



CONFLICT OF INTEREST DISCLOSURE FORM

For Reference: AASM COI Policy

SECTION 1: GENERAL INFORMATION

Full Name: _____

Institution: _____

Role within AASM: _____

SECTION 2: DISCLOSURES

Definitions:

Board of Directors	A group of individuals, elected or appointed to represent a for profit or nonprofit organization’s shareholders/members, who are responsible for setting the strategic direction for the organization and have overall responsibility for the activities and finances of the organization.
Business-Related Advisory Board:	A group of individuals appointed to provide strategic business advice to the leadership of a commercial (for-profit) or nonprofit organization; often shortened to advisory board but may also be called a council or panel.
Conflict-relevant topics:	<p>A topic that is relevant to an individual’s disclosed conflict of interest in one of the following ways:</p> <ul style="list-style-type: none"> • The topic is directly about the entity, intellectual property, manuscript, or person the individual has a conflict of interest with; or • If a financial conflict, discussion of the topic could meaningfully impact the financials of the company; or • The chair, vice chair, board liaison or a majority of the group agrees that the topic is relevant to the individual’s disclosed conflict of interest.
Expert Advisory Board:	A group of individuals appointed to provide scientific or medical expertise to a commercial (for-profit) or nonprofit organization. These individuals are not involved in business matters of the organization. May also be called a scientific or medical advisory board.
Intellectual Property:	A work or invention that is the result of creativity, such as a manuscript or a design, to which one has rights and for which one may apply for a patent, copyright, trademark, etc.
Key Personnel:	An individual, involved in research or education, serving in a role such as a principal investigator, multiple principal investigator, co-investigator with >10% effort or full-time project staff.
Patient organization:	A nonprofit association consisting mostly of patients that has a mission that includes sleep.
Peer organization:	A nonprofit national or international professional membership association whose mission includes sleep.
Relevant practice standard:	A sleep-related clinical guidance document (e.g., Clinical Practice Guideline, Clinical Guidance Statement) that has been published within the last 10 years or is currently in development.

	<i>For Tier 2 and Tier 3, only clinical guidance documents that cover a similar topic related to the mandate, goals or topic of the committee, task force, assembly, workgroup or panel, are considered relevant.</i>
Significant commercial relationship:	The following relationships with a sleep-related commercial entity: <ul style="list-style-type: none"> • employment • more than 1% ownership • direct shareholder with investment valued over \$10,000 • compensation as a consultant, or receipt of gifts or benefits, exceeding \$30,000 annually
Sleep-related commercial entity:	A company that generates revenue by producing, marketing, selling, re-selling, or distributing sleep-related healthcare products used by or on patients.

Please mark “YES” or “NO” for each question.

Current conflicts, including conflicts within the one year prior to completing the COI disclosure form, should be reported even if the activity has ended. Activities unrelated to the mandate, goals or topic of the committee, task force, assembly, workgroup or panel are not considered conflicts and should not be reported. When unsure of whether an activity is considered a conflict, disclosure is encouraged.

*If you answer “YES” to any questions below, provide full details of all such disclosures.

Financial Conflicts of Interest		YES*	NO
1	Do you, your spouse, domestic partner or dependent have a significant commercial relationship?		
	<i>*For each disclosure, provide the name of the company, type, scope, and value of relationship, start date (month/year) and end date (month/year or current).</i>		
2	Have you received compensation, benefit of any kind, a personal gift, or institutional gift from a sleep-related commercial entity with a value greater than \$2,000 annually and that is not considered a significant commercial relationship?		
	<i>*For each disclosure, provide the name of the company, type and value of benefit, start date (month/year) and end date (month/year or current).</i>		
3	Do you serve as key personnel on a sleep-related research or educational grant with value of \$30,000 or more from a sleep-related commercial entity?		
	<i>*For each conflict, provide the name of the commercial entity, topic and amount of the grant, your role in the grant, start date (month/year) and end date (month/year or current).</i>		
4	Have you accepted any payments, gifts or benefits from a sleep-related commercial entity for endorsing, marketing, or educating about their products or services?		
	<i>*For each disclosure, provide the name of the company, type and value of benefit, start date (month/year) and end date (month/year or current).</i>		
5	Are you partial or sole owner of intellectual property related to sleep medicine that produces income (or other benefit) of \$30,000 or more per year? <i>Note: Publication royalties are excluded.</i>		
	<i>*For each disclosure, describe the intellectual property, amount of income produced annually, start date (month/year) and end date (month/year or current).</i>		

6	Are you a member of a Board of Directors or business-related advisory board of a sleep-related commercial entity?		
	<i>*For each disclosure, provide the name of the company, describe your role and the scope of the Board, annual compensation received, start date (month/year) and end date (month/year or current).</i>		
7	Are you directly employed or serve as a consultant related to establishment or accreditation of sleep entities?		
	<i>*For each disclosure, provide the name of the company, describe your role, start date (month/year) and end date (month/year or current).</i>		
Professional Conflicts of Interest		YES*	NO
8	Are you a member of a Board of Directors or business-related advisory board of a peer organization?		
	<i>*For each disclosure, provide the name of the organization, describe your role and the scope of the Board, annual compensation received, start date (month/year) and end date (month/year or current).</i>		
9	Are you a member of a Board of Directors or business-related advisory board of an entity that has produced a practice standard relevant to your role within the AASM?		
	<i>*For each disclosure, provide the name of the organization, describe the relevant practice standard, start date (month/year) and end date (month/year or current).</i>		
10	Are you a member of an expert advisory panel of a sleep-related commercial entity?		
	<i>*For each disclosure, provide the name of the company, describe your role and scope of the advisory panel, start date (month/year) and end date (month/year or current).</i>		
11	Are you partial or sole owner of intellectual property related to sleep? Note: If income or other benefit related to ownership is \$30,000 or more, it is also a Financial Conflict.		
	<i>*For each disclosure, describe the intellectual property, amount of income produced annually, start date (month/year) and end date (month/year or current).</i>		
12	Are you author on a practice standard from a peer or patient organization relevant to your role within the AASM?		
	<i>*For each disclosure, provide the name of the organization, describe the relevant practice standard, start date (month/year) and end date (month/year or current).</i>		

I have read **AASM COI Policy** and certify that the information provided is current and correct and that I am in compliance with the American Academy of Sleep Medicine's COI Policy. Should a change of circumstances occur during the year, I will promptly complete a new COI disclosure form.

Signature: _____

Date: _____

Replace Empty Box with Checked Box Here to represent an Electronic Signature: