

**American College of Legal Medicine
Speaker and Planner Disclosure Form (SDF) Data Collection Form**

Title of CME Activity: **ACLM 60th Annual Conference**

Location of Activity: **Scottsdale, AZ**

Activity Number/Date: **February 20 – 23, 2020**

Name (please print): **Peter H. Rheinstein** CME Organizer Presenter

Instructions: CME Organizers (planning committee members, course contacts and course directors)

Complete questions 1, 2, and 4A, sign and date below.

Presenters and Authors: Complete questions 3-5, sign and date below.

CME Organizers Only:

By signing this document, I agree to the following elements as expected of individuals involved in the planning and implementation of educational activities certified by the American College of Legal Medicine.

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business.
2. Topics and speakers were selected free of the control of a commercial interest.

Proceed to question 4. A. Sign and date below

CME Presenters: Presenters must answer questions 3-5, sign and date below

By signing this document, I agree to the following elements as expected of individuals involved in the planning and implementation of educational activities certified by the American College of Legal Medicine.

3. All CME speakers must read, agree, and check all the following statements. I will:

- Teach to the competencies identified by objectives
- Deliver balanced and objective evidence-based content
- Present the source and type or level of evidence (e.g. common practice, expert opinion, case series, case-control study, clinical guidelines, randomized controlled trial, systematic review, meta analysis, etc.)
- Disclose all related financial relationships
- Notify participants of any off-label or investigational treatments discussed within my presentation or during the question and answer period

4. A. I or my spouse/partner presently (Within the past 12 months) have relevant financial relationships with a commercial interest(s) as identified below: [Please indicate the full name of the commercial interest(s)/organization(s) next to the best description of the relationship(s).]

- Grants/research support: _____
- Consultant **Athenex, Inc.** _____
- Stock shareholder (directly purchased): _____
- Honorarium _____
- Other financial or material support _____
- Employee of a commercial interest organization _____
- None (If none skip to question 5)

4. B. Will your presentation(s) include discussion of any products or services from the above listed commercial interests? Yes, it will No, it will not

5. I will make clinical recommendations in this/these presentation(s). Yes, I will No, I will not



CME Organizer/Presenter Signature

phr@jhu.edu

E-mail Address

February 3, 2020

Date

(301) 792-2800

Telephone number