

Disclosure of Conflict of Interest

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?	<input checked="" type="checkbox"/> Member of the scientific planning committee	<input checked="" type="checkbox"/> Moderator	Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other (describe) Click here to enter text.		
<input checked="" type="checkbox"/> I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose			
<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.			
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. Nil	Click here to enter text.	
Membership on advisory boards or speakers' bureaus	Click here to enter text. N/A	Click here to enter text.	
Funded grants or clinical trials	Click here to enter text. N/A	Click here to enter text.	
Patents on a drug, product or device	Click here to enter text. N/A	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. N/A	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"/> No
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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.			
Name:	Bilal Ansari		Date: 15/10/21.

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Name:	Click here to enter text. Filio Billia	Date:	Click here to enter a date. Sept 12 2021

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Name:	Nelson H. Burbano	Date:	09/20/2021 Click here to enter a date.

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Name:	Ghislaine Douflé	Date:	Sept 25 th 2021

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Name:	Click here to enter text. Carolyn LoBue	Date:	Click here to enter a date. 9/15/21

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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 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.			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:		Date:	Sept 28, 2021

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:

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National Standard Element 3: Conflict of Interest

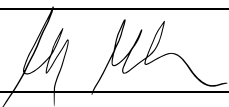
This element describes the processes and requirements for gathering, managing and disclosing conflicts of interest to participants.

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Process:

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Disclosure of Conflict of Interest

Title of CPD activity	20th Annual Perioperative TEE Symposium		
Date of CPD activity	November 6, 2021		
What is your role in the CPD activity?	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input checked="" type="checkbox"/> Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other (describe) Click here to enter text.		
<input checked="" type="checkbox"/> I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose			
<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.			
Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)	
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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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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"/> Yes <input type="checkbox"/> No
<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.			
Name:	Massimiliano Meineri 	Date:	21 Sept, 2021 or a date.

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Disclosure of Conflict of Interest

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?	<input checked="" type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input type="checkbox"/> Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other (describe) Click here to enter text.		
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<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.			
Name:	Jacobo Moreno Garijo	Date:	08 September 2021



Disclosure of Conflict of Interest

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?	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input checked="" type="checkbox"/> Speaker
	<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator	
	<input type="checkbox"/> Other (describe) Click here to enter text.		
<input checked="" type="checkbox"/> I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose			
<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.			
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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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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.			
Name:	Click here to enter text. DR AHMAD SALEHI OMRAN	Date:	Click here to enter a date. Sep 14, 2021

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Disclosure of Conflict of Interest

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?	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input type="checkbox"/> Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other (describe) Click here to enter text.		
<input type="checkbox"/> I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose			
<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.			
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 type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No
<input 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.			
Name:	Pablo Perez d'Empaire	Date:	Sept 12, 2021

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Disclosure of Conflict of Interest

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?	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input type="checkbox"/> Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	X Other (describe) Admin support		
X I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose			
<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.			
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.	
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Patents on a drug, product or device	Click here to enter text.	Click here to enter text.	
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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:	Sarah Russell	Date:	26/10/21

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Title of CPD activity	20 th Annual Perioperative TEE Symposium		
Date of CPD activity	November 6, 2021		
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		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other (describe) Click here to enter text.		
<input checked="" type="checkbox"/> I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose			
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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.	
To be completed by speakers only			
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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"/> Yes <input type="checkbox"/> No
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Name:	Marcus Salvatori	Date:	October 20, 2021

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- 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	20 th Annual Perioperative TEE Symposium		
Date of CPD activity	November 6, 2021		
What is your role in the CPD activity?	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input checked="" type="checkbox"/> Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other (describe) Click here to enter text.		
<input checked="" type="checkbox"/> I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose			
<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.			
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"/> 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"/> Yes <input type="checkbox"/> No
<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.			
Name:	Click here to enter text. <i>Sidhu Sharkey.</i>	Date:	Click here to enter a date. 9/15/2021

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.
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Process:

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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?	<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 (describe) Click here to enter text.		
<input type="checkbox"/> I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose			
X 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			
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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 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:	Click here to enter text <i>Wendy Tsang</i>	Date:	September 14, 2021
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Disclosure of Conflict of Interest

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 scientific planning committee	<input type="checkbox"/> Moderator	X Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other (describe) Click here to enter text.		
X I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose			
<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.			
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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 <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