



**Disclosure of Off-Label Uses AOA Standard 2.2.4.3**

If at any time during my presentation I discuss an off-label use of a commercial product/device, I understand that I must provide disclosure of that intent.

- No, I do not intend to discuss an off-label use of a commercial products(s)/devices(s).
- Yes, I do intend to discuss off-label uses of the following commercial products(s)/devices(s) and agree to inform learners of such.
- Not applicable

**Declaration**

I will uphold Des Moines University's continuing medical education standards and guidelines to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this activity.

I understand that continuing education accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited CME provider or its educational partner.

Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest will be managed and resolved in advance of the activity and disclosure information will be shared with the activity participants.

**Signature:**

**Date:**

**Review Process and Resolution of Possible Conflict of Interest (For CME Office Use Only)**

AOA Standard 3.13

- Risk Assessment:  None     Low     High  
Significant factors:  Relationships     Previous Evaluation Data     Topic Area

**Referred to:**

- Activity director
  - Planning committee member
  - Other
- Name: \_\_\_\_\_  
Name: \_\_\_\_\_

**Proposed action:**

- Conduct peer review
  - Independent review of abstracts
  - Independent review of presentation/slides
- Limit scope of the presentation
  - Narrow the materials covered
  - Omit specific recommendations
- Verify recommendations based on structured review of best evidence
- Alternate speaker or planning member identified
- Assign on-site monitor
- Alter activity design to ensure fair and balanced treatment or topic (e.g., include non-pharmacological, panel discussion, Q & A time)
- Dissolve financial relationship (attach documentation)
- Other: \_\_\_\_\_

**Final Outcome:**

Notes: \_\_\_\_\_  
\_\_\_\_\_

Follow-up evaluation data (post-activity): \_\_\_\_\_  
Participant feedback (%) response    Free of bias     Yes, \_\_\_\_\_%     No, \_\_\_\_\_%  
On-site monitor present?     Yes     No    If yes, name: \_\_\_\_\_