

**Infectious Diseases Society of America
Disclosure of Interests Form for Clinical Practice Guideline Panel Members**

Instructions: Please carefully read, complete, sign, date and submit this form. *Please note that this form and the data herein can be saved to your computer for future use/updating.*

All guideline panel chairs and members should act in the best interest of IDSA, its membership, and the public. Decisions should not be influenced by personal financial interests or by other extraneous considerations. Each guideline panel member has a high duty and obligation to disclose any potential conflict of interest and to abstain from any decision where a conflict of interest exists. A potential conflict of interest exists if a guideline panel member has a financial or other beneficial interest that might bias his or her decisions or actions concerning matters before the Panel. **In the interest of full disclosure, any relationship with a pharmaceutical, biotechnology, medical device, or health related company or venture should be disclosed.**

Acknowledgement of this policy and disclosure filing will be done by each panel member prior to the initiation of the guideline development process and annually thereafter until publication of the guideline. In between this filing, it is the responsibility of each individual to disclose in writing any new potential conflicts of interest. Copies of all filings will be kept at the IDSA headquarters office and will be listed in summary format in the Acknowledgements section of the published work (per *Clinical Infectious Diseases* policy).

Please consider your activities and financial relationships/investments that are *current, future and for the preceding two years* when responding. Attach additional pages if necessary.

1. NAME	2. DATE	3. IDSA ACTIVITY BEING CONSIDERED FOR (e.g., guideline panel on X)

4. PRIMARY EMPLOYMENT (and other salaried positions): If self-employed, but formally paid through a corporation or other entity, indicate "self-employed" under Employer.	
Employer	Position

If you have NO relationships, investments, activities, etc., to report please go directly to the last page.

**Infectious Diseases Society of America
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FOR INTERESTS ≤ 10,000

5. FINANCIAL RELATIONSHIPS/INCOME (For Interests ≤ \$10,000)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____ <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - What was the nature of your Advisory/Consultant Role (select): Click to Select Describe: _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
			<input type="checkbox"/> Promotional (non-CME) Speakers Bureau - What was the nature of your Promotional (non-CME) Speakers Bureau Role: Describe: _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
			<input type="checkbox"/> Stocks/Bonds	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
			<input type="checkbox"/> Honoraria (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
			<input type="checkbox"/> Expert Testimony (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
			<input type="checkbox"/> Ownership Interests (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
			<input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
			<input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
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Disclosure of Interests Form for Clinical Practice Guideline Panel Members**

5. FINANCIAL RELATIONSHIPS/INCOME (For Interests < \$10,000)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____ <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - What was the nature of your Advisory/Consultant Role (select): Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - What was the nature of your Promotional (non-CME) Speakers Bureau Role: Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
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5. FINANCIAL RELATIONSHIPS/INCOME (For Interests < \$10,000)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____ <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - What was the nature of your Advisory/Consultant Role (select): Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - What was the nature of your Promotional (non-CME) Speakers Bureau Role: Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	<input type="checkbox"/> Yes (provide drug/device name): _____ <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - What was the nature of your Advisory/Consultant Role (select): Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - What was the nature of your Promotional (non-CME) Speakers Bureau Role: Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution

**Infectious Diseases Society of America
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FOR INTERESTS \$10,001 - \$25,000

6. FINANCIAL RELATIONSHIPS/INCOME (For Interests \$10,001 - \$25,000)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____ <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - What was the nature of your Advisory/Consultant Role (select): Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - What was the nature of your Promotional (non-CME) Speakers Bureau Role: Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
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Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____ <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - What was the nature of your Advisory/Consultant Role (select): Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - What was the nature of your Promotional (non-CME) Speakers Bureau Role: Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
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6. FINANCIAL RELATIONSHIPS/INCOME (For Interests \$10,001 - \$25,000)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____ <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - What was the nature of your Advisory/Consultant Role (select): Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - What was the nature of your Promotional (non-CME) Speakers Bureau Role: Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
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FOR INTERESTS ≥ 25,001

7. FINANCIAL RELATIONSHIPS/INCOME (For Interests ≥ \$25,001)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____ <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - What was the nature of your Advisory/Consultant Role (select): Click to Select Describe: _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
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			<input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
			<input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
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7. FINANCIAL RELATIONSHIPS/INCOME (For Interests ≥ \$25,001)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____ <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - What was the nature of your Advisory/Consultant Role (select): Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - What was the nature of your Promotional (non-CME) Speakers Bureau Role: Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	<input type="checkbox"/> Yes (provide drug/device name): _____ <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - What was the nature of your Advisory/Consultant Role (select): Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - What was the nature of your Promotional (non-CME) Speakers Bureau Role: Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution

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7. FINANCIAL RELATIONSHIPS/INCOME (For Interests ≥ \$25,001)				
Company/ Organization Name	Does this company have a product (drug, device, etc) related to the topic?	Is this relationship Current or Past?	Check all that apply and include description where appropriate	Paid to You/Your Institution?
_____	<input type="checkbox"/> Yes (provide drug/device name): _____ <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - What was the nature of your Advisory/Consultant Role (select): Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - What was the nature of your Promotional (non-CME) Speakers Bureau Role: Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	<input type="checkbox"/> Yes (provide drug/device name): _____ <input type="checkbox"/> No	<input type="checkbox"/> Current – currently engaged with company; ➤ If current, are you willing to divest yourself of this relationship until after the guideline is published? <input type="checkbox"/> Yes; <input type="checkbox"/> No <input type="checkbox"/> Past - no longer engaged with company	<input type="checkbox"/> Advisory/Consultant Role - What was the nature of your Advisory/Consultant Role (select): Click to Select Describe: _____ <input type="checkbox"/> Promotional (non-CME) Speakers Bureau - What was the nature of your Promotional (non-CME) Speakers Bureau Role: Describe: _____ <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Honoraria (describe): _____ <input type="checkbox"/> Expert Testimony (describe): _____ <input type="checkbox"/> Ownership Interests (describe): _____ <input type="checkbox"/> Intellectual Property (e.g., Patent, copyright, license (planned, pending or issued)) (describe): _____ <input type="checkbox"/> Other Remuneration (describe): _____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution <input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution

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8. RESEARCH GRANTS/CONTRACTS - If you are currently listed or have in the past 24 months been listed as PI or other investigator (including clinical studies) please indicate the following:

Funding Agency	Institution/Group/Title of Study	Paid to you/Your Institution?
_____	_____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	_____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	_____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	_____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	_____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution
_____	_____	<input type="checkbox"/> Paid directly to me <input type="checkbox"/> Paid to my institution

9. ORGANIZATIONAL BENEFIT - Are there any monies obtained or assigned by a university, department, institution, foundation, private enterprise group, or any other entity as a result of your activities (e.g., unrestricted educational grants)?

Sponsor	Institution	Activity	Value
_____	_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001

10. ACTIVITIES WITH OTHER ORGANIZATIONS: Do you currently serve in any official capacity, including any decision-making capacity or national or state leadership, with any other professional societies, voluntary health organizations, editorial boards, federal or state agencies, internet companies, or other entities that currently engage in activities that could be considered competitive to IDSA's interests or activities in areas such as education, advocacy, fundraising, etc.?

Organization	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. FAMILY OR OTHER RELATIONS - In accordance with IDSA's disclosure policies, relevant financial or other relationships of members of your immediate family should also be disclosed. This includes but is not limited to spouse/domestic partner, parents, siblings, and children. To the best of your knowledge, please list any significant relationships or activities where members of your family may be involved as they relate to Society activities.

Relation (Spouse, child, etc.)	Activity	Value
_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001
_____	_____	<input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,001 - \$25,000 <input type="checkbox"/> >\$25,001

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I HAVE **NO** INTERESTS TO DISCLOSE

I certify that I have read IDSA's Conflict-of-Interest Policy and have disclosed ALL declarable relationships as defined therein, if any.

E-Signature

Date

Deliberate failure to comply with this disclosure requirement may result in a disqualification from this and future participation in IDSA-sponsored activities.

Save this form for your reference and then submit by e-mail to
gdemisashi@idsociety.org.