



AMERICAN SOCIETY OF NEURORADIOLOGY
ASNR 46th ANNUAL MEETING
INVITED SPEAKER DISCLOSURE FORM
June 2 – 5, 2008

Academic Title/ Presentation Title Confirmation

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Financial Relationship Disclosure Statement

As an accredited provider of continuing medical education by the Accreditation Council for Continuing Medication Education (ACCME), the American Society of Neuroradiology must ensure balance, independence, objectivity, and scientific rigor in all of its educational activities. All invited speakers participating in a sponsored activity are expected to disclose to the activity audience any significant financial interest or other relationship with a manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services. Significant financial interest or other relationship can include such things as grant/research support, honoraria, being a member of a speaker's bureau, employee, consultant, major stock shareholder, royalties, and other potentially biasing factors listed below. All recommendations involving clinical patient care must be based on *evidence that is accepted within the profession of medicine* as adequate justification for their indications and contraindications in the care of patients. Presentations reporting the results of scientific research offered by a commercial entity shall be accompanied by a detailed outline of the presentation, which shall be used by the accredited sponsor to confirm the scientific objectivity of the presentation. Such information must conform to the generally accepted standards of experimental design, data collection and analysis. All invited speakers presenting at the ASNR 46th Annual Meeting are expected to complete the following Disclosure Statements. Please note, disclosures made by presenters will be printed in the program materials. If a presenter fails to disclose any significant relationships, or lack thereof, CME accreditation will not be offered.

Please Complete Sections I and II.

Section I - Please mark one of the following:

- I DO NOT have any significant financial relationships that create, or may be perceived as creating, a conflict related to this educational activity.
- I DO have a significant financial relationship(s) that create, or may be perceived to create a conflict related to this educational activity. Disclosing a conflict does not preclude speaking.

If indicated as I DO have significant disclosure, please select all that apply below and indicate the name of manufacturer(s) or provider(s), company, organization or institution:

- Stock Options or Bond Holdings in a for-profit corporation or self-directed pension plan
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Please print and return completed form via fax to (630)574-1740 by Friday, February 29, 2008:

ASNR 46th Annual Meeting Attention: Valerie Geisendorfer
Reminder: Please remember to fax both sides of the form

Off-Label Disclosure Statements

The ASNR recognizes that faculty at scientific meetings may discuss the application of some devices, materials, or pharmaceuticals that are not FDA approved. In keeping with the highest standards of professional integrity and ethics, it is required that abstract submitters fully disclose to their audience that there will be discussion of the unlabeled use of a commercial product, device or pharmaceutical that has not been approved for such purposes by the FDA. The program book will indicate which presentations will include the discussion of off-label uses.

Section II - Please mark one of the following:

- I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will be discussing or demonstrating during my presentation and **DO NOT** intend to discuss or demonstrate any pharmaceutical or medical device for which FDA clearance has not been approved. I agree to disclose to the audience if an unapproved/investigative use of a commercial product/device is introduced by an attendee during the educational activity.
- I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will be discussing or demonstrating during my presentation and **DO** intend to discuss or demonstrate utilization of a pharmaceutical or medical device for which FDA has not granted approval. Accordingly, I agree to disclose to the audience whether the pharmaceutical or medical device is classified by the FDA as "investigational" or "off-label" with respect to the intended use. Please identify the pharmaceutical or medical device and the use you will describe:

If indicated as DO intend, please indicate the product or service:

	<u>Product/Pharmaceutical/Medical Device/Service)</u>	<u>Off-Label Use</u>	<u>Company</u>
1.	_____	_____	_____
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Please copy and attach additional pages as needed.

(Signature)

(Date)

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