



**Canadian  
Cardiovascular  
Society**

Leadership. Knowledge. Community.

**Société  
canadienne  
de cardiologie**

Communauté. Connaissances. Leadership.

**CANADIAN CARDIOVASCULAR SOCIETY**

**CONFLICT OF INTEREST DISCLOSURE/VESTED INTEREST FORM 2022**

The Canadian Cardiovascular Society is a member-based organization that values the participation and contributions of its Board members, committee members and employees. The CCS acknowledges the diverse background of the individuals involved and recognizes that potential Conflicts of Interest might arise. Disclosure is widely recognized as the fundamental element in managing conflict of interest. CCS Board of Directors, committee members and employees are asked to complete the conflict of interest form once per year. The form will be held at the CCS office for the following 12 months.

**Name:** \_\_\_\_\_

**Please check one:**

- I do **not** currently have, nor have had within the past two (2) years, an affiliation (financial or otherwise) with a commercial or not-for-profit organization within the previous two (2) years that may have a direct or indirect connection to my role at the CCS.
- I have/had an affiliation (financial or otherwise) with a commercial or not-for-profit organization within the previous two (2) years that may have a direct or indirect connection to my role at the CCS. If you check this one, please provide details in the next question.

**Relevant Disclosure Relationships**

**1. Compensation/Consulting Fees/Honoraria:** *Including honoraria from a third party, gifts or other consideration, or “in kind” compensation, whether for consulting, lecturing, travel, service on an advisory board, legal testimony, grants, sponsorship or consultation or for any other similar purpose in the prior two (2) calendar years.*

- |   |   |
|---|---|
| <input type="checkbox"/> None                 | <input type="checkbox"/> AstraZeneca          |
| <input type="checkbox"/> Abbott Vascular      | <input type="checkbox"/> Boehringer Ingelheim |
| <input type="checkbox"/> Bayer                | <input type="checkbox"/> Bristol-Myers Squibb |
| <input type="checkbox"/> Boston Scientific    | <input type="checkbox"/> Eli Lilly            |
| <input type="checkbox"/> Edwards Lifesciences | <input type="checkbox"/> Johnson & Johnson    |
| <input type="checkbox"/> GlaxoSmithKline      | <input type="checkbox"/> Merck                |
| <input type="checkbox"/> Medtronic            | <input type="checkbox"/> Pfizer               |
| <input type="checkbox"/> Novartis             | <input type="checkbox"/> Sanofi-Aventis       |
| <input type="checkbox"/> Roche                | <input type="checkbox"/> Servier              |
| <input type="checkbox"/> Schering Plough      |   |
| <input type="checkbox"/> St. Jude Medical     | Other, please specify: _____                  |

2. **Officer, Director, or in any Other Fiduciary Role:** *Whether or not remuneration is received for service.*

None  Yes, please specify the company/organization: \_\_\_\_\_

3. **Clinical Trials:** *Participating in a clinical trial sponsored by a commercial organization that may have a direct or indirect connection to the content of my presentation.*

None

<input type="checkbox"/> Abbott Vascular	<input type="checkbox"/> AstraZeneca
<input type="checkbox"/> Bayer	<input type="checkbox"/> Boehringer Ingelheim
<input type="checkbox"/> Boston Scientific	<input type="checkbox"/> Bristol-Myers Squibb
<input type="checkbox"/> Edwards Lifesciences	<input type="checkbox"/> Eli Lilly
<input type="checkbox"/> GlaxoSmithKline	<input type="checkbox"/> Johnson & Johnson
<input type="checkbox"/> Medtronic	<input type="checkbox"/> Merck
<input type="checkbox"/> Novartis	<input type="checkbox"/> Pfizer
<input type="checkbox"/> Roche	<input type="checkbox"/> Sanofi-Aventis
<input type="checkbox"/> Schering Plough	<input type="checkbox"/> Servier
<input type="checkbox"/> St. Jude Medical	Other, please specify: _____

4. **Ownership/Partnership/Principal:** *Excluding mutual diversified funds*

None  Yes, please specify the company/organization: \_\_\_\_\_

5. **Intellectual Property Rights:** *Includes patent or other intellectual property in a for-profit corporation*

None  Yes, please specify the company/organization: \_\_\_\_\_

6. **Other Financial Benefit**

None  Yes, please specify the company/organization: \_\_\_\_\_

I acknowledge that the above information is accurate:

Yes  No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_