

## Financial Support Competing Interest Form

**ACTIVITY NAME:** \_\_\_\_\_

- This form is to be completed in detail for activities that have received financial support from a single for-profit or non-profit organization **ONLY**. However, regardless if the activity is funded by a single or multiple organization, the Scientific Committee Chair must date and sign this form.
- Should a for-profit or non-profit organization's medication or device appear in the presenters' slide set, **list all** similar medications or devices in clinical use or in trials from **all** competitors.

List all the slides in which the product(s) or studies related to the for-profit or non-profit organization's product(s) are mentioned.

For-profit or Non-profit Organization's Product(s)	Slides numbers where the products appear

List all competing product(s) from other manufacturers that are either on the market or are undergoing clinical trials. List the slides where the competing product appears.

For-profit or Non-profit Organization's Product	Competing Product	Competing Manufacturer	Slides where competing products appear

\_\_\_\_\_  
DATE: (yyyy/mmm/dd)

\_\_\_\_\_  
**SCIENTIFIC PLANNING COMMITTEE CHAIR** (SIGNATURE)