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Title of Educational Program:		
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	Medtronic	Merck
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	Other, please specify	

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	Edwards Lifesciences		Eli Lilly
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Other	Financial Benefit None		
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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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Boehringer Ingelheim	Boston Scientific
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GlaxoSmithKline	Johnson & Johnson
Medtronic	Merck
Novartis	Otsuka
Pfizer	Roche
Sanofi	Schering Plough
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Signature ____

Date

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	Servier	St. Jude Medical
	Other, please specify	

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Other	Financial Benefit None			
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First Name:	Sharon	Last Name	Chih
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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	Novartis Pfizer Sanofi Servier Other, please specify		Otsuka Roche Schering Plough St. Jude Medical			
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Email:				
Title of Educational Program:	CCC 2019 Scientific Program	en ante de la compañía	Salar - Sa	
Date of Program:	October 24-27, 2019	Location of Program:	Palais des congrès de Montréal	

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	Sanofi		Schering Plough		
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	Other, please specify				

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	Yes, please specify the company/organization:	

Other Financial Benefit

None

\checkmark	

Yes, please specify the company/organization:

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May 29, 2019

Date_

Signature

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

Please check one:



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	BMS/Pfizer Alliance		Bristol-Myers Squibb	
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Date	May 12, 2020 Signature	KC	innelly	
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First Name:	Frédéric		Last Name	Dallaire		
Email:	frederic.a.dallaire@ush	frederic.a.dallaire@usherbrooke.ca				
Title of Educational Program:	CCC 2019 Scientific Pro	ogram				
Date of Program:	October 24-27, 2019		Location of Program:	Palais des congrès de Montréal		

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Date	29-5-2019	Signature	<u>(h)</u>	



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	Pfizer	Roche
	Sanofi	Schering Plough
	Servier	St. Jude Medical
	Other, please specify	

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	Other, please specify		
	r, Director, or in Any Other Fiduciary Role: W None Yes, please specify the company/organization: rship/Partnership/Principal: Excluding mutual d		
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Intelle	Ctual Property Rights : <i>Includes patent or other in</i> None Yes, please specify the company/organization:	tellectual	property in a for-profit corporation
Other	Financial Benefit		
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Date	Signature	Santokh Dh	illon And Amer



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Other	Financial Benefit None		
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	Other, please specify					
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Date	Signature					

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First Name:	Ken	Last Name	Gin		
Email:	kenneth.gin@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		

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X	AstraZeneca		Bayer
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Other Financial Benefit

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Date	Signature	Christ	ine Henri		

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Email:	SIMON. 10	KSON (2 M	vshoath, cc		
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Date of Program:	October 24-27, 2019	Location of Program:	Palais des congrès de Montréal		

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None

None

None

None

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Ownership/Partnership/Principal: Excluding mutual diversified funds

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Other, Financial Benefit

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nte_____May 29/19 Date

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Email:			
Title of Educational Program:	CCC 2020 Scientific Program		
Date of Program:	October 2020	Location of Program:	Virtual

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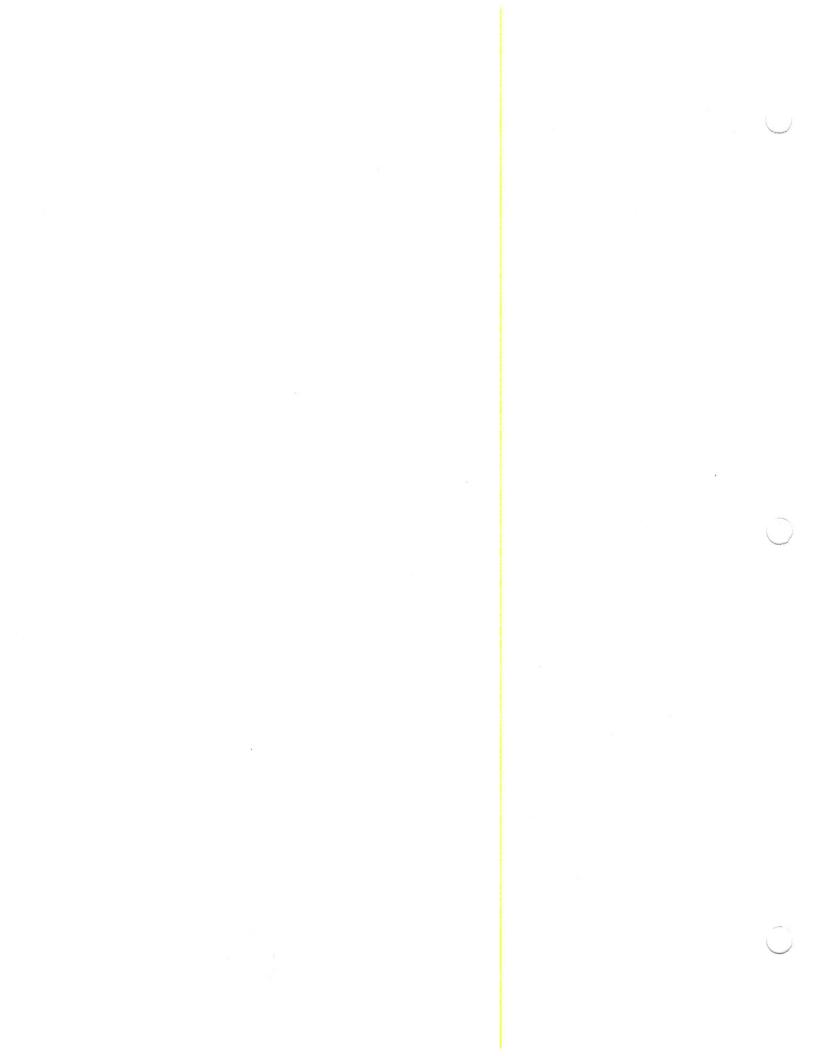
Y	None		
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Date	Signature		



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Title of Educational Program:		
Date of Program:	Location of Program:	

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Relevant Disclosure Relationships

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

🗌 No	one		
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	Novartis		Otsuka
	Pfizer		Roche
	Sanofi		Schering Plough
	Servier		St. Jude Medical
	Other, please specify		
	None Yes, please specify the company/organization: rship/Partnership/Principal: Excluding mutual of None Yes, please specify the company/organization: ectual Property Rights: Includes patent or other in None Yes, please specify the company/organization:		
Other	Financial Benefit None		
	Yes, please specify the company/organization:		
	wledge that the above information is accurate and t ed and clinically relevant for physicians	hat the co	ontent developed/presented is valid, objective,
🗌 Yes	No		
Date	Signature		

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First Name:	lan	Last Name	Paterson	
Email:	1p32 yalber	-ta.cg		******
Title of Educational Program:	CCC 2020 Scientific Progra			
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.

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.

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V N	one		
	Abbott Vascular		Amgen
	AstraZeneca		Bayer
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	Medtronic		Merck
	Novartis		Otsuka
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	Sanofi		Schering Plough
	Servier		St. Jude Medical
	Other, please specify		
Office	r, Director, or in Any Other Fiduciary Role None Yes, please specify the company/organization:	e: Whether o	r not remuneration is received for service.
Owne	rship/Partnership/Principal: Excluding mutu None	al diversified	funds
	Yes, please specify the company/organization:		
Intelle	ectual Property Rights : <i>Includes patent or othe</i> None Yes, please specify the company/organization:	er intellectua	roperty in a for-profit corporation
Other	Financial Benefit None		
	Yes, please specify the company/organization:		
	wledge that the above information is accurate an ed and clinically relevant for physicians	d that the co	ontent developed/presented is valid, objective,

Ves No	
June 8, 2020 Date	Signature Sa
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First Name:	Karen	Last Name	Schaus
Email:	schaus@nb.sympatico.ca		Contraction of the second second
Title of Educational Program:	CCC 2020 Scientific Program		
Date of Program:	October 2020	Location of Program:	Virtual

Please check one:

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Other, please specify	

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Ownership/Partnership/Principal: Excluding mutual diversified funds

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

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None

None

None

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Other Financial Benefit

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June 1/2020 Date	Signature Landchaus	Same?



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	Yes, please specify the company/organization:		
Other	Financial Benefit		
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Othor			
	Financial Benefit None		
	Yes, please specify the company/organization:		
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🗌 Yes	No		
Date	Signature		



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:

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I do <u>not</u> 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.

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Bayer		Boehringer Ingelheim
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GlaxoSmithKline		Johnson & Johnson
Medtronic		Merck
Novartis		Pfizer
Roche		Sanofi-Aventis
Schering Plough		Servier
St. Jude Medical	Other,	please specify:

2.	Officer, Director, or in an	v Other Fiduciar	v Role : Whether or not	t remuneration is received	l for service.

Yes, please specify the company/organization: ______

None

		None				
		Abbott Vascular				AstraZeneca
		Bayer				Boehringer Ingelheim
		Boston Scientific				Bristol-Myers Squibb
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		Medtronic				Merck
		Novartis				Pfizer
		Roche				Sanofi-Aventis
		Schering Plough				Servier
		St. Jude Medical			Other,	please specify:
4.	Owners	hip/Partnership/I	vrincipal: Excl	uding mutual	diversifi	ed funds
		None	Yes, pleas	se specify the	compan	y/organization:
5.	Intellec	tual Property Righ				tual property in a for-profit corporation
		None	Yes, pleas	se specify the	compan	y/organization:
6.	Other F	inancial Benefit	_			
		None	Yes, pleas	se specify the	compan	y/organization:
I acknow	wledge tl	hat the above info	_	curate:		
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