UNIVERSITÉ LAVAL | Faculté de médecine
Pédagogia

CONFLICT OF INTEREST DISCLOSURE AND MITIGATION FORM

Before the activity, all resource persons **must disclose** any affiliation with a for-profit or non-profit organization that could give rise to a real or potential conflict of interest that may influence or shape the content of the presentation.

When required, appropriate mitigation measures must be implemented by the scientific committee to ensure that the educational content is objective, transparent, balanced, and free from bias.

Declared affiliations, as well as any applicable mitigation measures, must be disclosed to participants both in writing and verbally before the activity begins.

Resource Person Disclosure

Activity title: _____

Activity date(s): _____

FULL NAME: _____

I am *(check all that apply)*:

☐ Scientific committee member ☐ Organizing committee member ☐ Speaker

☐ Moderator/facilitator ☐ Author ☐ Other: _____

I currently have, or have had within the past two years, one or more affiliations or interests of any kind with a for-profit or non-profit organization

☐ No → *You must complete the **Resource Person Commitment** section on page **2**.*

☐ Yes → *You **must** complete the following sections as well as the section on page **2**.*

AFFILIATIONS

	Type(s) of affiliation	Organization(s)
☐ Direct payment of honoraria:		
☐ Participation on advisory boards:		
☐ Funding of grants or clinical trials:		
☐ Patents on a drug, product, or device:		
☐ Any other relationship:		
☐ Other (e.g., department head, board member):		

Please attach an additional document if needed.

REAL OR POTENTIAL CONFLICTS OF INTEREST AND SUGGESTED MITIGATION MEASURES

With respect to the affiliation(s) identified above, I believe that they could affect educational independence:

☐ No

☐ Yes* → *Please explain*: _____

*I suggest the following mitigation measures *(you may consult the examples of strategies provided on page **2**)*:

Examples of mitigation strategies

Adapted from the Guide des meilleures pratiques sur la gestion des biais et des conflits d'intérêts dans les activités de DPC

For a resource person with a **real conflict of interest**:

- Present evidence or the best available data on the topic rather than relying solely on expert recommendations;
- Obtain an external review of the content (e.g., have the presentation peer-reviewed before the activity).

For a resource person **with potential conflicts of interest or perspectives that could introduce bias:**

- Assign to a third party the portions of the activity content that do not place that person in a conflict of interest;
- Have presentations peer-reviewed;
- Present evidence or the best available data rather than expert recommendations;
- Present several treatment alternatives rather than a single recommendation.

Resource Person Commitment

☐ I agree to:

- Inform, *if this situation applies to my role*, the audience of any off-label use of medications that has not been approved by regulatory authorities (e.g., off-label use);
- Use, *if this situation applies to my role*, generic names (or both generic and brand names) when describing therapeutic options, without giving exclusivity to or promoting a brand. If no generic name exists, use brand names consistently;
- Disclose to participants, both verbally and in writing, any relationship of interest that I consider relevant to this activity and, here significant affiliation(s) or interests exist, inform participants of the strategy or strategies used to mitigate these real or potential conflicts of interest.

☐ I acknowledge that the information above is accurate and understand that it will be made public.

☐ I acknowledge that this commitment, submitted electronically, although it does not bear a handwritten or physical signature, constitutes a firm, final, and legally binding confirmation of my full and unconditional agreement to all the terms set forth above, for a period of 12 months, corresponding to the validity period of the form.

Date : _____

For Scientific Committee Use Only

This form was reviewed by _____ Date: _____

Mitigation measures:

☐ None required

☐ The measures proposed by the resource person are appropriate

☐ The following measures are suggested

- ○ as an **alternative** to the measures proposed by the resource person:
- ○ in **addition** to the measures proposed by the resource person: