

Signature:

## **Disclosure of Conflict of Interest**

	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 <b>not</b> have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Speakers who have no involvement with industry should inform the audience that they cannot identify any conflict of interest.						
	I have/had an affiliation (financial or other organization. Complete the section below a indicate the commercial organization(s) with connection you have/had with the organization.	as it applies to th which you h	you duri ave/had	ng the paffiliation	past two calend ons, and briefly	ar years. Please explain what	
ř		Cor	mpany/0	Details			
Α	I am a member of an Advisory Board or	Bristol Meyers Squibb, Janssen,					
	equivalent with a commercial organization.	Lundbeck, Otsuka, Pfizer, Servier,					
		Shire, Sunovion, Merck					
В	I am a member of a Speakers bureau.	Bristol Meyers Squibb, Merck,					
_		Lundbeck, Otsuka, Pfizer, Sunovion					
С	I have received payment from a	a bendance			der beginne	disconnect the Connectal to	
	commercial organization. (including gifts	ale seller mil				Note that the state of the stat	
	or other consideration or 'in kind'						
	compensation)	1944 SATENERS DESIGNATION				SERVICE SERVICE	
D	I have received a grant(s) or an	Janssen, Lundbeck, Brain Cells, Inc,					
	honorarium from a commercial	Pfizer, CIHR, OMHF, OPGRS, OBI,					
	organization.	CANBIND					
E	I hold a patent for a product referred to in						
	the CME/CPD program or that is marketed						
F	by a commercial organization.  I hold investments in a pharmaceutical						
Г	organization, medical devices company or						
	communications firm.						
G	I am currently participating in or have			Year Sales	ARCHOR CONTRACT		
_	participated in a clinical trial within the						
	past two years.						
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	Part 2 Speakers only:						
	W50 C5		Yes	No			
Н	I intend to make therapeutic recommendation	one for	165	X	You must de	eclare all off-label use to	
	medications that have not received regulato				during your presentation.		
	(i.e. "off-label" use of medication).	., approva				<b>9</b>	
I	The Royal College requires faculty presentations to be consistent in their use of either generic name					r generic names or	
	both generic and trade names during their p					· generic names of	
Check one: x☐ Faculty/Speaker ☐ Planning Committee Member							
Activity Title: Treating the Mind, Respecting the Body: Clinical Considerations and Patient Centricity in the Management of Bipolar Disorder							
Acknowledgment: I, Dr. Roumen Milev, acknowledge that the above information is accurate and I understand that this information will be publicly available.							

Date: Dec 1/17