**[INSERT GUIDELINE PANEL NAME]**

**Disclosure of Affiliations and Interests Form**

**Guideline topic:** [guideline topic]

**Name:** Click here to enter text.

The following disclosure form is to be completed by all members of the [INSERT GUIDELINE PANEL NAME] as well as external experts or other key stakeholders involved in the above-mentioned guideline process, as part of standard procedures for identifying and addressing affiliations and interests. The form must be completed prior to appointment to the panel and at regular intervals thereafter.

A transparent structured process will be used to collect and assess any declared affiliations and interests. A determination will then be made as to whether any steps need to be taken to address them.

**Please use the table below to disclose any affiliations and interests that you may have related to [guideline topic] outside of the work of** [INSERT GUIDELINE PANEL NAME]**. Interests and affiliations from the past** [select look-back period] **years must be disclosed.** Please answer all questions below to the best of your knowledge, provide as much detail as possible, and consider all sections of the form, as well as any other interest you may have that may not fit into the sections below. It is expected that all interests that you are aware of, and that are related or could be perceived to be related to **[guideline topic]** will be disclosed in the tables below. You may be contacted for additional information if it is deemed that insufficient information is present in the form to allow for a fully informed assessment of affiliations and interests.

I hereby certify that the information provided in the form below is complete and accurate to the best of my knowledge. I understand that it is my responsibility to report to the [insert name of guideline secretariat or COI oversight committee] any material change in circumstances in my affiliations and interests as soon as it is known to me. I also consent to the publication of my disclosed interests on the [INSERT GUIDELINE PANEL NAME] website, and/or in the published guideline, including whether any actions were taken to address the disclosed affiliations and interests.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Notice**

The personal information that you provide is protected and governed in accordance with the *Privacy Act* and is collected under the authority of section 14.1 of the *Public Health Agency of Canada Act*.

**Purpose of collection:** The Agency will only collect your personal information (biographical and affiliations/interests) to create and administer your appointment into an external advisory body established by the Agency.

**Disclosure:** Your personal information (biographical and affiliations/interests) will be published on our website and in print materials as a condition of appointment and as part of our commitment to be transparent about the membership of the Agency’s advisory bodies. We will also share your personal information collected on this form with the Advisory Body Chair and Executive Secretary prior to each committee meeting to determine whether there is a potential conflict of interest that requires a decision to limit your participation in all or part of a meeting or mandate to ensure objectivity and integrity of the discussion. In limited and specific situations, your personal information may be disclosed without your consent in accordance with subsection 8(2) of the *Privacy Act*.

**Refusal to provide the information: Failure to provide the requested information will prevent you from being considered for appointment into an external advisory body.**

**For more information:** This personal information collection is described under a Standard Personal Information Bank described as Members of Boards, Committees and Councils available on the Government of Canada website. Refer to the [Standard Personal Information Bank Members of Boards, Committees and Councils (PSU 919](https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/information-about-programs-information-holdings/standard-personal-information-banks.html#psu919)).

**Your rights under the *Privacy Act*:** In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correct your personal information. You also have the right to file a complaint to the Office of the Privacy Commissioner if you think your personal information has been handled improperly.

For more information about these rights, or about our privacy practices, please contact Privacy Management Division at Privacy-vie.privee@hc-sc.gc.ca

For more information about the program, please contact phac.phac-eabaspc-oce.aspc@canada.ca.

# 1. Participation in research

**Have you, your spouse/partner, or your immediate family members participated (e.g., as a trial investigator) in conducting research related to [guideline topic], in the past** [select look-back period] **years?**

Examples:

a) Research that will be (or is likely to be) a component of a guideline recommendation on a topic

b) Research related to a competing intervention that will be (or is likely to be) relevant to the guideline recommendations

c) Research related to a company that produces a specific intervention under consideration in the guideline, but not related to that specific intervention

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Describe the research activity, including your role** | **Source of funding (if applicable)** | **Funds allocated to (if applicable)** | **Total dollar amount****(if applicable)** | **Recurrence** | **Key dates** |
|  [ ]  None to declare (please go to section 2) |
|  |  | Select one | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
|  |  | Select one | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
| ***PLEASE ADD ADDITIONAL ROWS AS NEEDED (copy/paste from rows above to maintain drop-downs)*** |

**Please provide any additional comments, if applicable:**

# 2. Equity ownership

**Do you, your spouse/partner, or your immediate family members own or have owned stock, stock options, or other ownership interests in a company that manufactures or promotes a health technology related to [guideline topic], in the past** [select look-back period] **years?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe the equity ownership** | **Total dollar amount** | **Recurrence** | **Key dates** |
|  [ ]  None to declare (please go to section 3) |
|  | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
|  | Select the amount | Select one | Date when interest arose: \_\_\_\_\_Date when interest ended: \_\_\_\_\_ |
| ***PLEASE ADD ADDITIONAL ROWS AS NEEDED (copy/paste from rows above to maintain drop-downs)*** |

**Please provide any additional comments, if applicable:**

# 3. Intellectual property

**Do you, your spouse/partner, or your immediate family members own or have owned patents or copyrights, and/or received royalties from these rights related to a health technology relevant to [guideline topic], in the past** [select look-back period] **years?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe the intellectual property** | **Total dollar amount (if applicable)** | **Recurrence** | **Key dates** |
|  [ ]  None to declare (please go to section 4) |
|  | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
|  | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
| ***PLEASE ADD ADDITIONAL ROWS AS NEEDED (copy/paste from rows above to maintain drop-downs)*** |

**Please provide any additional comments, if applicable:**

# 4. Paid and voluntary work

**Have you, your spouse/partner, or your immediate family members participated in paid or voluntary work relevant to [guideline topic], in the past** [select look-back period] **years?**

Examples

a) Employment in any capacity by the manufacturer of a health technology assessment under consideration

b) Membership on a board of directors for a manufacturer of a health technology under consideration

c) Clinical practice in a specific topic area, particularly if a large proportion of the clinical practice involves the health technology/intervention under consideration in the guideline

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe the paid or voluntary work, including your role** | **Employer** | **Recurrence** | **Key dates** |
|  [ ]  None to declare (please go to section 5) |
|  |  | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
|  |  | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
| ***PLEASE ADD ADDITIONAL ROWS AS NEEDED (copy/paste from rows above to maintain drop-downs)*** |

**Please provide any additional comments, if applicable:**

# 5. Scientific meetings/lectures and speaking fees

**Have you, your spouse/partner, or your immediate family members delivered presentations or lectures in scientific meetings, which are relevant to [guideline topic], in the past** [select look-back period] **years?**

Examples

a) Presentation at a scientific meeting (open or closed) in relation to an intervention or health technology that could be part of clinical practice guideline recommendations

b) Receiving income from lectures or other forms of teaching related to the health technology that could be part of a clinical practice guideline

c) Funding from the company producing the intervention or health technology, a competitor, or from a third party on behalf of the company / competitor to speak at conference, scientific meeting, continuing medical education event, or education facility for any purpose.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Describe the presentation** | **Source of funding (if applicable)** | **Funds allocated to (if applicable)** | **Total dollar amount****(if applicable)** | **Recurrence** | **Key dates** |
|  [ ]  None to declare (please go to section 6) |
|  |  | Select one | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
|  |  | Select one | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
| ***PLEASE ADD ADDITIONAL ROWS AS NEEDED (copy/paste from rows above to maintain drop-downs)*** |

**Please provide any additional comments, if applicable:**

# 6. Sponsored travel

**Have you, your spouse/partner, or your immediate family members received funding or sponsorship for travel that was related to [guideline topic], in the past** [select look-back period] **years?**

Example

a) Any domestic or international travel either personally or to family or friends, funded in part or whole by a pharmaceutical company (or other company producing a health technology of interest) or related third party

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Describe the travel** | **Source of funding**  | **Funds allocated to** | **Total dollar amount** | **Recurrence** | **Key dates** |
|  [ ]  None to declare (please go to section 7) |
|  |  | Select one | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
|  |  | Select one | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
| ***PLEASE ADD ADDITIONAL ROWS AS NEEDED (copy/paste from rows above to maintain drop-downs)*** |

**Please provide any additional comments, if applicable:**

# 7. Hospitality

**Have you, your spouse/partner, or your immediate family members received any hospitality or gifts from a third party as part of an activity related to [guideline topic], in the past** [select look-back period] **years?**

Example

a) Hospitality or gifts provided by a pharmaceutical company (or other company producing a health technology of interest) as part of a publicity or awareness-raising campaign

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Describe the hospitality** | **Source** | **Funds/ gifts allocated to** | **Total dollar amount** | **Recurrence** | **Key Dates** |
|  [ ]  None to declare (please go to section 8) |
|  |  | Select one | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
|  |  | Select one | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
| ***PLEASE ADD ADDITIONAL ROWS AS NEEDED (copy/paste from rows above to maintain drop-downs)*** |

**Please provide any additional comments, if applicable:**

# 8. Sponsorship or associations

**Have you, your spouse/partner, or your immediate family members been associated with an organization related to [guideline topic], in the past** [select look-back period] **years?**

Example

a) Involvement (as a general member or as part of organization's management) in an organisation which receives direct funding or sponsorship from a pharmaceutical company (or other company producing a health technology of interest)

b) Involvement (as a general member or as part of organization's management) in a non-profit or advocacy organization that may have a vested interest in the guideline topic

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Describe the association, including your role** | **Organization** | **Funds allocated to (if applicable)** | **Total dollar amount (if applicable)** | **Recurrence** | **When the association happened** |
|  [ ]  None to declare (please go to section 9) |
|  |  | Select one | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
|  |  | Select one | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
| ***PLEASE ADD ADDITIONAL ROWS AS NEEDED (copy/paste from rows above to maintain drop-downs)*** |

**Please provide any additional comments, if applicable:**

# 9. Public statements about the guideline topic

**Have you, your spouse/partner, or your immediate family members published any statements or opinions related to [guideline topic], in the past** [select look-back period] **years?**

Example

a) Advocating for a change in policy in relation to an intervention that may be part of the guideline scope

b) Individual has made public statement advocating that a intervention or health technology under consideration should or should not be recommended

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Describe the statement, including where it was published** | **Funds allocated to (if applicable)** | **Total dollar amount (if applicable)** | **Recurrence** | **When the statement happened** |
|  [ ]  None to declare (please go to section 10) |
|  | Select one | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
|  | Select one | Select the amount | Select one | Date interest arose: \_\_\_\_\_Date interest ended: \_\_\_\_\_ |
| ***PLEASE ADD ADDITIONAL ROWS AS NEEDED (copy/paste from rows above to maintain drop-downs)*** |

**Please provide any additional comments, if applicable:**

# 10. Other relevant disclosures related to the guideline topic that do not fit the categories above

**Have you, your spouse/partner, or your immediate family members have any other interests related to [guideline topic] that do not fit in the categories above, in the past** [select look-back period] **years?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Describe the interest** | **Funds allocated to (if applicable)** | **Total dollar amount****(if applicable)** | **Recurrence** | **When the interest happened** |
|  [ ]  None to declare  |
|  | Select one | Select the amount | Select one | Date when interest arose: \_\_\_\_\_Date when interest ended: \_\_\_\_\_ |
|  | Select one | Select the amount | Select one | Date when interest arose: \_\_\_\_\_Date when interest ended: \_\_\_\_\_ |
| ***PLEASE ADD ADDITIONAL ROWS AS NEEDED (copy/paste from rows above to maintain drop-downs)*** |

**Please provide any additional comments, if applicable:**