

Gray, Vanessa

From: DMU CME via DMU CME <cme@dmu.edu>
Sent: Thursday, February 6, 2020 10:08 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
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Submitted on: Thursday, February 6, 2020 - 10:08am

Submitted values are:

First Name: Sean

Last Name: Grambart

Credentials: DPM, FAFAS

Email Address: sgrambart@dmu.edu

Activity / Course Title: Osteochondral Lesions of the Talus

Activity Date(s): March 2020

Please indicate your role in this course. :

- Activity Director

- Presenter/Speaker

Presentation Title:

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.

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest? I will ensure that any speakers or content I suggest is independent of commercial bias.

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

Disclosure of Relevant Financial Relationships: Yes (self), within the past 12 months, I have had either a financial interest/arrangement with one or more entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients or consulting services related to continuing education in the health professions.

Self: Financial Relationship:

- Other

Other: Name of Company(s) and Relationship: Design Team Orthosolutions

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

Declaration: Sean Grambart