SMFM Disclosures of Interest Form: Part 1 (all members)

Name:

Proposed Role or Committee Service:

Please provide information for each area of financial or professional interest noted below within the past 3 years, or expected within the next 1 year. If needed use free text to add additional information.

1. Indicate yes or no
2. If yes:
   1. Indicate the applicable company, business or organization one per line
   2. Indicate if relationship is “self”, “spouse/life partner”, “household member”, or “dependent”
   3. Indicate the applicable dollar amount

3. Funding from a relevant commercial entity for research investigations (clinical or otherwise) of $1000 over a 3-year period? Includes funding for work you performed, even if that funding was provided indirectly to you (e.g., the funding was given to your department or practice to support your work).
   Yes ______ No _______
   If yes: list name of each entity, amount, and whose relationship: :

4. Funding from a relevant commercial entity of $1000 over a 3-year period not related to research, clinical investigations, or studies conducted in accordance with federal requirements. Includes dinners, paid speaking engagements, and consultative work, and funding even if it was provided indirectly to you (e.g., the funding was given to your department or practice to support your activity).
   Yes ______ No _______
   If yes: list name of each entity, amount, and whose relationship: :

5. Receipt of a benefit, service, or position (such as a partnership, board membership, medical directorship, proprietorship) from a relevant commercial entity. Includes receipt of a fiduciary fee, limited liability company fee, loan manuscript fee, officer fee, partnership, patent, or nonbook-related royalty from a relevant commercial entity?
   Yes ______ No _______
   If yes: list name of each entity, amount, and whose relationship: :

6. Board service, lobbying, or advocacy work on behalf of a health care or disease-advocacy organization?
   Yes ______ No _______
   If yes: list name of each organization, and whose relationship: :

7. Employment by nonprofit organizations (i.e., government agencies, other public entities) with overlap or potential overlap with SMFM activities.
   Yes ______ No _______
If yes: list name of each organization and whose relationship: :

Please provide information for each area of current personal financial or professional interest noted below.
1. Indicate yes or no
2. If yes,
   1. Indicate the applicable company, business or organization one per line
   2. Indicate if relationship is "self", "spouse/life partner", "household member", or "dependent"

Please provide information for each area of personal financial or professional interest noted below ONLY IF IT IS CURRENT:

F. **Current** ownership of a single stock, bond, or stock option in a relevant commercial entity of \geq $1000.
   Mutual funds or other diversified investments, blind trusts, or exchange-traded funds over which the individual has no control do not need to be listed.
   Yes _____ No ______
   Name of entity: Whose relationship:

G. **Current** participation on an executive board, board of directors, or advisory board for another medical society board with substantial subject overlap (e.g., ACOG, PQF, SRI, and AGOS)?
   Yes _____ No ______
   Name of medical society:
   Whose relationship: