

Sage Evidence-based Medicine & Practice Institute’s Disclosure of Conflict of Interest Form

For Multidisciplinary Team Members for Development of Appropriate Use Criteria (AUC)

The purpose of this form is to provide transparency and avoid the possibility of actual or perceived conflicts of interest for multidisciplinary team members who may contribute to the development of any Appropriate Use Criteria (AUC).

Please answer each question in detail. Any questions marked with an asterisk (*) are required fields.

Prefix	
First Name*	
Middle Name	
Last Name*	
Suffix	
Primary Phone*	
Email*	
Company or Clinic Name*	
Job Title*	
Job Description of Responsibilities*	
Multidisciplinary Team AUC Development*	
GRANTS	
Currently or in the last five (5) years, have you, your spouse or child(ren) received grants related to the clinical topic(s) and/or imaging for any Appropriate Use Criteria (AUC) developed by Sage Evidence-based Medicine & Practice Institute (SEMPI)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , please list the name of the organization(s), nature of the relationship, date(s) of partnership and total amount of funds received for each activity.	
Organization	
Relationship	
Dates of Grant	
Subject Matter of Grant	
Total Funds Received	
Comments	
RESEARCH SUPPORT	
Currently or in the last five (5) years, have you, your spouse or your child(ren) received research money or other support related to the clinical topic(s) and/or imaging for any Appropriate Use Criteria (AUC) developed by Sage Evidence-based Medicine & Practice Institute (SEMPI)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

If **yes**, please list the name of the organization(s), nature of the relationship, date(s) of partnership and total amount of funds or other support received for each activity.

Organization	
Relationship	
Dates of Research	
Subject Matter of Research	
Total Funds Received	
Comments	

CONSULTING

Currently or in the last five (5) years, have you, your spouse or your child(ren) received consulting fees related to the clinical topic(s) and/or imaging for any Appropriate Use Criteria (AUC) developed by Sage Evidence-based Medicine & Practice Institute?

Yes No

If **yes**, please list the name of the organization(s), nature of the relationship, date(s) of partnership and total amount of funds or other support received for each activity.

Organization	
Relationship	
Dates of Consulting	
Subject Matter of Consulting	
Total Funds Received	
Comments	

STOCK OR PARTNERSHIP

Currently or in the last five (5) years, do you, your spouse or your child(ren) have or have you received stock options, partnership shares or mutual funds related to the clinical topic(s) and/or imaging for any Appropriate Use Criteria (AUC) developed by Sage Evidence-based Medicine & Practice Institute?

Yes No

If **yes**, please list the name of the organization(s), nature of the relationship, date(s) of partnership and total amount of funds or other support received for each activity.

Organization	
Type of Funds	
Amount of Funds	
Comments	

JUDICIAL OR ADMINISTRATIVE ACTION

Currently or in the last five (5) years, were you, your spouse or your child(ren) party to a judicial judgment or administrative action in which there was an alleged breach of trust?

Yes No

If **yes**, then please provide details including dates and type of action.

Type of Judicial or Administrative Action	
Date(s) of Action	
Comments	

AFFILIATIONS

Currently or in the last five (5) years, do you, your spouse or your child(ren) have any activities, affiliations or circumstances related to the clinical topic(s) and/or imaging for any Appropriate Use Criteria (AUC) developed by Sage Evidence-based Medicine & Practice Institute (SEMPI) that you believe may be construed as an actual or perceived conflict of interest as a member of this multidisciplinary team? Yes No

If **yes**, then please provide details related to the activities, affiliations, or circumstances including dates.

Date(s) of Affiliations, Activities or Circumstances	
Affiliations, Activities or Circumstances Details/Comments	

SPEAKING

Currently or in the last five (5) years, have you, your spouse or your child(ren) received speaking fees related to the clinical topic(s) and/or imaging for any Appropriate Use Criteria (AUC) developed by Sage Evidence-based Medicine & Practice Institute?

Yes No

If **yes**, please list the name of the organization(s), nature of the relationship, date(s) of partnership and total amount of funds or other support received for each activity.

Organization	
Relationship	
Dates of Speaking Engagement(s)	
Subject Matter of Speaking Engagement(s)	
Total Funds Received	
Comments	

DRUGS, DEVICES or SUPPLIERS

Currently or in the last five (5) years, have you, your spouse or your child(ren) been an employee, part-time, full-time or a contractor, with a pharmaceutical company, biotechnology company, health information technology company, device manufacturer, or supplier that offers products or services related to the clinical topic(s) and/or imaging for any Appropriate Use Criteria (AUC) developed by Sage Evidence-based Medicine & Practice Institute?

Yes No

If **yes**, please list the name of the organization(s), nature of the relationship, date(s) of partnership and total amount of funds or other support received for each activity.

Organization	
Date(s) of Employment or Relationship	
Job Title	
Job Description of Responsibilities	
Comments	
<p>To the best of my knowledge, ability and belief, my responses in this Disclosure of Conflicts of Interest Form are true, correct and complete. If there is a change to any of the information noted above, I will notify Sage Evidence-based Medicine & Practice Institute (SEMPI) within seven (7) days of such a change.</p>	
<p>By checking this box, I affirm that all of the information contained in this form is true and correct.</p> <p><input type="checkbox"/></p>	
Date	
Signature	