

Gray, Vanessa

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Thursday, August 20, 2020 3:49 PM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP
Director, Continuing Medical Education
Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
515-271-1596
cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Thursday, August 20, 2020 - 3:49pm

Submitted values are:

First Name: Teresa

Last Name: Aoki

Credentials: MD

Email Address: teresa.aoki@dmu.edu

Activity / Course Title: CoVid-19 update

Activity Date(s): 09/03/2020

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: CoVid-19 update

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I

agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Teresa Aoki

Gray, Vanessa

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Monday, August 31, 2020 9:21 AM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

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Director, Continuing Medical Education
Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
515-271-1596
cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Monday, August 31, 2020 - 9:20am

Submitted values are:

First Name: Kevin

Last Name: Carnevale

Credentials: M.D.

Email Address: kevin.carnevale@dmu.edu

Activity / Course Title: Coronavirus: An Update

Activity Date(s): 9/3/2020

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Coronavirus: An Update

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I

agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Kevin Carnevale

Gray, Vanessa

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Friday, August 14, 2020 11:26 PM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

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Des Moines University
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cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Friday, August 14, 2020 - 11:25pm

Submitted values are:

First Name: Daniela

Last Name: Frankova

Credentials: MD PhD FACP

Email Address: daniela.frankova@dmu.edu

Activity / Course Title: COVID-19 Panel Discussion

Activity Date(s): 9/3/2020

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: COVID-19 Panel Discussion

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias?

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

- I will discuss the pros and cons of competing products in my presentation.
- I will submit my course materials in advance to allow for adequate peer review.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Yes, I do intend to discuss off-label uses of the following commercial product(s)/device(s) and agree to inform learners of such.

Declaration: Daniela Frankova

Gray, Vanessa

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Thursday, August 20, 2020 3:38 PM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

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cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Thursday, August 20, 2020 - 3:37pm

Submitted values are:

First Name: Noreen

Last Name: O'Shea

Credentials: DO

Email Address: noshea@dmu.edu

Activity / Course Title: Coronavirus An Update

Activity Date(s): September 3 2020

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Coronavirus An Update

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias?

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

- I will discuss the pros and cons of competing products in my presentation.
- I will submit my course materials in advance to allow for adequate peer review.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Noreen O'Shea DO

Gray, Vanessa

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Wednesday, August 19, 2020 11:27 AM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP
Director, Continuing Medical Education
Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
515-271-1596
cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Wednesday, August 19, 2020 - 11:26am

Submitted values are:

First Name: Sydney
Last Name: Stanley
Credentials: OMS III
Email Address: Sydney.n.stanley@dmu.edu
Activity / Course Title: Coronavirus: An Update
Activity Date(s): September 3, 2020
Please indicate your role in this course. : Presentation Introduction

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Declaration: Sydney Stanley

Gray, Vanessa

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Thursday, August 13, 2020 4:50 PM
To: CME
Subject: Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

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Des Moines University
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cme@dmu.edu
<https://cme.dmu.edu/>

Submitted on: Thursday, August 13, 2020 - 4:50pm

Submitted values are:

First Name: Sarah

Last Name: Werning

Credentials: PhD

Email Address: sarah.werning@dmu.edu

Activity / Course Title: Coronavirus: An Update

Activity Date(s): September 3, 2020

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Overview and pathogenesis of COVID-19

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias?

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

- I will submit my course materials in advance to allow for adequate peer review.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Sarah Werning