DISCLOSURE OF CONFLICT OF INTEREST

HEALTHY MOTHERS AND HEALTHY BABIES CONFERENCE 2018

Working Together to Improve Perinatal Outcomes

March 1-2, 2018

Sheraton Vancouver Airport, 7551 Westminster Highway, Richmond, BC

UBC Interprofessional Continuing Education is dedicated to ensuring that all participants of programs offered by UBC IPCE are notified of potential conflict of interest. A conflict of interest is defined as a situation where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions.

Please check the statement that applies to you:

☐ I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Speakers who have no involvement with industry should inform the audience that they cannot identify any conflict of interest.

☐ I **have/had** an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Complete the table below as it applies to you during the past two calendar years. Please indicate the commercial organization(s) with which you have/had affiliations, and briefly explain what connection you have/had with the organization. **You must disclose this information to your audience.**

	Company/Organization	**Details**
Ownership interest in the company or membership on the company's advisory board or similar committee(s) (Excluding diversified mutual funds).		
Involvement in research sponsored by the company or participation in clinical studies concerting the use of the products manufactured by the company.		
Monetary support received from or expected from the company (honorarium, consulting fees, salary, royalty, grand, etc).		
Ownership of a patent for a product referred to in the presentation or marketed by the company.		
Other financial ties that should be declared.		

	Yes	No	
I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medications).	☐	☐	You must declare all off-label use to the audience during your presentation

I, _____, acknowledge that the above information is accurate.
(name)

Signature: _____Date: _____

Please complete and return by January 26, 2018 to:

Kathryn Booth – kathryn.ipce@ubc.ca
Interprofessional Continuing Education
The University of British Columbia
Room 105 - 2194 Health Sciences Mall
Vancouver, BC V6T 1Z3