accredited portion of the annual meeting. Therefore, presenting authors are no longer subject to ACCME restrictions, and can be employees of publicly-traded or privately-held healthcare companies or owners of privately-held entities. All relevant conflicts of interest must be disclosed, and data presented fairly and transparently.  Presenters in the invited program with an ownership interest in a privately-held ineligible company or employment with any ineligible company will not be included in sessions certified for CME credit.  **\*ACCME definition of an Ineligible Company** (formerly Commercial Interest): companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients. Examples of Ineligible Companies include, but are not limited to:   * Advertising, marketing, or communication firms whose clients are ineligible companies * Bio-medical startups that have begun a governmental regulatory approval process * Compounding pharmacies that manufacture proprietary compounds * Device manufacturers or distributors * Diagnostic labs that sell proprietary products * Growers, distributors, manufacturers or sellers of medical foods and dietary supplements * Manufacturers of health-related wearable products * Pharmaceutical companies or distributors * Pharmacy benefit managers * Reagent manufacturers or sellers   **Eligible Companies/Organizations:** Organizations that are not considered ineligible in the ACCME System (eligible organizations) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations can be found on the [ACCME website](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/eligibility). |

**In the past 24 months, have you had any financial relationships with an ineligible company as defined above?** **\***  
Yes      No

You must disclose the names of the organizations with which you have this relationship, the nature of your relationship, and the clinical or research area involved.

|  |  |
| --- | --- |
| **Name of Organization:** | **Financial Relationship(s) with ineligible company: (please check all that apply)**:   a. Current Employment   b. Ended employment in the past 24 months   c. Consultancy  Includes expert testimony    Current equity holder in publicly-traded company   e. Current holder of *individual stocks* in a privately-held company   f. Current holder of *stock options* in a privately-held company   g. Divested equity in a private or publicly-traded company in the past 24 months   h. Research Funding   i. Honoraria   j. Patents & Royalties    k. Speakers Bureau   l. Membership on an entity's Board of Directors or advisory committees   m. Other |

**Indicate your compliance with ASH policies and practices by checking each item below:**

|  |  |
| --- | --- |
|  | I have disclosed to the American Society of Hematology all financial relationships with ineligible companies in the biomedical industry. If I am presenting in a venue sponsored by ASH, I will provide this information as a disclosure slide or in written form. |
|  | Any recommendations for patient care must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options. |
|  | All scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation |
|  | If I discuss off-label, unlabeled, experimental, and/or investigational product use, I will disclose to participants/readers that the use is not approved in the United States for the use under discussion. |
|  | If I discuss new and evolving topics for which there is a lower (or absent) evidence base I will clearly identify it as such within the education and individual presentations. |
|  | The presentation of the information with which I am involved will avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning. |
|  | The presentation of the information with which I am involved will exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients. |
|  | The content I am responsible for will only use generic names of products, or if trade names appear, is the use of those trade names will be justified (e.g., product is known more widely for the trade name or the product does not have a generic name). |
|  | The content I am responsible for will be free of logos or other corporate identifiers of healthcare industry companies, specifically those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. |
|  | I will remove all patient identifiers (name, birth date, address, phone number, medical record number, account number, social security number, etc.) from my presentation materials. I will not use identifiable photographs of patients unless I have obtained written permission from the patient. |
|  | If I have been trained or utilized by an ineligible company (commercial interest) or its agent as a speaker (e.g. speakers’ bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity or publication. |
|  | I agree not to accept honoraria or reimbursement, including travel support, from ineligible companies for my role as a chair/moderator/presenter in the accredited portions of this activity. |
|  | I attest that I have read and completed this form myself and, to the best of my ability, provided current and accurate information. I understand that failure to complete this ASH Disclosure Form and comply with all aspects of the ASH COI Policy will disqualify me from participating in the affected activity. In the event that I have a relationship relevant to the content of my presentation, ASH will take steps to mitigate that relationship and will disclose it to the learners. |