

Participant Conflict Disclosure

Introduction

The HTCC Workgroup is a public service workgroup established to safeguard the public interest by identifying medical tests and treatments where evidence shows they are safe, effective, and cost-effective. Balance, independence, objectivity and scientific rigor are a basis for public trust and crucial to the credibility and integrity of decisions.

Guiding Principle

Conflict of Interest decisions must be disclosed and balanced to ensure the integrity of decisions while acknowledging the reality that interests, and sometimes even conflicting interests, do exist. Individuals that stand to gain or lose financially or professionally, or have a strong intellectual bias need to disclose such conflicts.

Example: The fact that a member or stakeholder is a health care provider that may use a service under review creates a potential conflict. However, clinical and practical knowledge about a service is also useful, and may be needed in the decision making.

Procedure

Declaration of real or potential conflicts of interest, professional, intellectual, or financial is required prior to membership or provision of written or verbal commentary. Participants must sign a conflict of interest form; stakeholders providing comment must disclose conflicts.

The HTCC Chair or HCA Administrator shall make a decision, in his/her sole discretion, as to whether a conflict of interest rises to the level that participation by the conflicted participant could result in a loss of public trust or would significantly damage the integrity of the decision.

HCA defines conflict of interest as any situation in which a voting member or anyone who provides written or verbal testimony regarding products, services, or technologies discussed or voted on during the workgroup meeting, has a relationship with a manufacturer of any commercial products and / or provider of services discussed or voted on during the meeting. Relationship extends to include immediate family member(s) and / or any entity in which the member or person testifying may have an interest.

A relationship is considered as:

1. Receipt or potential receipt of anything of monetary value, including but not limited to, salary or other payments for services such as consulting fees or honoraria in excess of \$10,000.
2. Equity interests such as stocks, stock options or other ownership interests in excess of \$10,000 or 5% ownership, excluding mutual funds and blinded trusts.
3. Status of position as an officer, board member, trustee, owner or employee of a company or organization representing a company, association or interest group.
4. Loan or debt interest; or intellectual property rights such as patents, copyrights and royalties from such rights.
5. Manufacturer or industry support of research in which you are participating.
6. Any other relationship that could reasonably be considered a financial, intellectual, or professional conflict of interest.
7. Representation: if representing a person or organization, include the organization's name, purpose, and funding sources (e.g. member dues, governmental/taxes, commercial products or services, grants from industry or government).
8. Travel: if an organization or company has financially paid your travel accommodations (e.g. airfare, hotel, meals, private vehicle mileage, etc).

Disclosure

Any unmarked topic will be considered a "Yes"

	Potential Conflict Type	Yes	No
1.	Salary or payments such as consulting fees or honoraria in excess of \$10,000.		
2.	Equity interests such as stocks, stock options or other ownership interests.		
3.	Status or position as an officer, board member, trustee, owner.		
4.	Loan or intellectual property rights.		
5.	Research funding.		
6.	Any other relationship, including travel arrangements.		

If yes, list name of organizations that relationship(s) are with and for #6, describe other relationship:

	Potential Conflict Type	Yes	No
7.	Representation: if representing a person or organization, include the name and funding sources (e.g. member dues, governmental/taxes, commercial products or services, grants from industry or government).		

If yes to #7, provide name and funding Sources: _____

*If you believe that you do not have a conflict, but are concerned that it may appear that you do, you may **attach additional sheets** explaining why you believe that you should not be excluded.*

I certify that I have read and understand this Conflict of Interest form and that the information I have provided is true, complete, and correct as of this date.

X

Signature

Date

Print Name

So we may contact you regarding your presentation, please provide the following:

Email Address: _____

Phone Number: _____