**Disclosure of Financial Relationship Form**

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| --- |
| **Name of Individual and Credentials:**  Click or tap here to enter text.  **Date Completed:**  Click or tap to enter a date. |

Have you had a financial relationship with an ineligible company\* over the past 24 months?

Yes

No

\****Ineligible companies*** are those whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.

If Yes, please indicate the relationship with the ineligible company(s).

Salary

Royalty

Stock

Speakers Bureau

Consultant

If Yes, provide the name of the ineligible company: Click or tap here to enter text.

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