



Disclosure of Potential Conflict of Interest

The Canadian Cardiovascular Society (CCS) strives to enrich the sharing of best practices through the delivery of unbiased research findings. To this end, the CCS is committed to ensuring balance, independence, objectivity, and scientific rigor in the presentation of research, publications and educational activities within all educational programs.

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First Name:		Last Name	
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Title of Educational Program:			
Date of Program:		Location of Program:	

Please check one:

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Relevant Disclosure Relationships

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☐ None

- | | |
|--|---|
| <input type="checkbox"/> Abbott Vascular | <input type="checkbox"/> Amgen |
| <input type="checkbox"/> AstraZeneca | <input type="checkbox"/> Bayer |
| <input type="checkbox"/> Boehringer Ingelheim | <input type="checkbox"/> Boston Scientific |
| <input type="checkbox"/> BMS/Pfizer Alliance | <input type="checkbox"/> Bristol-Myers Squibb |
| <input type="checkbox"/> Edwards Lifesciences | <input type="checkbox"/> Eli Lilly |
| <input type="checkbox"/> GlaxoSmithKline | <input type="checkbox"/> Johnson & Johnson |
| <input type="checkbox"/> Medtronic | <input type="checkbox"/> Merck |
| <input type="checkbox"/> Novartis | <input type="checkbox"/> Otsuka |
| <input type="checkbox"/> Pfizer | <input type="checkbox"/> Roche |
| <input type="checkbox"/> Sanofi | <input type="checkbox"/> Schering Plough |
| <input type="checkbox"/> Servier | <input type="checkbox"/> St. Jude Medical |
| <input type="checkbox"/> Other, please specify | |

Clinical Trials: *Participating in a clinical trial sponsored by a commercial organization that may have a direct or indirect connection to the content of my presentation.*

☐ **None**

☐ Abbott Vascular

☐ AstraZeneca

☐ Boehringer Ingelheim

☐ BMS/Pfizer Alliance

☐ Edwards Lifesciences

☐ GlaxoSmithKline

☐ Medtronic

☐ Novartis

☐ Pfizer

☐ Sanofi

☐ Servier

☐ Other, please specify

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☐ Boston Scientific

☐ Bristol-Myers Squibb

☐ Eli Lilly

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☐ Otsuka

☐ Roche

☐ Schering Plough

☐ St. Jude Medical

Officer, Director, or in Any Other Fiduciary Role: *Whether or not remuneration is received for service.*

☐ None

☐ Yes, please specify the company/organization: _____

Ownership/Partnership/Principal: *Excluding mutual diversified funds*

☐ None

☐ Yes, please specify the company/organization: _____

Intellectual Property Rights: *Includes patent or other intellectual property in a for-profit corporation*

☐ None

☐ Yes, please specify the company/organization: _____

Other Financial Benefit

☐ None

☐ Yes, please specify the company/organization: _____

I acknowledge that the above information is accurate and that the content developed/presented is valid, objective, balanced and clinically relevant for physicians

☐ Yes

☐ No

Date _____

Signature _____

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First Name:	Matthew	Last Name	Bennett
Email:	Matthew.Bennett@VCH.CA		
Title of Educational Program:	CCC 2019 Scientific Program		
Date of Program:	October 24-27, 2019	Location of Program:	Palais des congrès de Montréal

Please check one:

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☒

None

☐

Abbott Vascular

☐

AstraZeneca

☐

Boehringer Ingelheim

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BMS/Pfizer Alliance

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Edwards Lifesciences

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GlaxoSmithKline

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Medtronic

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Novartis

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Pfizer

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Sanofi

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Servier

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Other, please specify

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Amgen

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Bayer

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Boston Scientific

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Bristol-Myers Squibb

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Eli Lilly

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Johnson & Johnson

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Merck

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Schering Plough

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Pfizer

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Bayer

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Eli Lilly

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Johnson & Johnson

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Merck

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Otsuka

☐

Roche

☐

Schering Plough

☒

St. Jude Medical

/ Abbot

Milestone Pharmaceutical

Officer, Director, or in Any Other Fiduciary Role: Whether or not remuneration is received for service.

☒

None

☐

Yes, please specify the company/organization:

Ownership/Partnership/Principal: Excluding mutual diversified funds

☒

None

☐

Yes, please specify the company/organization:

Intellectual Property Rights: Includes patent or other intellectual property in a for-profit corporation

☐

None

☐

Yes, please specify the company/organization:

Other Financial Benefit

☒

None

☐

Yes, please specify the company/organization:

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☒

Yes

☐

No

Date

June 5, 2019

Signature





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| <input type="checkbox"/> Other, please specify | |

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Ownership/Partnership/Principal: *Excluding mutual diversified funds*

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☐ No

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**Canadian Cardiovascular
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Leadership. Knowledge. Community.

**Société canadienne
de cardiologie**

Communauté. Connaissances. Leadership.

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Email:	schih@ottawaheart.ca		
Title of Educational Program:	CCC 2019 Scientific Program		
Date of Program:	October 24-27, 2019	Location of Program:	Palais des congrès de Montréal

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Other Financial Benefit

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Abbott: Cardiomems training course Nov 2017
Abbott: Impella training course Sep 2018
Abbott: VAD/MCS update May 2018

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☒ Yes

☐ No

Date 6-Jun-2019

Signature





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First Name:	Chi-Ming	Last Name	Chow
Email:			
Title of Educational Program:	CCC 2019 Scientific Program		
Date of Program:	October 24-27, 2019	Location of Program:	Palais des congrès de Montréal

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☒ Yes, please specify the company/organization:

USquaresoft Inc. Medsquare Inc.
Cardiosquare Inc

Ownership/Partnership/Principal: *Excluding mutual diversified funds*

☒ None

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☒ Yes

☐ No

Date May 29, 2019

Signature

J Chow



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First Name:	Connelly	Last Name	Kim
Email:	kim.connelly@unityhealth.to		
Title of Educational Program:	CCC 2020 Scientific Program		
Date of Program:	October 2020	Location of Program:	Virtual

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☐ None

- | | |
|---|---|
| <p><input checked="" type="checkbox"/> Abbott Vascular</p> <p><input checked="" type="checkbox"/> AstraZeneca</p> <p><input checked="" type="checkbox"/> Boehringer Ingelheim</p> <p><input type="checkbox"/> BMS/Pfizer Alliance</p> <p><input type="checkbox"/> Edwards Lifesciences</p> <p><input type="checkbox"/> GlaxoSmithKline</p> <p><input type="checkbox"/> Medtronic</p> <p><input type="checkbox"/> Novartis</p> <p><input type="checkbox"/> Pfizer</p> <p><input checked="" type="checkbox"/> Sanofi</p> <p><input checked="" type="checkbox"/> Servier</p> <p><input type="checkbox"/> Other, please specify </p> | <p><input type="checkbox"/> Amgen</p> <p><input type="checkbox"/> Bayer</p> <p><input type="checkbox"/> Boston Scientific</p> <p><input type="checkbox"/> Bristol-Myers Squibb</p> <p><input checked="" type="checkbox"/> Eli Lilly</p> <p><input type="checkbox"/> Johnson & Johnson</p> <p><input type="checkbox"/> Merck</p> <p><input type="checkbox"/> Otsuka</p> <p><input type="checkbox"/> Roche</p> <p><input type="checkbox"/> Schering Plough</p> <p><input type="checkbox"/> St. Jude Medical</p> |
|---|---|

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☐ None



Abbott Vascular



AstraZeneca



Boehringer Ingelheim



BMS/Pfizer Alliance



Edwards Lifesciences



GlaxoSmithKline



Medtronic



Novartis



Pfizer



Sanofi



Servier



Other, please specify



Amgen



Bayer



Boston Scientific



Bristol-Myers Squibb



Eli Lilly



Johnson & Johnson



Merck



Otsuka



Roche



Schering Plough



St. Jude Medical

Officer, Director, or in Any Other Fiduciary Role: *Whether or not remuneration is received for service.*



None



Yes, please specify the company/organization:

Ownership/Partnership/Principal: *Excluding mutual diversified funds*



None



Yes, please specify the company/organization:

Intellectual Property Rights: *Includes patent or other intellectual property in a for-profit corporation*



None



Yes, please specify the company/organization:

Other Financial Benefit



None



Yes, please specify the company/organization:

I acknowledge that the above information is accurate and that the content developed/presented is valid, objective, balanced and clinically relevant for physicians



Yes



No

Date May 12, 2020

Signature

K Connelly

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First Name:	Frédéric	Last Name	Dallaire
Email:	frederic.a.dallaire@usherbrooke.ca		
Title of Educational Program:	CCC 2019 Scientific Program		
Date of Program:	October 24-27, 2019	Location of Program:	Palais des congrès de Montréal

Please check one:

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☒

None

☐

Abbott Vascular

☐

AstraZeneca

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Boehringer Ingelheim

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BMS/Pfizer Alliance

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Edwards Lifesciences

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GlaxoSmithKline

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☒ None

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Other Financial Benefit

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☐ Yes, please specify the company/organization: _____

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☒ Yes

☐ No

Date 29-5-2019

Signature





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| <input type="checkbox"/> Servier | <input type="checkbox"/> St. Jude Medical |
| <input type="checkbox"/> Other, please specify | |

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Other Financial Benefit

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☐ Yes

☐ No

Date _____

Signature _____

Santokh Dhillon





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| <input type="checkbox"/> Sanofi | <input type="checkbox"/> Schering Plough |
| <input type="checkbox"/> Servier | <input type="checkbox"/> St. Jude Medical |
| <input type="checkbox"/> Other, please specify Akcea | |

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Other Financial Benefit

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| <input type="checkbox"/> Pfizer | <input type="checkbox"/> Roche |
| <input type="checkbox"/> Sanofi | <input type="checkbox"/> Schering Plough |
| <input type="checkbox"/> Servier | <input type="checkbox"/> St. Jude Medical |
| <input type="checkbox"/> Other, please specify | |

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Email:	kenneth.gin@vch.ca		
Title of Educational Program:	CCC 2019 Scientific Program		
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AstraZeneca

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Boehringer Ingelheim

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Edwards Lifesciences

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GlaxoSmithKline

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Medtronic

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Novartis

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Pfizer

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Sanofi

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Servier

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Other, please specify

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Amgen

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Bayer

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Boston Scientific

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Date June 5/2019

Signature 



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First Name:		Last Name	
Email:			
Title of Educational Program:			
Date of Program:		Location of Program:	

Please check one:

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☐ None

- | | |
|--|---|
| <input type="checkbox"/> Abbott Vascular | <input type="checkbox"/> Amgen |
| <input type="checkbox"/> AstraZeneca | <input type="checkbox"/> Bayer |
| <input type="checkbox"/> Boehringer Ingelheim | <input type="checkbox"/> Boston Scientific |
| <input type="checkbox"/> BMS/Pfizer Alliance | <input type="checkbox"/> Bristol-Myers Squibb |
| <input type="checkbox"/> Edwards Lifesciences | <input type="checkbox"/> Eli Lilly |
| <input type="checkbox"/> GlaxoSmithKline | <input type="checkbox"/> Johnson & Johnson |
| <input type="checkbox"/> Medtronic | <input type="checkbox"/> Merck |
| <input type="checkbox"/> Novartis | <input type="checkbox"/> Otsuka |
| <input type="checkbox"/> Pfizer | <input type="checkbox"/> Roche |
| <input type="checkbox"/> Sanofi | <input type="checkbox"/> Schering Plough |
| <input type="checkbox"/> Servier | <input type="checkbox"/> St. Jude Medical |
| <input type="checkbox"/> Other, please specify | |

Clinical Trials: *Participating in a clinical trial sponsored by a commercial organization that may have a direct or indirect connection to the content of my presentation.*

☐ None

☐ Abbott Vascular

☐ AstraZeneca

☐ Boehringer Ingelheim

☐ BMS/Pfizer Alliance

☐ Edwards Lifesciences

☐ GlaxoSmithKline

☐ Medtronic

☐ Novartis

☐ Pfizer

☐ Sanofi

☐ Servier

☐ Other, please specify

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☐ Bayer

☐ Boston Scientific

☐ Bristol-Myers Squibb

☐ Eli Lilly

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☐ Otsuka

☐ Roche

☐ Schering Plough

☐ St. Jude Medical

Officer, Director, or in Any Other Fiduciary Role: *Whether or not remuneration is received for service.*

☐ None

☐ Yes, please specify the company/organization: _____

Ownership/Partnership/Principal: *Excluding mutual diversified funds*

☐ None

☐ Yes, please specify the company/organization: _____

Intellectual Property Rights: *Includes patent or other intellectual property in a for-profit corporation*

☐ None

☐ Yes, please specify the company/organization: _____

Other Financial Benefit

☐ None

☐ Yes, please specify the company/organization: _____

I acknowledge that the above information is accurate and that the content developed/presented is valid, objective, balanced and clinically relevant for physicians

☐ Yes

☐ No

Date _____

Signature Christine Henri



**Canadian Cardiovascular
Society**

Leadership. Knowledge. Community.

**Société canadienne
de cardiologie**

Communauté. Connaissances. Leadership.

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First Name:	SIMON	Last Name:	JACKSON
Email:	SIMON.JACKSON@NSHEALTH.CA		
Title of Educational Program:	CCC 2019 Scientific Program		
Date of Program:	October 24-27, 2019	Location of Program:	Palais des congrès de Montréal

Please check one:

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☐ None

- ☐ Abbott Vascular
- ☐ AstraZeneca
- ☐ Boehringer Ingelheim
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- ☐ GlaxoSmithKline
- ☐ Medtronic
- ☐ Novartis
- ☐ Pfizer
- ☐ Sanofi
- ☐ Servier

- ☐ Amgen
- ☒ Bayer
- ☐ Boston Scientific
- ☐ Bristol-Myers Squibb
- ☐ Eli Lilly
- ☐ Johnson & Johnson
- ☐ Merck
- ☐ Otsuka
- ☐ Roche
- ☐ Schering Plough
- ☐ St. Jude Medical

☒ Other, please specify

Janssen Inc

Clinical Trials: *Participating in a clinical trial sponsored by a commercial organization that may have a direct or indirect connection to the content of my presentation.*

☒ None

☐ Abbott Vascular
☐ AstraZeneca
☐ Boehringer Ingelheim
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☐ Edwards Lifesciences
☐ GlaxoSmithKline
☐ Medtronic
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Officer, Director, or in Any Other Fiduciary Role: *Whether or not remuneration is received for service.*

☒ None

☐ Yes, please specify the company/organization: _____

Ownership/Partnership/Principal: *Excluding mutual diversified funds*

☒ None

☐ Yes, please specify the company/organization: _____

Intellectual Property Rights: *Includes patent or other intellectual property in a for-profit corporation*

☒ None

☐ Yes, please specify the company/organization: _____

Other Financial Benefit

☒ None


☐ Yes, please specify the company/organization: _____

I acknowledge that the above information is accurate and that the content developed/presented is valid, objective, balanced and clinically relevant for physicians

☒ Yes

☐ No

Date May 29/19

Signature 



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First Name:	LOAN	Last Name	LARABEE
Email:			
Title of Educational Program:	CCC 2020 Scientific Program		
Date of Program:	October 2020	Location of Program:	Virtual

Please check one:

☒

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None

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Abbott Vascular

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AstraZeneca

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Other, please specify

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Amgen

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Bayer

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Boston Scientific

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Bristol-Myers Squibb

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Eli Lilly

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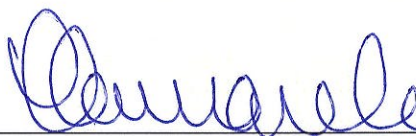
☒ Yes

☐ No

Date

20/5/13

Signature





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| <input type="checkbox"/> Servier | <input type="checkbox"/> St. Jude Medical |
| <input type="checkbox"/> Other, please specify | |

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Other Financial Benefit

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Date _____

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| <input type="checkbox"/> Pfizer | <input type="checkbox"/> Roche |
| <input type="checkbox"/> Sanofi | <input type="checkbox"/> Schering Plough |
| <input type="checkbox"/> Servier | <input type="checkbox"/> St. Jude Medical |
| <input type="checkbox"/> Other, please specify | |

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☐ None

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Other Financial Benefit

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First Name:	Ian	Last Name	Paterson
Email:	ip3@ualberta.ca		
Title of Educational Program:	CCC 2020 Scientific Program		
Date of Program:	October 2020	Location of Program:	Virtual

Please check one:

- ☐ I do not have an affiliation (financial or otherwise) with a commercial organization within the previous two (2) years that may have a direct or indirect connection to the content of this presentation.
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☐ None

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<input type="checkbox"/> Edwards Lifesciences	<input type="checkbox"/> Eli Lilly
<input type="checkbox"/> GlaxoSmithKline	<input type="checkbox"/> Johnson & Johnson
<input type="checkbox"/> Medtronic	<input type="checkbox"/> Merck
<input type="checkbox"/> Novartis	<input type="checkbox"/> Otsuka
<input checked="" type="checkbox"/> Pfizer	<input type="checkbox"/> Roche
<input type="checkbox"/> Sanofi	<input type="checkbox"/> Schering Plough
<input type="checkbox"/> Servier	<input type="checkbox"/> St. Jude Medical
<input checked="" type="checkbox"/> Other, please specify	

Alnylam, Akcea

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☒ None

☐

Abbott Vascular

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AstraZeneca

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Boehringer Ingelheim

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BMS/Pfizer Alliance

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Bristol-Myers Squibb

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Eli Lilly

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Johnson & Johnson

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Roche

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Schering Plough

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St. Jude Medical

Officer, Director, or in Any Other Fiduciary Role: *Whether or not remuneration is received for service.*

☒

None

☐

Yes, please specify the company/organization:

Ownership/Partnership/Principal: *Excluding mutual diversified funds*

☒

None

☐

Yes, please specify the company/organization:

Intellectual Property Rights: *Includes patent or other intellectual property in a for-profit corporation*

☒

None

☐

Yes, please specify the company/organization:

Other Financial Benefit

☒

None

☐

Yes, please specify the company/organization:

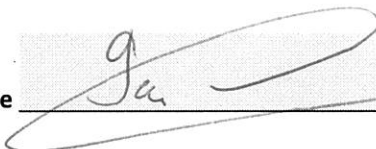
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☒ Yes

☐ No

Date June 8, 2020

Signature



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First Name:	Karen	Last Name	Schaus
Email:	schaus@nb.sympatico.ca		
Title of Educational Program:	CCC 2020 Scientific Program		
Date of Program:	October 2020	Location of Program:	Virtual

Please check one:

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☐

St. Jude Medical

Clinical Trials: *Participating in a clinical trial sponsored by a commercial organization that may have a direct or indirect connection to the content of my presentation.*



None

☐

Abbott Vascular

☐

AstraZeneca

☐

Boehringer Ingelheim

☐

BMS/Pfizer Alliance

☐

Edwards Lifesciences

☐

GlaxoSmithKline

☐

Medtronic

☐

Novartis

☐

Pfizer

☐

Sanofi

☐

Servier

☐

Other, please specify

☐

Amgen

☐

Bayer

☐

Boston Scientific

☐

Bristol-Myers Squibb

☐

Eli Lilly

☐

Johnson & Johnson

☐

Merck

☐

Otsuka

☐

Roche

☐

Schering Plough

☐

St. Jude Medical

Officer, Director, or in Any Other Fiduciary Role: *Whether or not remuneration is received for service.*



None

☐

Yes, please specify the company/organization:

Ownership/Partnership/Principal: *Excluding mutual diversified funds*



None

☐

Yes, please specify the company/organization:

Intellectual Property Rights: *Includes patent or other intellectual property in a for-profit corporation*



None

☐

Yes, please specify the company/organization:

Other Financial Benefit



None

☐

Yes, please specify the company/organization:

I acknowledge that the above information is accurate and that the content developed/presented is valid, objective, balanced and clinically relevant for physicians



Yes

☐

No

Date June 1/2020

Signature 



Disclosure of Potential Conflict of Interest

The Canadian Cardiovascular Society (CCS) strives to enrich the sharing of best practices through the delivery of unbiased research findings. To this end, the CCS is committed to ensuring balance, independence, objectivity, and scientific rigor in the presentation of research, publications and educational activities within all educational programs.

A Conflict of Interest may occur in situations where personal and professional interest of individuals may have actual, potential or apparent influence over their judgment.

All financial or 'in kind' relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years must be disclosed.

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In addition to completing this form, disclosures must be done verbally, displayed in writing on a slide at the beginning of a presentation or included in written materials.

Completed forms will be kept at the CCS office for 3 years following publication of the document.

Disclosure of Potential Conflict of Interest Form

To return the completed form, please save it as an attachment and email to congress@ccs.ca

All presenters and planning committee members must complete this form and submit to the CCS.

First Name:		Last Name	
Email:			
Title of Educational Program:			
Date of Program:		Location of Program:	

Please check one:

- ☐ I do not have an affiliation (financial or otherwise) with a commercial organization within the previous two (2) years that may have a direct or indirect connection to the content of this presentation.
- ☐ I have/had an affiliation (financial or otherwise) with a commercial organization within the previous two (2) years that may have a direct or indirect connection to the content of this presentation. If you check this one, please provide details in the next question.

Relevant Disclosure Relationships

Consulting Fees/Honoraria: *Including honoraria from a third party, gifts or other consideration, or "in kind" compensation, whether for consulting, lecturing, travel, service on an advisory board, legal testimony or consultation or for any other similar purpose in the prior two calendar years.*

☐ None

- | | |
|--|---|
| <input type="checkbox"/> Abbott Vascular | <input type="checkbox"/> Amgen |
| <input type="checkbox"/> AstraZeneca | <input type="checkbox"/> Bayer |
| <input type="checkbox"/> Boehringer Ingelheim | <input type="checkbox"/> Boston Scientific |
| <input type="checkbox"/> BMS/Pfizer Alliance | <input type="checkbox"/> Bristol-Myers Squibb |
| <input type="checkbox"/> Edwards Lifesciences | <input type="checkbox"/> Eli Lilly |
| <input type="checkbox"/> GlaxoSmithKline | <input type="checkbox"/> Johnson & Johnson |
| <input type="checkbox"/> Medtronic | <input type="checkbox"/> Merck |
| <input type="checkbox"/> Novartis | <input type="checkbox"/> Otsuka |
| <input type="checkbox"/> Pfizer | <input type="checkbox"/> Roche |
| <input type="checkbox"/> Sanofi | <input type="checkbox"/> Schering Plough |
| <input type="checkbox"/> Servier | <input type="checkbox"/> St. Jude Medical |
| <input type="checkbox"/> Other, please specify | |

Clinical Trials: *Participating in a clinical trial sponsored by a commercial organization that may have a direct or indirect connection to the content of my presentation.*

☐ **None**

☐ Abbott Vascular

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☐ Otsuka

☐ Roche

☐ Schering Plough

☐ St. Jude Medical

Officer, Director, or in Any Other Fiduciary Role: *Whether or not remuneration is received for service.*

☐ None

☐ Yes, please specify the company/organization: _____

Ownership/Partnership/Principal: *Excluding mutual diversified funds*

☐ None

☐ Yes, please specify the company/organization: _____

Intellectual Property Rights: *Includes patent or other intellectual property in a for-profit corporation*

☐ None

☐ Yes, please specify the company/organization: _____

Other Financial Benefit

☐ None

☐ Yes, please specify the company/organization: _____

I acknowledge that the above information is accurate and that the content developed/presented is valid, objective, balanced and clinically relevant for physicians

☐ Yes

☐ No

Date _____

Signature _____



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☐ None

- | | |
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| <input type="checkbox"/> Pfizer | <input type="checkbox"/> Roche |
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| <input type="checkbox"/> Servier | <input type="checkbox"/> St. Jude Medical |
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☐ None

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Intellectual Property Rights: *Includes patent or other intellectual property in a for-profit corporation*

☐ None

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Other Financial Benefit

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| <input type="checkbox"/> Pfizer | <input type="checkbox"/> Roche |
| <input type="checkbox"/> Sanofi | <input type="checkbox"/> Schering Plough |
| <input type="checkbox"/> Servier | <input type="checkbox"/> St. Jude Medical |
| <input type="checkbox"/> Other, please specify | |

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☐ None

☐ Yes, please specify the company/organization: _____

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☐ None

☐ Yes, please specify the company/organization: _____

Intellectual Property Rights: *Includes patent or other intellectual property in a for-profit corporation*

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☐ Yes, please specify the company/organization: _____

Other Financial Benefit

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☐ Yes

☐ No

Date _____

Signature _____



Canadian Cardiovascular Society

Leadership. Knowledge. Community.

CANADIAN CARDIOVASCULAR SOCIETY

CONFLICT OF INTEREST DISCLOSURE/VESTED INTEREST FORM 2020

The Canadian Cardiovascular Society is a member-based organization that values the participation and contributions of its Council members, committee members and employees. The CCS acknowledges the diverse background of the individuals involved and recognizes that potential Conflicts of Interest might arise. Disclosure is widely recognized as the fundamental element in managing conflict of interest. CCS Council, committee members and employees are asked to complete the conflict of interest form once per year. The form will be held at the CCS office for the following 12 months.

Name: _____

Please check one:

- ☐ I do **not** currently have, nor have had within the past two (2) years, an affiliation (financial or otherwise) with a commercial or not-for-profit organization within the previous two (2) years that may have a direct or indirect connection to my role at the CCS.
- ☐ I have/had an affiliation (financial or otherwise) with a commercial or not-for-profit organization within the previous two (2) years that may have a direct or indirect connection to my role at the CCS. If you check this one, please provide details in the next question.

Relevant Disclosure Relationships

- 1. Compensation/Consulting Fees/Honoraria:** *Including honoraria from a third party, gifts or other consideration, or "in kind" compensation, whether for consulting, lecturing, travel, service on an advisory board, legal testimony, grants, sponsorship or consultation or for any other similar purpose in the prior two (2) calendar years.*

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> AstraZeneca |
| <input type="checkbox"/> Abbott Vascular | <input type="checkbox"/> Boehringer Ingelheim |
| <input type="checkbox"/> Bayer | <input type="checkbox"/> Bristol-Myers Squibb |
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| <input type="checkbox"/> Novartis | <input type="checkbox"/> Sanofi-Aventis |
| <input type="checkbox"/> Roche | <input type="checkbox"/> Servier |
| <input type="checkbox"/> Schering Plough | |
| <input type="checkbox"/> St. Jude Medical | |

Other, please specify: _____

2. Officer, Director, or in any Other Fiduciary Role: *Whether or not remuneration is received for service.*

☐ None ☐ Yes, please specify the company/organization: _____

3. Clinical Trials: *Participating in a clinical trial sponsored by a commercial organization that may have a direct or indirect connection to the content of my presentation.*

<input type="checkbox"/> None	<input type="checkbox"/> AstraZeneca
<input type="checkbox"/> Abbott Vascular	<input type="checkbox"/> Boehringer Ingelheim
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<input type="checkbox"/> St. Jude Medical	

4. Ownership/Partnership/Principal: *Excluding mutual diversified funds*

☐ None ☐ Yes, please specify the company/organization: _____

5. Intellectual Property Rights: *Includes patent or other intellectual property in a for-profit corporation*

☐ None ☐ Yes, please specify the company/organization: _____

6. Other Financial Benefit

☐ None ☐ Yes, please specify the company/organization: _____

I acknowledge that the above information is accurate:

☐ Yes ☐ No

Signature: _____

Date: _____