

COI Disclosure Form

All individuals who have the ability to control or influence the content of an educational activity must disclose all relevant relationships with any commercial interest, including but not limited to members of the planning committee, speakers, presenters, authors, and/or content reviewers.

Name :

Activity Title:

Date of Activity:

Instructions: List the names of commercial interests (defined in the "Glossary of Terms" below) with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

- Check One: I have/had no relevant financial relationships with any commercial interests.
- I have, or have had, a relevant financial relationship within the past 12 months.

Nature of RelationshipName of Commercial Interest

- Grant/Research Support:
- Consultant: Alnylam, Takeda, Argenx
- CE Speakers' Bureau:
- Stockholder:
- Other:

- Statement of Understanding** I attest that the information above is accurate and confirm that I am not receiving direct payment from a commercial entity for honorarium, travel or other expenses. I also agree to abide by all policies of the University of Pittsburgh and University of Pittsburgh Medical Center, including those related to patient privacy. I agree that all elements of the educational activity for which I am responsible will be balanced, based upon the best available scientific evidence, and free of commercial influence. An "X" in the box serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information given above.

Completed By (First Name, Last Name): Sasha Zivkovic

Date Completed: 8/16/2021

Glossary of Terms

Commercial Interest: The ACCME defines a "commercial interest" as any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. For more information, visit www.accme.org.

Financial relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, 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. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant financial relationships: ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.



Authorization for video, audio, recording, and photographic participation and interviews of presenters in connection with grand rounds and/or cme or other educational conferences

Subject's Name: SASHA ZILKOWIC
Address: 3771 5TH AVE #810, PITTSBURGH, PA 15215
Telephone: (412) 697-1706 E-mail: ZILKST@upmc.edu

This authorization pertains to a specific project, request, event and/or use (specify):
Penicillin neuropathy for general practitioners
(Aug 18, 2021)

This authorization does not pertain to a specific request, project, event and/or use.

I authorize UPMC to photograph (still photo, film, videotape, or digital imagery/video), record (audiotape or digital) and/or interview me, using either a UPMC staff photographer/videographer and/or reporter, or a photographer/videographer and/or reporter approved by UPMC. I understand that UPMC, and in some cases the organization with which it has partnered, has / shall have all legal rights to the photography/ recording(s) / interview(s) and that I give up any and all rights to these organizations and will not receive any payment or compensation for the same now or in the future. I understand the photography/ recording(s) / interview(s) may be used for publicity, education, or public information by UPMC and that the photography / recording(s) could appear on UPMC's website and/or elsewhere on the Internet. I hereby release and discharge UPMC, its subsidiaries, and its and their employees, agents, and representatives from any claims, liability, or results caused by the use of such photography/recording(s) and/or interview of me as provided herein.

I understand that I will not receive any special services or compensation in exchange for my agreeing to sign this authorization.

I understand that I may revoke this authorization at any time by providing written notice to UPMC addressed to:

UPMC Marketing Communications, 600 Grant St. Floor 57, Pittsburgh, PA 15219. However, such revocation shall not affect UPMC's right to use information, photography / recording(s), and / or interviews made or obtained prior to my revocation of this authorization.

Subject's Signature: [Signature] Date: 8/16/21

Witness's Signature: Kelly Francis PA-C Date: 8/16/21

The subject is unable to consent on his/her own behalf because _____
I am the authorized representative of the subject, on the following relationship or basis _____
_____ and hereby provide such authorization on behalf of the subject.

Signature of Subject's Authorized Representative: _____ Date: _____

