

**The Cleveland Clinic Foundation  
Center for Continuing Education  
Faculty Financial Relationship Disclosure**

In compliance with Accreditation Council for Continuing Medical Education's (ACCME) Standards for Commercial Support and CCF's CME Policy 05-01, activity directors and faculty members must disclose information regarding any relevant financial relationships with commercial interests. Please complete the following and return to: **Kara Strittmatter at [kara@umdf.org](mailto:kara@umdf.org) or fax to 412-793-6477.**

**Note: You are required to notify the Center for Continuing Education if there are any changes to this affirmation between now and the planned activity.**

**Date of Disclosure** \_\_\_\_\_

**Name** \_\_\_\_\_

**Title of Activity:** Mitochondrial Medicine 2010, Scottsdale, AZ

**Date of Activity:** June 16-19, 2010

**Signature** \_\_\_\_\_

Will your PRESENTATION, at this CME activity, include the discussion of any applicable health care goods or services (either currently marketed or under development)?

☐ Yes      ☐ No

If "**No**"  **STOP**. Your disclosure form is complete.

If Yes, please continue.

Do you and/or your spouse/partner have any relevant financial relationships\* with any commercial interests\*\*?

☐ Yes      ☐ No

If **No**, **STOP**. Do not answer any further items. If **yes**, please continue on the next page.

*\*Relevant financial relationship*, as defined by the Accreditation Council for Continuing Medical Education (ACCME) is a financial relationship with a commercial interest in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines 'relevant financial relationships' as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

*\*\*Commercial interest*, as defined by ACCME is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

**List below the names of commercial interests producing health care goods or services, with which you and/or your spouse/partner have or have had a relevant financial relationship within the past 12 months.**

**Name of Commercial Interest** \_\_\_\_\_

**What is your relationship with the above commercial interest? (Check all that apply.)**

- ☐ Employment      ☐ Ownership interest (stock, stock options)  
☐ Intellectual Property Rights (royalties or patent sales)  
☐ Consulting      ☐ Teaching and Speaking      ☐ Independent contractor (including contracted research)  
☐ Board Membership      ☐ Membership on advisory committee or review panels      ☐ Partnership  
☐ Other activities (specify) \_\_\_\_\_

**Please indicate in detail how you will resolve a potential conflict of interest. Disclosure alone is insufficient.**

- ☐ My presentation will be fair and balanced.  
☐ My presentation will address classes of drugs.  
☐ Proprietary names will not be used.  
☐ Best available peer review data will be presented.  
☐ Other \_\_\_\_\_
- 

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