DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

In order for the Academy to operate most effectively to further the purposes for which it is organized, it is important that Academy decisions and actions not be unduly influenced by any special interests of individual members. Therefore, it has always been and continues to be important to identify potential or actual conflicts of interest that might improperly affect Academy activities. The Academy has adopted a formal system for the disclosure and evaluation of actual and potential conflicts of interest. The principal features of that system are described below.

Conflicts of Interest Examples

1. Interests that may affect significant economic transactions to which the Academy is or may be a direct party. An example would be ownership by an Academy officer of a company from which the Academy makes major purchases of goods or services.

2. Interests that might cause a representative of the Academy to abuse an Academy position to achieve objectives that are inconsistent with the purposes of the Academy. An example of such exploitation would be a council or committee chair unfairly maligning a company that competes with a company in which the chair has a personal financial interest.

3. Interests that bear significantly on issues of importance to the Academy membership and about which different components of the Academy membership might hold widely differing views. An example would be the interests/potential biases associated with a member being employed by a government agency, medical device, or pharmaceutical company when the member is in a position to influence the development of Academy position statements, policies or clinical guidelines.

In many cases, disclosure of the potentially conflicting interest will itself suffice to protect the integrity of Academy operations. In other words, once such an interest is fully disclosed to the other participants in any related Academy activity, those other participants will generally be able to evaluate and adjust for the possible influence of the disclosed interest.
However, it is important to bear in mind that in certain situations, adequate protection of the interests of the Academy may require scrupulous avoidance of even the appearance of conflict of interest, abuse or impropriety. In those situations where mere disclosure does not appear adequate to deal with actual or potential problems, additional action may be necessary.

Disclosure Process

1. Identifying possible conflicts of interest by individuals occupying leadership positions. The individuals covered by this procedure are the officers, all other members of the Board of Directors, the editors of *Journal of American Academy of Dermatology (JAAD)* (including associate and assistant editors) and the editor of *Dermatology World*, all chairs and members of councils, committees, task forces, ad hoc task forces, work groups and senior staff. Annually, the individuals covered will be required to sign and submit a disclosure statement acknowledging a duty to serve the Academy in good faith and with undivided loyalty. These individuals must describe all personal or professional circumstances that might create a private interest in conflict with the interests of the Academy. Accompanying this policy statement as Exhibit A is a sample copy of such a disclosure statement.

In addition, “Key Leaders,” including the President, President-elect, Immediate past President, Secretary-Treasurer, Assistant Secretary-Treasurer, Executive Director, and JAAD Editor, will be required to divest themselves of any “direct financial relationships”\(^1\) with industry during their entire term, utilizing the time from the close of the election to the time they take office to complete the divestiture process.

Members who do not disclose annually and who fail to update their disclosure within 30 days of acquiring a new financial relationship will lose the right to hold office, serve in the governance structure and, except in unusual circumstances approved in advance by the Board of Directors, to participate in Academy programs.

Review Process

1. Officers, directors, chairs and members of councils, committees, and task forces, the editors of *JAAD* and senior staff will submit their disclosure statements online on the AAD Website with oversight by the Secretary-Treasurer.

2. The disclosure statements from committee and task force members will be forwarded to the appropriate chair to review. If necessary, the chair will forward those statements that appear to have conflicts that could prevent the member from serving to the Secretary-Treasurer with any relevant observations or recommendations.

\(^1\) For purposes of Key Leader disclosures, the definition of direct financial relationship is a compensated relationship held by an individual that should generate an IRS Form W-2, 1099 or equivalent income report. Key Leaders may provide uncompensated service to for-profit companies and accept reasonable travel reimbursement in connection with those services. Key Leaders may accept research support as long as grant money is paid to the institution or practice where the research is conducted, not the individual. Compensation (e.g., royalties) from intellectual property rights does not need to be divested. Exception may be made in certain circumstances for provision of consultant or investigator expertise related to protocol development and/or safety monitoring as long as the activities are not related to marketing or promotional efforts. In this event, the Secretary-Treasurer must be provided with background information and approval must be provided in advance for an exception to the policy. In these circumstances, compensation to the individual may not exceed $10,000/company/year. Verifying 1099 forms must be submitted to the Secretary-Treasurer when received. This exception may not be applied to the President, who shall remain free from any and all direct financial relationships during his/her term of office.
3. The Secretary-Treasurer will review the disclosure statements submitted by the chairs and forward those that require further review to the Professionalism & Ethics Committee, while at the same time informing the Board of Directors of any conflicts that appear especially significant.

4. The Professionalism & Ethics Committee will review and initiate any request for further information and promptly prepare a report to the Secretary-Treasurer regarding its findings. The Secretary-Treasurer will report to the Board of Directors on any items found by the Committee to be of special significance.

All electronic disclosure statements will be retained at the Academy headquarters office. They will be available electronically for review by members of the Board of Directors and staff, and, upon request, by Academy members. They will be available to the council, committee, task force, ad hoc task force and work group members to review prior to all conference calls and meetings.

Members are also required to verbally disclose and update their disclosure form for any relevant conflicts that may occur during a conference call or meeting that do not already appear on the disclosure form and said statement should appear in the summation report for the meeting or conference call.

As noted above, some situations involving actual or potential conflicts of interest may call for action beyond disclosure. In some cases, there may be a need for the governing entity to further discuss a potential conflict of interest and determine whether the issue rises to the level where the member may speak to the issue but not vote or may be asked to recuse him or herself from the discussion and voting. The basic authority and procedures established by corporate law and the Academy bylaws will be available to deal with any substantial conflict of interest problems. For example, the normal disciplinary standards and procedures described in Sections 7 and 8 of Article IV of the Academy bylaws can be invoked to discipline any member whose conflict of interest produces a violation of those standards. As another example, council, committee, ad hoc task force, task force and work group chairs, all of whom serve by virtue of approval by the Board of Directors, are subject to removal by the Board of Directors if a particular conflict of interest is deemed sufficiently serious or a member refuses to submit a current disclosure form. As to the officers and directors themselves, they continue to be subject to basic legal constraints arising out of the fiduciary nature of their relationships with the Academy, and in appropriate circumstances, the Board of Directors can deal with misconduct in office or seek court intervention.

2. Standing Rule Regarding Disclosure of Interests by Participants in Debate at an Academy Membership Meeting. Accompanying this policy statement as Exhibit A is a copy of this standing rule. As suggested by the terms of the rule, its basic purpose is to inform the audience of aspects of a speaker’s personal or professional circumstances that might affect significantly the speaker’s attitude or judgment regarding the particular matter under consideration. Written notice of this rule is to be included with membership meeting notices, and the rule is also to be announced at each meeting by the presiding meeting officer.
3. **Continuing Medical Education and Maintenance of Certification Activities.** As a CME provider accredited by the Accreditation Council of Continuing Medical Education (ACCME), the Academy has established policies and procedures to identify and resolve conflicts of interest for all individuals in a position to control the content of an educational activity. This includes but is not limited to the planning committee members, session directors, speakers (“faculty”), presenters, moderators, authors, peer reviewers and staff.

4. **Standing Rule Regarding Disclosure of Interests by Speakers at Academy Scientific Sessions.** Accompanying this policy statement as Exhibit B is a copy of that rule. As in the case of the rule regarding disclosure during debate at a business meeting of the Academy membership, this rule is intended to bring possible bias to the attention of the audience so that the members of the audience can evaluate the program content accordingly. Written notice of this rule is to be sent to the directors of, and prospective speakers at, symposia and other scientific programs, and the directors are to announce the rule at each scientific session.

5. **Evidence-Based Clinical Guideline Development.** The Academy is committed to minimizing the potential for health industry influence on the development of clinical guidelines of care and creating these documents with full transparency. Guideline work group members are required to disclose all relevant conflicts prior to their work group appointments and throughout guideline development in order to identify, resolve and manage potential conflicts. Refer to Appendix A of the Administrative Regulations for Evidence-Based Guidelines that details the requirements for disclosure and management of all guideline contributors and approving bodies during guideline production and review.

6. **Journal of the American Academy of Dermatology (JAAD) Conflict of Interest Statement.** This disclosure of potential conflict of interest seeks to identify sources of bias that might affect the presentation of scientific analysis or opinion. It relates to disclosure of certain types of interests by the authors of manuscripts submitted for possible publication in JAAD. The primary areas of concern are:
   (1) financial support from pharmaceutical and device companies or other commercial interests for research that is the subject of a JAAD manuscript and
   (2) Financial interests on the part of authors in any products or services related to the subject matter of a JAAD manuscript.

   Accompanying this policy statement as Exhibit C is a sample copy of a disclosure statement to be signed by each author of a manuscript submitted to JAAD. Disclosure of any potential conflict will alert the editors to the possibility of bias in the presentation, and it might also be appropriate in certain circumstances to publish information about the disclosed interest with the article in question so that each reader will have an opportunity to evaluate and adjust for the possible bias.

Because proper disclosure by each individual author, speaker, member or Academy leader is essential if the system is to function satisfactorily, it is important for everyone involved to approach with the proper perspective the question of what types of circumstances call for disclosure. The purpose of the procedure is not to discourage all involvement by Academy members in outside activities that might produce actual or potential conflicts with interests of the Academy. Neither is the objective to intrude into aspects of an individual's professional or personal life that are, realistically, unlikely to have any significant bearing on Academy
activities. Common sense should guide all decisions about what to disclose, and one reasonable test is whether a particular circumstance, interest or relationship, if made known to the full membership of the Academy or to the general public, would be likely to create the perception of impropriety, cause embarrassment for the Academy and/or the individual involved, or evoke suspicion about the motives behind any Academy action.

**Exhibit A**

**Standing Rule Regarding Disclosure of Interests by Participants in Debate at an Academy Membership Meeting**

In order for the members in attendance at an Academy membership meeting to evaluate properly statements and arguments presented during debate, it is important that the members be informed of any aspect of a speaker's personal or professional circumstances that might affect significantly the speaker's attitude or judgment regarding the particular matter under consideration. Therefore, during any debate at a membership meeting, the presiding officer will ask each speaker participating in the discussion of a particular issue to introduce himself or herself by name and professional position and to identify any aspect of the speaker's personal or professional circumstances that might reasonably be expected to affect significantly the speaker's views on the subject under discussion. Any member who refuses to provide such information will be denied the opportunity to address the membership during the debate on that particular issue.
Exhibit B

I agree to abide by the Academy’s administrative regulation on disclosure of potential conflicts of interest which outlines all financial relationships.

[Logo]

American Academy of Dermatology & Association
Disclosure Statement of Potential Conflict of Interest

I, ________________________________________________, attest that I am completing the Academy electronic disclosure form as one of the following:

- Chair or Member of a Council, Committee, Task Force, Ad Hoc Task Force or Work Group;
- Candidate for Office or am a member of the Board of Directors;
- Editor of the Journal of the American Academy of Dermatology, Dermatology World or contributor to a CME/MOC activity;
- Senior Staff,

I understand that I occupy a position of trust and that I am expected to act at all times in good faith and without bias or favor to outside interests. Whenever my outside interests or other responsibilities potentially conflict with my duty to the Academy, I will declare these financial relationships and will act in such a manner as to avoid even the appearance of using my position to advance any personal interest or the interest of any individual or entity with whom I have a significant relationship. In particular, I will not act in a way inconsistent with the purposes and best interests of the Academy.

The Academy is accredited by the Accreditation Council for Continuing Medical Education (ACCME®). The Academy expects that every CME and MOC activity certified for credit will be in full compliance with the ACCME® Essential Areas, Elements, Criteria, Policies, and Standards for Commercial Support of Continuing Medical Education.

The Academy has implemented a disclosure process that requires that all individuals in a position to control the content of an educational activity disclose all financial relationships with commercial interest(s), including both compensated relationships and ownership interests purchased with the member’s own funds. This includes the planning committee members,

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2 Financial Relationships: The ACCME requires anyone in control of CME content to disclose relevant financial relationships to the accredited provider. Individuals must also include in their disclosure the relevant financial relationships of a spouse or partner. The ACCME defines relevant financial relationships as financial relationships in any amount that create a conflict of interest and that occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity. The ACCME has not set a minimal dollar amount—any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers’ bureau, ownership interest (e.g., stocks, stock options or other ownership interest whether purchased or provided as compensation), excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.
session director(s), faculty presenters (speakers), authors, panel members, moderators, content validation reviewer(s), staff, etc. **If an individual refuses to disclose relevant financial relationships to the Academy, s/he will be disqualified from participating in the CME activity.**

If you are faculty selected to present/participate in a CME activity, you are required to review the definitions and complete the Disclosure and Attestation.

The disclosure information provided will be collected and included in the agenda materials sent prior to all governance conference calls and meetings. Additionally, this disclosure information will be communicated to our learners prior to their engaging in Academy educational activities.

I will disclose all financial relationship(s) with commercial interests in any amount occurring within the last 12 months as outlined in the [Accreditation Council for Continuing Medical Education (ACCME) requirements](#).

**Disclosure Steps:**

**A.** List the names of commercial interests producing health care goods or services with the exception of non-profit or government organizations and non-health care-related companies with which you or your first degree relative has or has had, a financial relationship within the past 12 months.

**B.** Identify the type of financial relationships received by you or your first-degree relative (ex: salary, honorarium, etc.) from the commercial interests. The Academy does not need to know the dollar amount.

**C.** Identify the role you or your first-degree relative have with the commercial interest.

**D.** If you or your first-degree relative have received multiple items from the same commercial interest, or if you or your first-degree relative have had more than one role for the same commercial interest, enter a separate record for each role/item received.

**E.** Your current disclosures are listed in the table below. To remove an entry, click “Delete” Relationship box, and then click the “delete this relationship” check box for the relationship you want to remove, then click “Confirm Delete”.

**F.** If you or your first-degree relative’s role or item received has changed but the relationship with a commercial interest still exists, you must select the “Edit” button to right of the prior disclosure to update your information; then click the “Update” button for the relationship you want to update.

**G.** All prior disclosures you have entered for yourself or for your first-degree relative are marked to be kept by default. If you need to remove a disclosure, please click on the “delete this relationship” check box for the particular relationship you want to remove; then click “Confirm Delete”. New additional disclosures may be entered by clicking on the “Add” button to the right, enter the relationship and then click “Save and Continue” at the bottom of the page.

**H.** New/additional disclosures may be entered by clicking on the "Enter Additional Financial Disclosures" button below and then clicking "Save and Continue".

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3 [Commercial Interest](#): A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation.

4 A first-degree relative is defined as a spouse, parents, brothers, sisters, or children of the member.
If you have NO financial relationship(s) to disclose:

☐ Neither I, the undersigned, nor a first-degree relative, has at present or has had within the past 12 months, financial interests/arrangements, affiliations, or other relationships with a commercial interest.

If you DO have financial relationship(s) to disclose:

☐ I, the undersigned, and/or my first-degree relative currently has a financial interest/arrangement, affiliations, or other relationships with a commercial interest.

NATURE OF FINANCIAL COMPENSATION
(these will now be drop down menus online)

1. Select from the following the role for which you received financial compensation from a commercial interest:

☐ Advisory Board
☐ Board of Directors
☐ Consultant
☐ Data Safety Monitoring Board
☐ Employee
☐ Founder
☐ Independent Contractor
☐ Principal Investigator
☐ Speaker
☐ Speaker/Faculty education
☐ Stockholder
☐ Other: please specify: ____________________

2. Select the type of compensation received:

☐ Equipment
☐ Fees
☐ Grants/Research Funding
☐ Honoraria
☐ Non-accredited CME Educational Grant
☐ Patent royalties or other compensation for Intellectual Property Rights
☐ Residency/Fellowship Program Funding
☐ Salary
☐ Stock
☐ Stock Option
☐ No Compensation Received
☐ Other Financial Benefit: please specify: ____________________

☐ I agree to update this form within 30 days after I establish any new financial relationships that could represent potential conflicts of interest.

<table>
<thead>
<tr>
<th>Company Name (will also be drop down)</th>
<th>For What Role?</th>
<th>What was received/purchased?</th>
<th>Money paid to you?</th>
<th>Money paid to your institution?</th>
<th>Purchased with your own funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: ABC Pharma, Inc.</td>
<td>Advisory Board</td>
<td>Member</td>
<td>Honoraria</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5 This means compensation that your institution received for your efforts on this study.
Under Commercial Interest Relationships, did you list a relationship as “Other” under the “For What Role” column or “Other Financial Benefit” under “Compensation”? If yes, please describe the relationship. Please also provide additional details about any relationship documented above or that does not meet the designated categories that requires disclosure under the AAD’s Administrative Regulations or merits further explanation.

1. **Boards/Officer of Public or Academic Organizations.** Examples: Trustee, American Board of Dermatology; Officer, Alternative Delivery System Corp.

2. **Government Affiliation.** Examples: Consultant, FDA or National Library of Medicine; Research Review Committee for Applications of Computers in Medicine.

3. **Dermatology Society Leadership Position** (officer, director, member or chair of a committee).

4. **Editor or Author of Scientific Publications.** Examples: Author, Dermatology Times; Editor, Archives in Dermatology.

5. **Editor or Author of Non-Scientific Publications.** Examples: Assistant Editor, Journal of Dermatology Marketing and Practice Management; Author, Cosmetics for the Lay Person.

6. **Other Relationships.** Example: employed by Ameripath

7. **My principal professional activities relating to dermatology are conducted in the following setting(s):** Example: Private practice, Indianapolis, IN; Adjunct Associate Professor, Department of Dermatology, Indiana University.

I acknowledge my continuing obligation to report to the Secretary-Treasurer of the Academy, promptly online, any material change in the nature or setting of my professional activities or any actual or potential conflict of interest, *i.e.*, conflict between, on the one hand, the interests of the Academy and, on the other, my personal interests or those of a first-degree relative, that comes to my attention in the future. I will also verbally acknowledge any changes to this written disclosure at the time of my participation in an Academy meeting or event. I attest to the best of my knowledge that this is a complete and true disclosure and, that if found to be otherwise, would be grounds for discipline.

____________________________________  __________________
Signature       Date

____________________________________
Printed Name
Exhibit C

☐ I agree to abide by the Academy’s administrative regulation on disclosure of potential conflicts of interest which outlines all financial relationships\(^6\).

American Academy of Dermatology & Association
Disclosure Statement of Potential Conflict of Interest

I, ________________________________________________, attest that I have submitted for consideration for possible publication in the *Journal of the American Academy of Dermatology* (*JAAD*) a manuscript entitled:

______________________________________________________________________

______________________________________________________________________

I hereby certify that, to the best of my knowledge, (1) the work that is reported on in said manuscript has not received financial support from any pharmaceutical company or other commercial interest\(^7\) except as described below, and (2) neither I nor any first-degree relative has any special financial interest in the subject matter discussed in said manuscript, except as described below. (I understand that an example of one type of such special financial interest would be ownership, by me or a first-degree relative, of a company that sells a product relating to the subject matter of the manuscript.)

Describe any exceptions. Use additional page(s) if space below is insufficient.

\(^6\) Financial Relationships: The ACCME requires anyone in control of CME content to disclose relevant financial relationships to the accredited provider. Individuals must also include in their disclosure the relevant financial relationships of a spouse or partner. The ACCME defines relevant financial relationships as financial relationships in any amount that create a conflict of interest and that occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity. The ACCME has not set a minimal dollar amount—any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers’ bureau, ownership interest (e.g., stocks, stock options or other ownership interest (whether purchased or provided as compensation), excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

\(^7\) Commercial Interest: A commercial interest, as defined by the ACCME, is any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation.
Disclosure Steps:

A. List the names of commercial interest producing health care goods or services with the exception of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have a financial relationship.

B. Identify the type of ownership interest or compensation you or your first-degree relative\(^8\) received (ex: salary, honorarium, etc.). The Academy does not need to know the dollar amount.

C. Identify the role you or your first-degree relative have with the commercial interest.

D. If you or your first-degree relative have received multiple items from the same commercial interest or if you or your first-degree relative have had more than one role for the same commercial interest, enter a separate record for each role/item received.

E. Your current disclosures are listed in the table below. To remove an entry, click “Delete” Relationship box, and then click the “delete this relationship” check box for the relationship you want to remove, then click “Confirm Delete”.

F. If you or your first-degree relative’s role or item received has changed but the relationship with a commercial interest still exists, you must select the “Edit” button to right of the prior disclosure to update your information; then click the “Update” button for the relationship you want to update.

G. All prior disclosures you have entered for yourself or for your first-degree relative are marked to be kept by default. If you need to remove a disclosure, please click on the “delete this relationship” check box for the particular relationship you want to remove; then click “Confirm Delete”. New additional disclosures may be entered by clicking on the “Add” button to the right, enter the relationship and then click “Save and Continue” at the bottom of the page.

H. New/additional disclosures may be entered by clicking on the “Enter additional Financial Disclosures” button below and then clicking “Save and Continue”.

If you have NO financial relationship(s) to disclose:

- Neither I, the undersigned, nor a first-degree relative, has financial interests/arrangements, affiliations, or other relationships with the commercial supporter(s) of this activity or with any other organization(s) that provide(s) products or services that are relevant to the content for which I am responsible.

If you DO have financial relationship(s) to disclose:

- I, the undersigned, and/or my first-degree relative currently has a financial interest/arrangement, affiliations, or other relationships with the commercial supporter(s) of this activity or with another organization(s) that provide(s) products or services that are relevant to the content for which I am responsible.

\(^8\) A first-degree relative is defined as a spouse, parents, brothers, sisters, or children of the member.
## NATURE OF FINANCIAL COMPENSATION
(these will now be drop down menus online)

1 Select from the following the **role** for which you received financial compensation from a commercial interest:

- □ Advisory Board
- □ Board of Directors
- □ Consultant
- □ Employee
- □ Founder
- □ Independent Contractor
- □ Principal Investigator
- □ Speaker
- □ Speaker/Faculty education
- □ Stockholder
- □ Other: please specify: ____________________

2. Select the **type** of compensation received:

- □ Equipment
- □ Fees
- □ Grants/Research Funding
- □ Honoraria
- □ Non-accredited CME Educational Grant
- □ Patent royalties or other compensation for Intellectual Property Rights
- □ Residency/Fellowship Program Funding
- □ Salary
- □ Stock
- □ Stock Option
- □ No Compensation Received
- □ Other Financial Benefit: please specify: ____________________

☐ I agree to update this form within 30 days after I establish any new financial relationships that could represent potential conflicts of interest.

<table>
<thead>
<tr>
<th>Company Name (will also be drop down)</th>
<th>For What Role?</th>
<th>What was received?</th>
<th>Money paid to you?</th>
<th>Money paid to your institution? (^9)</th>
<th>Purchased with your own funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: ABC Pharma</td>
<td>Advisory Board Member</td>
<td>Honoraria</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example: Small Pharma</td>
<td>Consultant</td>
<td>Fee</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example: XYZ Pharma</td>
<td>Principal Investigator</td>
<td>Research Grant</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Example: Big Pharma</td>
<td>Stockholder</td>
<td>Stock</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

\(^9\) This means compensation that your institution received for your efforts on this study.
☐ I agree to update this form within 30 days after I establish any new financial relationships that could represent potential conflicts of interest.

Under Commercial Interest Relationships, did you list a relationship as “Other” under the “For What Role” column or “Other Financial Benefit” under “Compensation”? If yes, please describe the relationship. Please also provide additional details about any relationship documented above or that does not meet the designated categories that requires disclosure under the AAD’s Administrative Regulations or merits further explanation.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I hereby grant permission for any such information, or an appropriate summary thereof, to be published in JAAD with the manuscript if the manuscript is accepted for publication.

______________________________________ ___________________
Signature       Date

______________________________________
Printed Name