



Florida Society of Clinical Oncology

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FIRST AUTHOR NAME/APPROVED PRESENTER:

1. EMPLOYMENT

Have you or an immediate family member been employed by any for-profit health care company currently or during the past 2 years?

☐ Yes Company:

Recipient: ☐ You ☐ Immediate Family Member

☐ No

2. LEADERSHIP

Have you or an immediate family member been compensated for a leadership role (such as officer or member of a board of directors) in any for-profit health care company, currently or during the past 2 years?

☐ Yes Company:

Recipient: ☐ You ☐ Immediate Family Member

☐ No

3. STOCK OR OTHER OWNERSHIP

Have you or an immediate family member owned stock or held an ownership interest in any for-profit health care company (publicly traded or privately held), currently or during the past 2 years?

☐ Yes Company:

Recipient: ☐ You ☐ Immediate Family Member

☐ No

4. HONORARIA

Have you or an immediate family member been paid honoraria directly by any for-profit health care company, currently or during the past 2 years? You do not need to disclose honoraria for certified Continuing Education.

☐ Yes Company:

Recipient: ☐ You ☐ Immediate Family Member

☐ No

5. CONSULTING OR ADVISORY ROLE

Have you or an immediate family member been paid for any consulting or advisory role by any for-profit health care company, currently or during the past 2 years? You do not need to disclose an uncompensated consulting or advisory role.

☐ Yes Company:

Recipient: ☐ You ☐ Immediate Family Member ☐ Your Institution

☐ No

6. SPEAKERS' BUREAU

Have you or an immediate family member been paid to participate in a speakers' bureau for any for-profit health care company, currently or during the past 2 years?

☐ Yes Company:

Recipient: ☐ You ☐ Immediate Family Member

☐ No

7. RESEARCH FUNDING

Have you or an immediate family member conducted any research project funded, in whole or in part, by any for-profit health care company, currently or during the past 2 years? Disclose research funding if: research payments are/ were made directly from the for-profit health care company to the individual, if the individual's salary is supported (in whole or part) through the research funding, if the individual is/was the national or overall principal investigator, if the individual has a role as a regulatory principal investigator, if the individual is a site principal investigator, or if the individual is a member of a steering committee of a study that does not have a principal investigator. You do not need to disclose funding from NIH or a non-profit foundation.

☐ Yes Company:

Recipient: ☐ You ☐ Immediate Family Member ☐ Your Institution

☐ No

8. PATENTS, ROYALTIES, OTHER INTELLECTUAL PROPERTY

Do you or an immediate family member hold patents, have patents pending, receive royalties, participate in royalty sharing agreements, or have other intellectual property interests from a discovery or technology relating to health or medicine, currently or during the past 2 years?

☐ Yes Company:

Recipient: ☐ You ☐ Immediate Family Member ☐ Your Institution

☐ No

9. EXPERT TESTIMONY

Have you or an immediate family member been paid to provide expert testimony on behalf of any for-profit health care company, currently or during the past 2 years?

☐ Yes Company:

Recipient: ☐ You ☐ Immediate Family Member

☐ No

10. TRAVEL, ACCOMMODATIONS, EXPENSES

Have you or an immediate family member had travel, accommodations, or other expenses paid or reimbursed by any for-profit health care company, currently or during the past 2 years? You do not need to disclose travel, accommodations, or expenses that were part of roles or activities you have already disclosed above.

☐ Yes Company:

Recipient: ☐ You ☐ Immediate Family Member

☐ No

11. OTHER RELATIONSHIP

Have you or an immediate family member had another relationship, role, activity, or interest, currently or during the past 2 years, that could be perceived to influence your work or your professional activities? Disclosure is encouraged.

☐ Yes Company:

Recipient: ☐ You ☐ Immediate Family Member

☐ No

QUESTIONS FOR CORRESPONDING AUTHORS OF ORIGINAL RESEARCH

The corresponding authors are required to answer questions concerning the abstract. If there are more than 3 additional authors, please make copies to include their information. All submissions are peer-reviewed by the FLASCO Ad Hoc Abstract Committee.

AUTHOR NAME:

1. Has this author been an employee of any for-profit company that funded all or part of this research, currently or at any time during the 2 years prior to submission of this manuscript?

☐ **Yes** Company: _____
☐ **No**

2. Has this author had a significant ownership interest in any for-profit health care company that funded all or part of this research, currently or at any time during the 2 years prior to submission of this abstract or manuscript?

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3. Has this author been on a speakers' bureau (on any subject) for any for-profit health care company that funded all or part of this research, currently or at any time during the 2 years prior to submission of this abstract or manuscript?

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☐ **No**