

WAKE FOREST  
UNIVERSITY

SCHOOL of MEDICINE  
THE BOWMAN GRAY CAMPUS

**RESOLUTION OF CONFLICT OF INTEREST FORM**

Activity Title CIPP 7 (International Congress of Pediatric Pulmonology)

Activity Director Bruce K. Rubin MD

Date of Activity July 2006, Montreal, Canada

I, Bruce K. Rubin, as Activity Director for  
(Activity Director's Name)

CIPP 7 have reviewed the  
(Activity Title)

*Full Disclosure Statement* for \_\_\_\_\_ *See following list:* \_\_\_\_\_  
(Name)

Abman, Steve  
Berube, Denis  
Byrnes, Cass  
Custovic, Adnan  
Elbon, J. S  
Everard, Mark  
Gozal, David  
Gurwitz, Dennis  
Janssens, Hettie  
King, Malcolm  
Lum, Sooky  
Martin, James  
Martinez, Fernando  
Pohunek, Petr  
Praud, Jean-Paul  
Rubin, Bruce K  
Sears, Malcolm  
Spier, Sheldon  
Stick, Stephen  
Wong, Gary  
Woods, Charles

**Conflicts of interest will be handled by the following means. (Please check all that apply and provide further explanation.)**

**Alter financial relationships** – An individual may change his/her relationships with commercial interests.

**Alter control over content** – a) Choose someone else to control that part of the content, b) Change the focus of the CME activity, c) Change the content of the person's assignment, d) Limit the content to a report without recommendations and or, e) Limit the sources for recommendations.

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Attestation** – Person who indicates the existence of such relationships will be asked to agree in writing that said conflicts or relationships will not bias or otherwise influence their involvement in the CME activity e.g. **WFUSM Full Disclosure Statement**.

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Evaluation** – Attendees will be queried regarding their impressions concerning bias within the activity.

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Peer Evaluation** – An informed learner or peer will be present, to the fullest extent possible, at the CME activity. This evaluator will be asked to complete a formal, detailed evaluation to measure any bias in the activity.

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Independent Content Validation** – 1) Content will be valid and aligned with the interests of the public. 2) All recommendations involving clinical medicine are based on best available evidence. 3) All scientific research referred to, reported, or used in the CME activity in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, and analysis.

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Elimination** – Activity Directors, planning committee members and/or teachers authors who are perceived as either manifesting conflicts of interest or being biased may be eliminated from consideration as resources in subsequent certified CME activities.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Additional Comments: There are formal mechanisms in place for evaluation and for peer review of presented material.\_\_

A handwritten signature in black ink, appearing to be 'B. C. L.', written in a cursive style.

Signature of Activity Director

8 November 2005  
Date