

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



**Each author should complete the following disclosure statement:**

<b>Author's Name:</b>
<b>Photo Quiz Title:</b>

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

**A.** Neither I nor my spouse/partner 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 my spouse/partner 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:)

- |   |   |
|---|---|
| <input type="checkbox"/> Consultant or Advisory Board<br><input type="checkbox"/> Employment<br><input type="checkbox"/> Honorarium<br><input type="checkbox"/> Manuscript preparation assistance<br><input type="checkbox"/> Other financial support (please list)<br><input type="checkbox"/> Ownership<br><input type="checkbox"/> Other personal or professional relationships (please list:)<br><span style="border-bottom: 1px solid black; display: inline-block; width: 300px;"></span> | <input type="checkbox"/> Partnership<br><input type="checkbox"/> Receipt of equipment or supplies<br><input type="checkbox"/> Research grants or support<br><input type="checkbox"/> Speakers' Bureaus<br><input type="checkbox"/> Stock/Bond holdings (excluding mutual funds) |
|---|---|

**\* 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.

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

**If you checked "Speakers' Bureaus" under statement B,** please check all of the following that apply:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Did you participate in company-provided speaker training?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you travel to participate in this training?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the company provide you with slides of a presentation in which you were trained as a speaker? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the company pay for travel/lodging/other expenses?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you receive an honorarium or consulting fee for participating in this training?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you received any other type of compensation from the company? Please specify:                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If you checked "Manuscript Preparation Assistance" under statement B,** please answer the following questions:

Was any assistance provided by a medical communications company or professional writer or editor?  Yes  No

If so, who provided this assistance and who paid for it?

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**Continued**

**All respondents**, please answer the following questions:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Did a pharmaceutical company, public relations firm, or any commercial entity sponsor the substance or creation of your article directly or indirectly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Was the topic of your article suggested by a medical communications company or a commercial entity producing health care goods or services?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Was the topic of your article suggested by an advisory panel that receives support (for example, educational grants) from a commercial entity?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does your article incorporate, or is any part of it based on, slides or other materials provided by a commercial entity?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does your article incorporate information or data obtained from commercial speaker training?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Note:** Our conflict of interest policy precludes us from considering manuscripts sponsored directly or indirectly by a pharmaceutical company, medical education company, or other commercial entity.

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.

I have read the AFP conflict of interest policy (available at: <http://www.aafp.org/journals/afp/authors/guide/coi.html>). If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether this relationship precludes my participation, and that I may be asked to provide additional information. I understand that failure or refusal to disclose, or false disclosure, will disqualify me. I represent and warrant that the information provided by me in this form is complete, true, and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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