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Funded grants or clinical trials	Click here to enter text.		Click here to enter text.			
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The <u>National Standard for Support of Accredited CPD Activities</u> (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.

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Name:	Ghislaine Douflé		Date: Sept 25 th 2021					



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Name	: Myunghyun M. Lee				Date:	Sep 17, 2021		



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	,	Other (describe) Click	here	to enter te	ext.			
χ	I do not have a relation disclose	nship with a for-profit and	d/or	a not-fo	r-profit org	anizatio	n to	
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.								
Natu	re of relationship(s)	Name of for-profit or not-for-profit organization(s)	Des	scription	of relations	ship(s)		
	direct financial payments ding receipt of honoraria	Click here to enter text.	Click here to enter text.					
	bership on advisory ds or speakers' bureaus	Click here to enter text.	Click here to enter text.					
Fund	ed grants or clinical trials	Click here to enter text.	Click here to enter text.					
Pater devic	nts on a drug, product or e	Click here to enter text.	Click here to enter text.					
relati seen infori havir influe	her investments or onships that could be by a reasonable, well-med participant as g the potential to ence the content of the ational activity	Click here to enter text.	Clic	ck here to	enter text.			
To b	e completed by speaker	s only						
regul	atory approval (i.e. "off-la	commendations for medicat bel" use of medication). abel use to the audience du				d	☐ Yes X No	
optio		I Standard requires that any or both generic and trade na					X Yes	
X ¹		ree" you are acknowledging that this information will be				n is accu	rate and that	
Name	e: Ash		Date: Sept 28, 2021					



The <u>National Standard for Support of Accredited CPD Activities</u> (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.

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Title of C	PD activity	20th Annual Perioperati	ve TEE	E Sympos	sium		
Date of C	CPD activity	November 6, 2021					
		☐ Member of the scient	tific	□ Мо	derator	X Spea	ker
What is y activity?	our role in the CPD	planning committee		☐ Au	thor	☐ Facili	tator
,		Other (describe) Click	here to	enter te	xt.		
	o not have a relation close	ship with a for-profit an	d/or a	not-foi	r-profit org	anization	to
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.							
Nature (of relationship(s)	Name of for-profit or not-for-profit or organization(s)	Desc	ription	of relations	ship(s)	
,	ct financial payments receipt of honoraria	Click here to enter text.	Click here to enter text.				
	ship on advisory r speakers' bureaus	Click here to enter text.	Click here to enter text.				
Funded g	grants or clinical trials	Click here to enter text.	Click here to enter text.				
Patents of device	on a drug, product or	Click here to enter text.	Click	here to	enter text.		
relations seen by a informed having th influence	investments or hips that could be a reasonable, well- participant as ne potential to the content of the nal activity	Click here to enter text.	Click	here to	enter text.		
To be co	ompleted by speaker	s only					
regulator	ry approval (i.e. "off-la	commendations for medica bel" use of medication). abel use to the audience du				۱ ا	☐ Yes ☑ No
	itilize generic names (d	I Standard requires that an property of the second second trade notes that an expension of the second secon					X Yes □ No
☑ I Ag		ree" you are acknowledging that this information will be				n is accura	ate and that
Name: Massimiliano Meineri Date: 21 Sept, 2021 a date.							



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Title of C	CPD activity	20 th Annual Perioperativ	re TEE	Sympos	ium			
Date of 0	CPD activity	November 6, 2021						
		X Member of the scientif planning committee	ic	□ ма	oderator	☐ Spe	aker	
What is y activity?	our role in the CPD	planning committee		☐ Au	ıthor	☐ Faci	litator	
,		☐ Other (describe) Click	here to	enter te	ext.			
X disc		hip with a for-profit and	or a r	ot-for-	profit orga	nization	to	
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.								
Nature (of relationship(s)	nship(s) Name of for-profit or not-for-profit or organization(s) Name of for-profit or not-for-profit						
	ct financial payments receipt of honoraria	Click here to enter text.	Click here to enter text.					
	ship on advisory r speakers' bureaus	Click here to enter text.	Click here to enter text.					
Funded g	grants or clinical trials	Click here to enter text.	ext. Click here to enter text.					
Patents of device	on a drug, product or	Click here to enter text.	Click	here to	enter text.			
relations seen by a informed having th influence	investments or hips that could be a reasonable, well- participant as ne potential to the content of the nal activity	Click here to enter text.	Click	here to	enter text.			
To be co	ompleted by speaker	s only						
regulator	ry approval (i.e. "off-la	commendations for medication! bel" use of medication). abel use to the audience du				d	☐ Yes ☐ No	
	ıtilize generic names (d	I Standard requires that an bor both generic and trade no					☐ Yes	
X I Agr		ree" you are acknowledging that this information will be				n is accu	rate and that	
Name:	Jacobo Moreno Garijo		Date: 08 September 2021					



Title of CPD activity 20 th Annual Perioperative TEE Symposium								
Date of CPD activity	November 6, 2021			,				
What is your role in the CPD activity?	☐ Member of the scient planning committee ☐ Other (describe) Click		☐ Moderator					
I do not have a relation disclose	ship with a for-profit and	d/or a not	-for-profit or	ganization to				
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.								
Nature of relationship(s)	Name of for-profit or not-for-profit or organization(s)	not-for-profit						
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 speaker	s only							
I intend to make therapeutic re regulatory approval (i.e. "off-la Note: You must declare all off-la	bel" use of medication).			ved Yes No				
I acknowledge that the <u>National</u> options utilize generic names (cand branding.	I Standard requires that an both generic and trade na	y description ames) and	n of therapeut not reflect exc	tic Yes Delusivity No				
	ree" you are acknowledging that this information will be			tion is accurate and that				
Name: Spick AH MAD	SALEHI OMRAI	Date:	Seipe	to estara 2021				



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		20th Amount Davide andtix	TI	TE Cyman o				
Title of C	PD activity	20 th Annual Perioperativ	/e 11	EE Sympos	sium			
Date of C	CPD activity	November 6, 2021						
		 Member of the scient planning committee 	ific	□ M	oderator		peaker	
What is y activity?	our role in the CPD	planning committee		□ Au	uthor	□ F	acilitator	
decivity.		☐ Other (describe) Click	Other (describe) Click here to enter text.					
	o not have a relation close	ship with a for-profit an	<mark>d/o</mark> i	r a not-fo	r-profit or	g <mark>aniza</mark>	tion to	
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.								
Nature (of relationship(s)	Name of for-profit or not-for-profit organization(s)	De	scription	of relation	nship(s	5)	
	ct financial payments receipt of honoraria	Click here to enter text.	Click here to enter text.					
	ship on advisory r speakers' bureaus	Click here to enter text.	Click here to enter text.					
Funded o	grants or clinical trials	Click here to enter text.	Click here to enter text.					
Patents of device	on a drug, product or	Click here to enter text.	Cli	ick here to	enter text.			
relations seen by a informed having th influence	investments or hips that could be a reasonable, well- participant as ne potential to the content of the nal activity	Click here to enter text.	Cli	ck here to	enter text.			
To be co	ompleted by speaker	s only						
regulator	ry approval (i.e. "off-la	commendations for medicat bel" use of medication). abel use to the audience du				ed	☐ Yes ☐ No	
	ıtilize generic names (d	I Standard requires that any or both generic and trade na					☐ Yes ☐ No	
☐ <mark>I Ag</mark>		ree" you are acknowledging that this information will be				on is ac	ccurate and that	
Name:	Pablo Perez d'Empaire		Date: Sept 12, 2021					



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Title of C	PD activity	20 th Annual Perioperativ	20 th Annual Perioperative TEE Symposium						
Date of C	CPD activity	November 6, 2021							
		☐ Member of the		□ мс	oderator	☐ Spe	aker		
What is y activity?	our role in the CPD	scientific planning committee			thor	☐ Fac	ilitator		
		X Other (describe) Admin	suppo	ort					
X disc		hip with a for-profit and	or a	not-for-	profit organ	ization	to		
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.									
Nature (of relationship(s)	Name of for-profit or not-for-profit or organization(s)	Des	cription	of relations	hip(s)			
	ct financial payments receipt of honoraria	Click here to enter text.	Click here to enter text.						
	chip on advisory r speakers' bureaus	Click here to enter text.	Click here to enter text.						
Funded g	grants or clinical trials	Click here to enter text.	Click here to enter text.						
Patents of device	on a drug, product or	Click here to enter text.	Clic	k here to	enter text.				
relationsl seen by a informed having th influence	investments or hips that could be a reasonable, well- participant as ne potential to the content of the nal activity	Click here to enter text.	Clic	k here to	enter text.				
To be co	ompleted by speaker	s only							
regulator	ry approval (i.e. "off-la	commendations for medicated bel" use of medication). abel use to the audience due					☐ Yes X No		
	itilize generic names (d	I Standard requires that an or both generic and trade no				ivity	X Yes		
X I Agre		ree" you are acknowledging that this information will be				n is accu	rate and that		
Name:	Sarah Russell			Date:	26/10/21				



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Title of CDD activity		20 th Annual Perioperative TEE Symposium						
Title of CPD activity		1						
Date of CPD activity		November 6, 2021						
What is your role in the CPD activity?		X Member of the scientific planning committee		ΧI	Moderato	r Speake	er	
					Author	□ Fac	ilitator	
		☐ Other (describe) Click	☐ Other (describe) Click here to en			·		
	do not have a relatior sclose	nship with a for-profit and/or a not-for-profit organization to						
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.								
		Name of for-profit or not-for-profit organization(s)	Description of relationship(s)					
	ect financial payments g receipt of honoraria	Click here to enter text.	Cli	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.	Cli	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). 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. X Yes options utilize generic names (or both generic and trade names) and not reflect exclusivity X 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:	Marcus Salvatori		Date: October 20, 2021					



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- 5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.



Title of CPD activity		20 th Annual Perioperative TEE Symposium						
Date of CPD activity		November 6, 2021						
What is your role in the CPD activity?		☐ Member of the scientific planning committee		_	oderator	☑ Spea	aker	
		Other (describe) Click	Other (describe) Click here to enter text			L Tacii	itatoi	
	I do not have a relationship with a for-profit and/or a not-for-profit organization to							
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.								
n		Name of for-profit or not-for-profit or organization(s)	Description of relationship(s)					
	any direct financial payments including receipt of honoraria Click here to enter text. Click here to enter text.							
	pership on advisory Is or speakers' bureaus	Click here to enter text.	Cli	Click here to enter text.				
Funded grants or clinical trials		Click here to enter text.	Cli	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). Note: You must declare all off-label use to the audience during your presentation.						1	☐ Yes ☑ No	
option			ard requires that any description of therapeutic generic and trade names) and not reflect exclusivity				☑ 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	: Click here to extracteur	Sharkey.		Date:	Click here to e	enter a date.	9/15/2021	



The <u>National Standard for Support of Accredited CPD Activities</u> (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.

- 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
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Title of CPD activity	20th Annual Perioperative TEE Symposium						
Date of CPD activity	November 6, 2021						
What is your role in the CPD activity?	☐ Member of the scientific planning committee		☐ Moderator ☐ Author	xSpeaker Facilitator			
	U Other (describe) Click	Other (describe) Click here to enter text.					
I do not have a relation disclose ☐	iship with a for-profit an	d/or a	not-for-profit or	ganization to			
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.							
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					
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). *Note: You must declare all off-label use to the audience during your presentation. **Test Yes X No							
		s that any description of therapeutic					
	ree" you are acknowledging			on is accurate and that			

you understand that this information will be publicly available.

Name: Click here to enter text Date: September 14, 2021



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Title of CPD activity		20 th Annual Perioperative TEE Symposium							
Date of CPD activity		November 6, 2021							
What is your role in the CPD activity?		X Member of the scienti planning committee	X Member of the scientific		derator	X Speal	ker		
		planning committee		☐ Au	thor	☐ Faci	litator		
		Other (describe) Click	Other (describe) Click here to enter text.						
\ /	I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose						n to		
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.									
r		Name of for-profit or not-for-profit organization(s)	Desc	Description of relationship(s)					
Any direct financial payments including receipt of honoraria		Click here to enter text.	Click	k here to	here to enter text.				
	ship on advisory or speakers' bureaus	Click here to enter text.	Click	k here to	here to enter text.				
Funded grants or clinical trials		Click here to enter text.	Click	k here to	here to enter text.				
Patents on a drug, product or device		Click here to enter text.	Click	there 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.						X Yes			
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									