

Signature:

Disclosure of Conflict of Interest

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|--|---|---|---------|--|--------------------------|
| Part 1 All Speakers and Planning Committee members must complete this form and submit to the planning committee. Disclosure must be made to the audience whether you do or do not have a relationship with a commercial entity such as a pharmaceutical organization, medical device company or a communications firm. | | | | | |
| I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device organization. Speakers who have no involvement with industry should inform the audience identify any conflict of interest. | | | | | |
| I have/had an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Complete the section below as it applies to you during the past two calendar years. Please indicate the commercial organization(s) with which you have/had affiliations, and briefly explain what connection you have/had with the organization. You must disclose this information to your audience. | | | | | |
| | | Company/C | rganiza | ition | Details |
| A | I am a member of an Advisory Board or equivalent with a commercial organization. | AstraZeneca; Bristol-Myers Squibb; France Foundation; GlaxoSmithKline; Janssen-Ortho; Eli Lilly; Organon; Lundbeck; Pfizer; Shire; Merck | | | |
| В | I am a member of a Speakers bureau. | Janssen-Ortho; AstraZeneca; Eli Lilly; Lundbeck; Merck; Pfizer | | | |
| С | I have received payment from a commercial organization. (including gifts or other consideration or 'in kind' compensation) | | | | |
| D | I have received a grant(s) or an honorarium from a commercial organization. | Eli Lilly; Janssen-Ortho; Shire; AstraZeneca; Pfizer; Lundbeck | | | |
| E | I hold a patent for a product referred to in the CME/CPD program or that is marketed by a commercial organization. | | | | |
| F | I hold investments in a pharmaceutical organization, medical devices company or communications firm. | | | | |
| G | I am currently participating in or have participated in a clinical trial within the past two years. | | | | |
| Part 2 Speakers only: | | | | | |
| | | Yes | No | | alawa ali affi labala ba |
| Н | I intend to make therapeutic recommendat medications that have not received regulat approval (i.e. "off-label" use of medication) | ory). | | You must declare all off-label use to the audience during your presentation. | |
| I The Royal College requires faculty presentations to be consistent in their use of either generic names or both generic and trade names during their presentation. | | | | | |
| Check one: Faculty/Speaker Planning Committee Member | | | | | |
| ctivity Title: Treating the Mind, Respecting the Body: Clinical Considerations and Patient Centricity in the lanagement of Bipolar Disorder | | | | | |
| cknowledgment: I, Dr. Roger McIntyre, acknowledge that the above information is accurate and I understand that this information will be publicly available. | | | | | |
| ignature: Date: W/ / 9 U/ | | | | | |

Date: