

Full Disclosure for CME Activities

American Family Physician authors



Each author should complete the following disclosure statement:

Author's Name:

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Disclosure of financial relationships within 36 months of the date of this form and within the foreseeable future

- A.** Neither I nor any immediate family member (parent, sibling, spouse or child) has a financial relationship with or interest in any commercial entity that may have a direct interest in the subject matter of this article.
- B.** I have or an immediate family member (parent, sibling, spouse or child) has a financial relationship or interest with a commercial entity that may have a direct interest in the subject matter of this article. (Please check all the types of relationship that apply):

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If you checked statement B above, please indicate the names of the organizations with which you have financial relationships or interests, and the specific topic areas that correspond to each relationship. Use a separate piece of paper if you need more space.

Organization with Which Relationship Exists	Topic Area(s) Involved
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2.	2.
3.	3.
4.	4.

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- | | | |
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