

UPMC Center for Continuing Education in the Health Sciences  
**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 : Lawrence Carey

Activity Title: Northwestern PA Society of Health-System Pharmacists Fall CE Day

Date of Activity: 10/26/2019

*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 Relationship**

**Name of Commercial Interest**

Grant/Research Support:

Consultant:

CE Speakers' Bureau:

Stockholder:

Other:

**Statement of Understanding** 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):** Lawrence Carey

**Date Completed:** 9/15/2019