

APPENDIX II

American Society of Tropical Medicine and Hygiene

CONTINUING MEDICAL EDUCATION SPEAKER FINANCIAL DISCLOSURE FORM ◀ REQUIRED FOR ALL SPEAKERS

Attention Symposium Organizers:

Please share this disclosure form with all speakers. All accepted symposia will require completed disclosure forms from each speaker.

Speaker disclosure information for accepted symposia will be published and distributed to Annual Meeting attendees

1. FINANCIAL DISCLOSURE

As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), ASTMH must ensure balance, independence, objectivity and scientific rigor in all its individually sponsored or jointly-sponsored educational activities. ACCME requires ASTMH to document that anyone in a position to control the content of an educational activity has disclosed all financial relationships with an ACCME-defined ineligible company. ASTMH must then mitigate relevant financial relationships so as not to affect the content of the presentation.

Please indicate below if you have received, or anticipate receiving, any money, stock or other financial benefit from any ACCME-defined ineligible company (see definition below) between January 1, 2024 and November 22, 2026.

2. DEFINITIONS OF INELIGIBLE COMPANY AND FINANCIAL RELATIONSHIPS

Ineligible Company

The ACCME defines an ineligible company as one whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest or other financial benefit. Individual stocks should be disclosed, diversified mutual funds do not need to be disclosed. Financial benefits are usually associated with roles such as an employee, researcher, 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.

3. FINANCIAL DISCLOSURE STATEMENT

Check a) or b):

- ☐ a) I do not have a financial relationship with any ACCME-defined ineligible companies.
- ☐ b) I have a financial relationship with one or more ACCME-defined ineligible companies. (Indicate the name of the ineligible company for any of the following that apply.)

Salary: _____

Grant/Research Support: _____

Consultant: _____

Owner (Ownership Interest): _____

Stockholder: _____

Speakers Bureau: _____

Other Financial/Material Interest: _____

4. MITIGATION OF FINANCIAL RELATIONSHIPS

If you have a financial relationship with an ineligible company, please indicate the mitigation strategy you will use (check one):

- ☐ a) The financial relationship does not affect the content of my presentation because the content is not related to the products of the ineligible company.
- ☐ b) Limit the content to a report without recommendations. If an individual has been funded by an ineligible company to perform research, the individual's presentation may be limited to the data and results of the research. Someone else can be assigned to address broader implications and recommendations.
- ☐ c) Limit the sources for recommendations. Rather than having a person with a financial relationship present personal recommendations or personally select the evidence to be presented, limit the role of the person to reporting recommendations based on formal structured reviews of the literature with the inclusion and exclusion criteria stated (evidence-based). For example, the individual could present summaries from the systematic reviews of the Cochrane Collaboration.

5. DIRECT PAYMENT FROM AN INELIGIBLE COMPANY

By signing this disclosure form, I confirm that I am not receiving direct payments from an ACCME-defined ineligible company with respect to this activity.

6. CONTENT VALIDATION

I confirm that all the recommendations for patient care in this symposium are 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 symposium in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection, analysis and interpretation. I acknowledge that when discussing unlabeled or investigational uses of a commercial product, these uses must be identified as unlabeled; that the use of generic names of products contributes to impartiality; and that if trade names are used, those of several companies should be used.

7. VERIFICATION

I verify that the information given above is accurate.

Speaker Name: _____

Date: _____

Session Title: _____