

## IASP Conflict of Interest Form

1. I understand that International Association for the Study of Pain (the "Organization") is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.
2. I have received, read and understand the Organization's Conflict of Interest Policy. I agree to its terms and my actions have and will continue to be guided thereby.
3. I make the following disclosures as to business and/or professional activities in which I or an immediate family member hold an owner, officer, board member, partner, employee or other beneficiary position: **Example: Officers of a Chapter or SIG, Advisory Boards or a voting member.**

NAME OF ORGANIZATION(S):	POSITION HELD:	BY WHOM:
Drug Advisory Committee - WS/B	co-chain	Andrea Furlan
Echo Ontario Chronic Pain/Opioid Stewardship	Co-chain	Andrea Furlan

4. During the period from **November 7, 2016 to September 27, 2017**, I have not, to the best of my knowledge and belief, been in a position of possible conflict of interest, except as follows: **Example: Any type of compensation agreement such Grants or stipend from a Pharmaceutical Company.**

**FINANCIAL INTERESTS** If none, mark here  If any, please describe below.

The hospital (VHN) where Dr. Furlan works owns an app "Opioid Manager" that is sold but it runs for JS\$ 7.99

**USE OF PRIVILEGED INFORMATION** If none, mark here  If any, please describe below.

Date: Jan 11, 2017

Signature *afurlan*  
 Printed Name Andrea FURLAN