

Disclosure of Relevant Financial Relationships, Center for Evidence-based Practice (CEP)

Name:

Topic of CEP Review:

Date of First Review Meeting:

Please review the **Example Terminology** on page 2 before completing this form.

A. If you do not have any relevant financial relationships to report, please indicate here, and sign and date your form on page 2.

I do not have any relevant financial relationships with any commercial interests

B. If you do have relevant financial relationships to report, follow the steps outlined below.

1. In the space provided on the 2nd page, list the names of the proprietary entities producing health care goods or services with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months.

2. Describe what you or your spouse/partner received (e.g. salary, honorarium). CEP does NOT want you to detail how much you received on this form.

3. Describe your role (please refer to example terminology that can aid you in completing this section).

4. Sign and date your form and fax it to 215.349.5829. When you sign and date this form, you are also giving CEP permission to review your annual report of extramural activities from your department, and are agreeing that you have adhered to CPUP's "Guidelines for Interactions between Healthcare Professionals and Industry" in the most recent academic year. In the circumstance where CEP would like to review your extramural activities, CEP faculty will speak with you personally before reviewing any records.

