

**Full Disclosure for CME Activities**  
**American Family Physician Authors**



Each author should complete the following disclosure statement:

<b>Author's Name:</b>	<b>MS# or Sol/Prp#:</b>
<b>Manuscript Title:</b>	

**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. This includes serving on a speakers' bureau or advisory board, as well as receiving honoraria from a medical education company for CME presentations.

**B.** I have or an immediate family member (parent, sibling, spouse or child) has a financial relationship with or interest in 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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| <input type="checkbox"/> Consultant or Advisory Board                                | <input type="checkbox"/> Partnership                                  |
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| <input type="checkbox"/> Honorarium  | <input type="checkbox"/> Research grants or support                   |
| <input type="checkbox"/> Manuscript preparation assistance                           | <input type="checkbox"/> Speakers' Bureaus                            |
| <input type="checkbox"/> Other financial support (please list)                       | <input type="checkbox"/> Stock/Bond holdings (excluding mutual funds) |
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**\* NOTE: "Commercial entities" include pharmaceutical companies, medical education companies, or other entities producing, marketing, re-selling, or distributing health care goods or services to patients or health care professionals.**

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.

<b>Organization with Which Relationship Exists</b>	<b>Topic Area(s) Involved</b>
1.	1.
2.	2.
3.	3.
4.	4.

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- |   |                              |                             |
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| Did you travel to participate in this training?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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**Continued**

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- |   |                              |                             |
|---|------------------------------|-----------------------------|
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If you develop new financial relationships with or interests in a relevant commercial entity after completing this form and submitting your manuscript, but prior to publication, please update your form and notify our editorial office at [fpmedit@aafp.org](mailto:fpmedit@aafp.org). Changes in such affiliations might preclude your paper from publication.

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