

Disclosure of Conflict of Interest

The [National Standard for Support of Accredited CPD Activities](#) (the National Standard) describes the process and requirements for gathering, managing, and disclosing conflicts of interest to participants. The National Standard is applicable to all accredited CPD activities included within the Canadian national/provincial CME/CPD accreditation systems for physicians.

Definitions:

Conflict of interest: A conflict of interest is a set of conditions in which judgement or decisions concerning a primary interest (example a patients' welfare, the validity of research and/or quality of medical education) is unduly influenced by a secondary interest (personal or organizational benefit including financial gain, academic or career advancement, or other benefits to family, friends, or colleagues).

Perceived conflict of interest: A perceived conflict of interest is the appearance of a conflict of interest as judged by outside observers regardless of whether an actual conflict of interest exists

Real conflict of interest: A real conflict of interest is when two or more interests are indisputably in conflict.

National Standard Element 3: Conflict of Interest

This element describes the processes and requirements for gathering, managing and disclosing conflicts of interest to participants.

- 3.1 All members of the SPC, speakers, moderators, facilitators and authors must provide to the CPD provider organization a written description of all relationships with for-profit and not-for-profit organizations over the previous 2 years including (but not necessarily limited to):
 - a) Any direct financial payments including receipt of honoraria;
 - b) Membership on advisory boards or speakers' bureaus;
 - c) Funded grants or clinical trials;
 - d) Patents on a drug, product or device; and
 - e) All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.
- 3.2 The SPC is responsible to review all disclosed financial relationships of speakers, moderators, facilitators and authors in advance of the CPD activity to determine whether action is required to manage potential or real conflicts of interest. The SPC must also have procedures in place to be followed if a conflict of interest comes to its attention prior to or during the CPD activity.
- 3.3 All members of the SPC, speakers, moderators, facilitators, and authors, must disclose to participants their relationships as described in 3.1
- 3.4 Any individual who fails to disclose their relationships as described in 3.1 and 3.3 cannot participate as a member of the SPC, speaker, moderator, facilitator or author of an accredited CPD activity.

Process:

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2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.
3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials
4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.
5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Disclosure of Conflict of Interest

Title of CPD activity	2nd Annual Toronto 3D TEE Course		
Date of CPD activity	November 5, 2021		
What is your role in the CPD activity?	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	xSpeaker
	<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator	
	<input type="checkbox"/> Other <i>(describe)</i> Click here to enter text.		

I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose

I have a relationship with a for-profit and/or a not-for-profit organization to disclose
 X Please indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Abbott Edwards Lifescience Medela	Speaker Honorary Speaker Honorary Speaker Honorary
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Philipps, Netherlands	Reference CustomerClick here to enter text.

To be completed by speakers only

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication). Yes
 No

Note: You must declare all off-label use to the audience during your presentation.

I acknowledge that the [National Standard](#) requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding. Yes
 No

I Agree By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.



Name:	Joerg Ender.	Date:	28.September 2021
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	<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator	
	<input type="checkbox"/> Other (describe) Click here to enter text.		

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Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.

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Name:		Date:	Sept 28, 2021
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		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator	
<input type="checkbox"/> Other (describe) Click here to enter text.				
<p>I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose</p> <p><input checked="" type="checkbox"/> I have a relationship with a for-profit and/or a not-for-profit organization to disclose</p> <p>Please indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.</p>				
Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)		
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.		
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.		
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.		
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.		
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.		
<p>To be completed by speakers only</p> <p>I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication).</p> <p><i>Note: You must declare all off-label use to the audience during your presentation.</i></p>				
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><input checked="" type="checkbox"/> I Agree By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.</p>				
Name:	Massimiliano Meineri		Date:	21 Sept, 2021 or a date.

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		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other (describe) Click here to enter text.		

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Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.
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Name:	Jacobo Moreno Garijo	Date:	08 September 2021
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	<input type="checkbox"/> Other (describe) Click here to enter text.		
<p><input checked="" type="checkbox"/> I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose</p> <p><input type="checkbox"/> I have a relationship with a for-profit and/or a not-for-profit organization to disclose Please indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.</p>			
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Funded grants or clinical trials	Click here to enter text.	Click here to enter text.	
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.	
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.	
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I acknowledge that the <u>National Standard</u> requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Name:	Click here to enter text	SALEHI OMRAN	Date:



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			<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other (describe) Click here to enter text.			
<p>I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose</p> <input type="checkbox"/>				
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Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)		
Any direct financial payments including receipt of honoraria	UptoDate	Royalties		
Membership on advisory boards or speakers' bureaus	Philips Healthcare	Medical Advisory Board		
Funded grants or clinical trials	Canadian Cardiovascular Society, Heart and Stroke Foundation of Canada, PMCC Innovation Fund, MSH UHN AMO Innovation Fund, Philips Healthcare	Grants		
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.		
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Heart and Stroke Foundation of Canada	Salary Support Award		
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<p>X I Agree By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.</p>				

Name:

Click here to enter text
Wendy Tsang

Date:

September 14, 2021

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 - a) Any direct financial payments including receipt of honoraria;
 - b) Membership on advisory boards or speakers' bureaus;
 - c) Funded grants or clinical trials;
 - d) Patents on a drug, product or device; and
 - e) All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.
- 3.2 The SPC is responsible to review all disclosed financial relationships of speakers, moderators, facilitators and authors in advance of the CPD activity to determine whether action is required to manage potential or real conflicts of interest. The SPC must also have procedures in place to be followed if a conflict of interest comes to its attention prior to or during the CPD activity.
- 3.3 All members of the SPC, speakers, moderators, facilitators, and authors, must disclose to participants their relationships as described in 3.1
- 3.4 Any individual who fails to disclose their relationships as described in 3.1 and 3.3 cannot participate as a member of the SPC, speaker, moderator, facilitator or author of an accredited CPD activity.

Process:

1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.
2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.
3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials
4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.
5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Disclosure of Conflict of Interest

Title of CPD activity		2nd Annual Toronto 3D TEE Course		
Date of CPD activity		November 5, 2021		
What is your role in the CPD activity?	<input type="checkbox"/> Member of the scientific planning committee		X Moderator	X Speaker
	<input type="checkbox"/> Author		<input type="checkbox"/> Facilitator	
	<input type="checkbox"/> Other <i>(describe)</i> Click here to enter text.			
I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose <input checked="" type="checkbox"/> I have a relationship with a for-profit and/or a not-for-profit organization to disclose <input type="checkbox"/> Please indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.				
Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)		
Any direct financial payments including receipt of honoraria	Click here to enter text.	Click here to enter text.		
Membership on advisory boards or speakers' bureaus	Click here to enter text.	Click here to enter text.		
Funded grants or clinical trials	Click here to enter text.	Click here to enter text.		
Patents on a drug, product or device	Click here to enter text.	Click here to enter text.		
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity	Click here to enter text.	Click here to enter text.		
To be completed by speakers only				
I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication). <i>Note: You must declare all off-label use to the audience during your presentation.</i>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No
I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.				<input checked="" type="checkbox"/> x Yes <input type="checkbox"/> No
X I Agree	By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.			
Name:	Annette Vegas	Date:	September 9, 2021	