Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Elie Akl, MD, MPH, PhD
For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point of Care Ultrasound</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>High flow nasal oxygen</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematuria</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature [Signature] Date December 30, 2019
## Summary of Financial Interests

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alliance for Health Policy and Systems Research</strong></td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$180,119.00</td>
</tr>
<tr>
<td><strong>American College of Rheumatology</strong></td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$96,276.00</td>
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<tr>
<td><strong>Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH</strong></td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$1,275.00</td>
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<tr>
<td><strong>eil National De Recherches Scientifiques (CNRS)</strong></td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$25,082.00</td>
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<tr>
<td><strong>Faculty of Medicine Medical Practice Plan (MPP), American University of Beirut</strong></td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$36,000.00</td>
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<tr>
<td><strong>Global Evidence Synthesis Initiative</strong></td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$255,550.00</td>
</tr>
</tbody>
</table>

**Recipient Name:** Center for systematic reviews of health policy and systems research (SPARK), American University of Beirut
**Grant / Contract Purpose:** Research
**Grant / Contract Description:** Establishing a rapid response service to address requests from policymakers for HPSR in LMICs in the
**Grant / Contract Valuation Date:** 04/05/2019
**Contract Start Date:** 09/01/2016
**Contract End Date:** 12/18/2018

**Recipient Name:** AUB GRADE center
**Grant / Contract Description:** Conducting systematic reviews for the 2020 update of the American College of Rheumatology (ACR) gui
**Grant / Contract Valuation Date:** 04/05/2019
**Contract Start Date:** 08/01/2018
**Contract End Date:** 12/01/2020

**Recipient Name:** AUB GRADE Center, American University of Beirut (AUB)
**Grant / Contract Description:** Support INASanté in Tunisia in developing the capacity to adapt clinical practice guidelines
**Grant / Contract Valuation Date:** 04/05/2019
**Contract Start Date:** 07/01/2018
**Contract End Date:** 12/01/2018

**Recipient Name:** Center for Systematic Reviews in Health Policy and Systems Research (SPARK)
**Grant / Contract Description:** Developing a methodology for verifying the accuracy and completeness of conflict of interest disclosure
**Grant / Contract Valuation Date:** 04/05/2019
**Contract Start Date:** 07/01/2017
**Contract End Date:** 06/01/2019

**Recipient Name:** Elie Akl
**Grant / Contract Description:** Intellectual conflict when considering treatment options (IN CONFLICT)
**Grant / Contract Valuation Date:** 04/05/2019
**Contract Start Date:** 02/01/2017
**Contract End Date:** 02/01/2017

**Recipient Name:** Clinical Research Institute, American University of Beirut
**Grant / Contract Description:** Intellectual conflict when considering treatment options (IN CONFLICT)
**Grant / Contract Valuation Date:** 04/05/2019
**Contract Start Date:** 02/01/2015
**Contract End Date:** 02/01/2017
Recipient Name: Center for systematic reviews of health policy and systems research (SPARK), American University of

Grant / Contract Purpose: Research

Grant / Contract Valuation Date: 04/05/2019

Additional Information:

International League Against Rheumatism (ILAR)

Recipient Type: Institution

Grant / Contract Description: Hosting Secretariat for the Global Evidence Synthesis Initiative (GESI)

Grant / Contract Amount: $255,550.00

Contract Start Date: 06/01/2016  Contract End Date: 06/01/2019

National Institute for Health Research

Recipient Name: AUB GRADE center

Recipient Type: Institution

Grant / Contract Description: Adaptation of the 2015 American College of Rheumatology (ACR) Rheumatoid Arthritis guidelines for th

Grant / Contract Valuation Date: 04/05/2019

World Health Organization

Recipient Name: Elie Akl

Recipient Type: Individual

Grant / Contract Description: serve as a guideline methodologist for the WHO guidelines on African Trypanosomiasis

Grant / Contract Valuation Date: 04/05/2019

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

None

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP’s annual governance disclosure process.

a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process?

Yes.

i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.

Yes

ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP’s members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of
**Certification**

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

---

**participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.**

Yes

iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.

Yes
Laura Baldwin

Disclosure Purpose: Annual Staff Disclosure 2019

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP’s annual disclosure process.

   a. Are you submitting your disclosures to ACP as a member of one of the following groups:
      - ACP board, committee, council, task force, and/or other governance group?
      - Chapter Council or other Chapter leadership role?
      - National or chapter staff?
      - Annals of Internal Medicine editorial staff?
      - Other (meeting guests, contractors, authors, etc.)

        Yes.

          i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.

            Yes

          ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP’s members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed “Proprietary Information.”

            Yes

          iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

            Yes

          iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.

            Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

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• Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Kate Carroll

**Disclosure Purpose:** CGC/PMC/SMPC, Entry

### Summary of Financial Interests

#### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>American College of Physicians</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td><strong>Title:</strong> Manager, Clinical Policy</td>
<td><strong>Start Date:</strong> 08/26/2014</td>
<td><strong>Title:</strong> Technology Specialist</td>
<td><strong>Start Date:</strong> 09/01/2009</td>
</tr>
</tbody>
</table>

#### The Beasley Firm, LLC

<table>
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<th>Entity</th>
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<tr>
<td>Employment</td>
<td>Spouse/Partner</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

**Title:** Manager, Clinical Policy  
**Start Date:** 08/26/2014  
**End Date:**  
**Position Description:**  
**Additional Information:**

**Title:** Technology Specialist  
**Start Date:** 09/01/2009  
**End Date:**  
**Position Description:**  
**Additional Information:**

### Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP’s annual governance disclosure process.**

   a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process?

      Yes.

      i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.

         Yes

      ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP’s members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

         Yes

      iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

         Yes

      iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.

         Yes
By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement

Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Robert M. Centor, MD, MACP
For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☐</td>
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<tr>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

Point of Care Ultrasound

High flow nasal oxygen

Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

<table>
<thead>
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<td>☐</td>
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<tr>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

Hematuria

Antibiotics

Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

---

**DECLARATION**

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature Robert M. Centor, MD, MACP

Date 1/9/20
## Summary of Financial Interests

### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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<tbody>
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<tr>
<td>MDCalc</td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Medscape</td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>NKF</td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>The Curbsiders</td>
<td>Consultant</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>U.S. Department of Veterans Affairs</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
</tbody>
</table>

### Additional Information:

- **Category:** Consultant
- **Start Date:** 01/01/2019
- **End Date:**
- **Consultant Description:**
  - **Compensation Type:** Cash
  - **Annual Compensation:**
    - **Year:** 2019
    - **Amount:** $1,000.00
    - **Type:** Estimated

- **Additional Information:** Review chapters for Dynamed - receive $500 per chapter review

- **Category:** Consultant
- **Start Date:** 01/01/2018
- **End Date:**
- **Consultant Description:**
  - **Compensation Type:** Unpaid
  - **Annual Compensation:**

- **Category:** Consultant
- **Start Date:** 01/01/2019
- **End Date:**
- **Consultant Description:**
  - **Compensation Type:** Cash
  - **Annual Compensation:**

- **Category:** Consultant
- **Start Date:** 01/01/2019
- **End Date:**
- **Consultant Description:**
  - **Compensation Type:** Unpaid
  - **Annual Compensation:**

- **Category:** Consultant
- **Start Date:** 01/01/2019
- **End Date:**
- **Consultant Description:**
  - **Compensation Type:** Unpaid
  - **Annual Compensation:**

- **Category:** Consultant
- **Start Date:** 01/01/2018
- **End Date:**
- **Consultant Description:**
  - **Compensation Type:** Unpaid
  - **Annual Compensation:**

- **Category:** Consultant
- **Start Date:** 01/01/1993
- **End Date:**
- **Consultant Description:**
  - **Compensation Type:** Inpatient ward attending 3.5 months each year
  - **Position Description:** Inpatient ward attending 3.5 months each year

- **Category:** Consultant
- **Start Date:** 01/01/2019
- **End Date:**
- **Consultant Description:**
  - **Compensation Type:** Unpaid
  - **Annual Compensation:**

- **Category:** Consultant
- **Start Date:** 01/01/2018
- **End Date:**
- **Consultant Description:**
  - **Compensation Type:** Unpaid
  - **Annual Compensation:**

- **Category:** Consultant
- **Start Date:** 01/01/2019
- **End Date:**
- **Consultant Description:**
  - **Compensation Type:** Unpaid
  - **Annual Compensation:**

- **Category:** Consultant
- **Start Date:** 01/01/2018
- **End Date:**
- **Consultant Description:**
  - **Compensation Type:** Unpaid
  - **Annual Compensation:**
1. **Please specify any additional information which you consider relevant to this disclosure.**

   I excluded activities greater than 3 years old

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP’s annual disclosure process.**

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      - National or chapter staff?
      - Annals of Internal Medicine editorial staff?
      - Other (meeting guests, contractors, authors, etc.)

   Yes.

   i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.

   Yes

   ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP’s members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

   Yes

   iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

   Yes

   iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.

   Yes

**Certification**

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Douglas DeLong

**Disclosure Purpose:** ANNUAL GOVERNANCE DISCLOSURE 2019

### Summary of Financial Interests

I do not have any financial interests to disclose at this time.

### Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy** if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP's annual governance disclosure process.

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   Yes

   iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.

   Yes

### Certification

I certify that to my knowledge and belief that the foregoing disclosure of financial and intellectual interests is complete and truthful, and I will promptly disclose any changes.
# Summary of Financial Interests

## Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>American College of Physicians</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>smartworkingmom.com</td>
<td>Other Business Ownership</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Town Sports International</td>
<td>Employment</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
</tbody>
</table>

**Title:** Associate, Performance Measurement

**Start Date:** 11/14/2014  **End Date:**

**Position Description:** Assist the clinical policy department in the execution of all performance measurement-related activities

**Additional Information:**

**Form of Business Description:** Educational resource offering proven strategies on how to build an online business and monetize it for passive income

**Investment Amount Valuation Date:** 01/14/2020

**Ownership Category:** Founder

**Partnership Category:**

**Investment Amount:** $1,000.00

**Annual Compensation:**

**Title:** Fitness Manager

**Start Date:** 09/01/2013  **End Date:**

**Position Description:** Manage the personal training programs for Philadelphia Sports Clubs within the PA region

**Additional Information:**

---

### Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP's annual governance disclosure process.

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      Yes.

      i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.

      Yes

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      Yes
iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

   Yes

iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.

   Yes

Certification

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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Convey Global Disclosure System

AAMC
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Mary Ann Forciea MD MACP
For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<tr>
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For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

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</tr>
</tbody>
</table>

**DECLARATION**

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature  Mary Ann Forciea MD MACP   Date   1/9/2020
Mary Forciea

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Center for Medicare Services</strong></td>
<td>Grant / Contract</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td><strong>Recipient Name:</strong> University of Pennsylvania</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grant / Contract Description:</strong> Demonstration Project - Independence at Home</td>
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<tr>
<td><strong>Grant / Contract Valuation Date:</strong> 05/03/2019</td>
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<tr>
<td><strong>Additional Information:</strong></td>
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<tr>
<td><strong>Recipient Type:</strong> Institution</td>
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<tr>
<td><strong>Grant / Contract Purpose:</strong> Other - Health Services Research</td>
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<tr>
<td><strong>Grant / Contract Amount:</strong></td>
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<tr>
<td><strong>Contract Start Date:</strong></td>
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<tr>
<td><strong>Contract End Date:</strong> 06/30/2020</td>
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</table>

| **National Board of Medical Examiners**     | Consultant    | Self             | -      |
| **Category:** Consultant                    |
| **Start Date:** 08/01/2005                  |
| **End Date:**                               |
| **Other Compensation:**                    |
| **Additional Information:**                 |
| **Consultant Description:**                 |
| **Compensation Type:** Cash                 |
| **Annual Compensation:**                   |

| **Perelman School of Medicine, University of Pennsylvania** | Employment | Spouse/Partner | -      |
| **Title:** Professor of Pediatrics           |
| **Start Date:** 07/01/1980                    |
| **End Date:**                                |
| **Additional Information:**                  |
| **Position Description:** Faculty            |

| **Perelman School of Medicine, University of Pennsylvania** | Employment | Self     | -      |
| **Title:** Clinical Professor of Medicine    |
| **Start Date:** 07/01/2000                    |
| **End Date:** 06/28/2019                     |
| **Position Description:** Clinical Faculty   |
| **Additional Information:**                  |

| **The Ralston Center**                       | Fiduciary Officer | Self     | -      |
| **Official Title:** Member, Board of Managers |
| **Compensation Type:** Unpaid                |
| **Start Date:** 05/01/2006                    |
| **End Date:**                                |
| **Other Compensation:**                      |
| **Annual Compensation:**                     |
| **Additional Information:**                  |
| **Position Description:** Board Member       |

| **TIAA-CREF Institute**                      | Stock        | Self     | -      |
| **Percentage Ownership:**                    |
| **Valuation Date:**                           |
| **Estimated Value:**                          |
| **Divestment Date:**                          |
| **Additional Information:**                  |

**Addition Information:**

1. Please specify any additional information which you consider relevant to this disclosure.

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP’s annual governance disclosure process.
a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process?
   Yes.
   
   i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.
      Yes.
      
   ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."
      Yes.
      
   iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.
      Yes.
      
   iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.
      Yes.

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
American College of Physicians
Department of Clinical Policy
Disclosure of Interests: Supplement

**Purpose:** This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Raymond A Haeme
For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

<table>
<thead>
<tr>
<th>YES</th>
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Point of Care Ultrasound
High flow nasal oxygen

Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?
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Hematuria
Antibiotics

Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature: [Signature]
Date: Jan 3, 2020
Ray Haeme

**Disclosure Purpose:** Annual Governance Disclosure 2019

---

### Summary of Financial Interests

I do not have any financial interests to disclose at this time.

---

### Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process.**

a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process?**

   Yes.

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      Yes

   iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.**

      Yes

   iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.**

      Yes

---

### Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence.
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Peter Hamilton MD.
For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

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Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas?

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Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature

Date 09 January 2020
Peter Hamilton

** Disclosure Purpose:** Annual Governance Disclosure 2019

**Summary of Financial Interests**

I do not have any financial interests to disclose at this time.

**Additional Information:**

1. **Please specify any additional information which you consider relevant to this disclosure.**
   
nil

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP's annual governance disclosure process.**

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      Yes.

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        Yes

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Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Russell Harris
For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

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</table>

**DECLARATION**

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature  Russell Harris Date December 24, 2019
Russell Harris

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process.

   a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process? Yes.

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         Yes

      iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

         Yes

      iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.

         Yes

Certification

I certify that to my knowledge and belief that the foregoing disclosure of financial and intellectual interests is complete and truthful, and I will promptly disclose any changes.
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank you.

If in doubt, err on the side of full disclosure.

Name:
For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

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- Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g., newspaper op-ed; blog).

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- Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

**DECLARATION**

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature __________________________ Date 12/30/15
Gregory Hood

Disclosure Purpose: Annual Governance Disclosure 2019

Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process.

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      Yes

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      Yes

   iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.
      Yes

Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: [Signature]
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DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature ___________________________ Date 1-6-20
Summary of Financial Interests

<table>
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<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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<tbody>
<tr>
<td>Up to Date</td>
<td>Consultant</td>
<td>Self</td>
<td>$3,000.00</td>
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**Category:** Consultant  
**Start Date:** 01/01/2010  
**Other Compensation:**  

**Consultant Description:**  
**Compensation Type:** Cash  
**Annual Compensation:**  

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<th>Year</th>
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<tbody>
<tr>
<td>2019</td>
<td>$3,000.00</td>
<td>Estimated</td>
</tr>
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</table>

**Additional Information:** I write a chapter on lung cancer screening and receive royalties that typically are around 3k per year.

**Additional Information:**

1. Please specify any additional information which you consider relevant to this disclosure.
   as above.
2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP’s annual governance disclosure process.

   a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process?
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         Yes.
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Physician's Anti-Harassment Policy.

Yes
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Janet Jokela
## For the Clinical Guidelines Committee:
In the last 3 years, have you or any household members published on any of the following topic areas?
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

## For the Scientific Medical Policy Committee:
In the last 3 years, have you or any household members published on any of the following topic areas?
Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

<table>
<thead>
<tr>
<th>YES</th>
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</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

### DECLARATION
I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature    Janet Jokela
Date    01/09/2020
## Summary of Financial Interests

### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAMC, Entrustable Professional Activities Core Working Group, Univ IL College of Med team (member)</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
</tr>
<tr>
<td>Category: Other</td>
<td>Start Date: 07/01/2014</td>
<td>End Date:</td>
<td>Consultant Description:</td>
</tr>
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<td>Other Compensation:</td>
<td></td>
<td></td>
<td>Compensation Type:</td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
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<td>Annual Compensation:</td>
</tr>
<tr>
<td>American Board of Medical Specialties, Committee on Certification (COCERT) member</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
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<tr>
<td>Category: Other</td>
<td>Start Date: 03/01/2017</td>
<td>End Date:</td>
<td>Consultant Description:</td>
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<tr>
<td>Other Compensation:</td>
<td></td>
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<td>Annual Compensation:</td>
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<tr>
<td>American College of Physicians</td>
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<td>Category: Other</td>
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<tr>
<td>Additional Information:</td>
<td></td>
<td></td>
<td>Annual Compensation:</td>
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</table>

### Additional Information: MKSAP Deputy Editor

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<thead>
<tr>
<th>Champaign County Audubon Board member</th>
<th>Other</th>
<th>Self</th>
<th>-</th>
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</thead>
<tbody>
<tr>
<td>Category: Other</td>
<td>Start Date: 02/01/2000</td>
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<td>Consultant Description:</td>
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<td>Other Compensation:</td>
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<td>Additional Information:</td>
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<td>Annual Compensation:</td>
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<table>
<thead>
<tr>
<th>Mississippi Valley Regional Blood Center</th>
<th>Fiduciary Officer</th>
<th>Self</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official Title: Board member</td>
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<td></td>
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</tr>
<tr>
<td>Compensation Type: Unpaid</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Start Date: 02/01/2018</td>
<td>End Date:</td>
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<tr>
<td>Annual Compensation:</td>
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<td>Additional Information:</td>
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<table>
<thead>
<tr>
<th>University of Illinois at Urbana-Champaign</th>
<th>Employment</th>
<th>Spouse/Partner</th>
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</thead>
<tbody>
<tr>
<td>Title: Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date: 08/15/1999</td>
<td>End Date:</td>
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<td>Additional Information:</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>University of Illinois College of Medicine at Urbana-Champaign</th>
<th>Employment</th>
<th>Self</th>
<th>-</th>
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</thead>
<tbody>
<tr>
<td>Title:</td>
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<tr>
<td>Start Date:</td>
<td>End Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Information:</td>
<td></td>
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</tr>
</tbody>
</table>
Title: Acting Regional Dean

Start Date: 02/16/2017  End Date:  

Position Description: Chief Academic and Fiduciary Officer for the regional campus of the University of Illinois College of Medicine in Urbana

Additional Information: my primary employment

Title: Infectious Disease consultant

Start Date: 02/01/2000  End Date:  

Position Description: 

Additional Information:

Intellectual Property

<table>
<thead>
<tr>
<th>Type</th>
<th>IsLicensed</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Intellectual Property - National Academy of Medicine, standing committee CDC Strategic National Stockpile (member)</td>
<td>-</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
<tr>
<td>Description: National Academy of Medicine, standing committee CDC Strategic National Stockpile (member)</td>
<td>Income Source:</td>
<td>Additional Information:</td>
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</tr>
<tr>
<td>Yearly Income:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Intellectual Property - NSF, pediatric vaccine research, ended August 20</td>
<td>-</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
<tr>
<td>Description: NSF, pediatric vaccine research, ended August 2017</td>
<td>Income Source:</td>
<td>Additional Information:</td>
<td></td>
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<td>Yearly Income:</td>
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</tr>
<tr>
<td>Other Intellectual Property - NSF, Broader Impact Initiative; Air Force Office of Scientific Research, ended 02/2018</td>
<td>-</td>
<td>Spouse/Partner</td>
<td>-</td>
</tr>
<tr>
<td>Description: NSF, Broader Impact Initiative; Air Force Office of Scientific Research, ended 02/2018</td>
<td>Income Source: NSF</td>
<td>Additional Information:</td>
<td></td>
</tr>
<tr>
<td>Yearly Income:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
   no additional relevant info

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP’s annual disclosure process.
   a. Are you submitting your disclosures to ACP as a member of one of the following groups:
      - ACP board, committee, council, task force, and/or other governance group?
      - Chapter Council or other Chapter leadership role?
      - National or chapter staff?
      - Annals of Internal Medicine editorial staff?
      - Other (meeting guests, contractors, authors, etc.)

   Yes.

   i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.

   Yes

   ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP’s members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed “Proprietary Information.”

   Yes

   iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.
### Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.

Yes
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Devan Kansagara
### For the Clinical Guidelines Committee:
In the last 3 years, have you or any household members published on any of the following topic areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Point of Care Ultrasound</td>
<td>☒</td>
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<tr>
<td>High flow nasal oxygen</td>
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Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

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### For the Scientific Medical Policy Committee:
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<tr>
<td>Hematuria</td>
<td>☐</td>
</tr>
<tr>
<td>Antibiotics</td>
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Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature  

Date  1/9/20
Summary of Financial Interests

I do not have any financial interests to disclose at this time.

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process.

   a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process? Yes.

      i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy. Yes

      ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

         Yes

      iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

         Yes

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         Yes

Certification

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
**Rachael Lee**

**Disclosure Purpose:** Annual Governance Disclosure 2020

---

**Summary of Financial Interests**

**Intellectual Property**

<table>
<thead>
<tr>
<th>Type</th>
<th>Is Licensed</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Intellectual Property - Honoraria</td>
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<td>Self</td>
<td>$5,000.00</td>
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</tbody>
</table>

**Description:** Honoraria

**Yearly Income:**

<table>
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<tr>
<th>Amount</th>
<th>Type</th>
<th>Year</th>
<th>Payment Receipt</th>
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<td>$5,000.00</td>
<td>Actual</td>
<td>2019</td>
<td>Direct Payment</td>
</tr>
</tbody>
</table>

*Income Source:* Honoraria for webinar and live meeting on influenza

---

**Additional Information:**

1. **Please specify any additional information which you consider relevant to this disclosure.**

   I did one webinar and one live meeting on influenza for Prime Education LLC that is not related to work for ACP

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, *Annals of Internal Medicine* editorial staff or other governance group as part of ACP's annual governance disclosure process.**

   a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP's annual governance disclosure process?**

      Yes.

      i.  I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.

         Yes

      ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

         Yes

      iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

         Yes

      iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Anti-Harassment Policy.

         Yes
**Certification**

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Maura Marcucci
For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

<table>
<thead>
<tr>
<th>YES</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Point of Care Ultrasound</td>
<td>□</td>
</tr>
<tr>
<td>High flow nasal oxygen</td>
<td>□</td>
</tr>
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Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

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<tr>
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<tbody>
<tr>
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<td>□</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>□</td>
</tr>
</tbody>
</table>

Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?

DECLARATION

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature: [Signature]
Date: January 5th, 2020
Maura Marcucci

**Disclosure Purpose:** Annual Governance Disclosure 2019, Annual Governance Disclosure 2020

---

**Summary of Financial Interests**

**Company or Organization**

<table>
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<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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<td>Grant / Contract</td>
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<tr>
<td><strong>Recipient Name:</strong> Maura Marcucci</td>
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<tr>
<td><strong>Grant / Contract Description:</strong></td>
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<tr>
<td>Grant to support a trial on interventions to reduce postoperative delirium and cognitive outcome</td>
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<td></td>
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<tr>
<td><strong>Grant / Contract Valuation Date:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contract Start Date:</strong> 10/01/2019</td>
<td></td>
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<tr>
<td><strong>Contract End Date:</strong></td>
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<td></td>
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</tr>
</tbody>
</table>

| European Commission                         | Grant / Contract| Self             | -               |
| **Recipient Name:** Fondazione IRCCS Ca' Granda, Milan, Italy |                 |                  |                 |
| **Grant / Contract Description:**           |                 |                  |                 |
| Grant / Contract Amount: $380,000.00        |                 |                  |                 |
| **Grant / Contract Valuation Date:**        |                 |                  |                 |
| **Contract Start Date:** 01/25/2020         |                 |                  |                 |

| McMaster University                         | Employment      | Self             | -               |
| **Title:** Assistant Professor              |                 |                  |                 |
| **Start Date:** 07/01/2017                  |                 |                  |                 |
| **End Date:**                               |                 |                  |                 |

| Network of Canadian Emergency Researchers   | Other           | Spouse/Partner   | -               |
| **Category:** Other                        |                 |                  |                 |
| **Start Date:** 01/01/2018                  |                 |                  |                 |
| **End Date:**                               |                 |                  |                 |

| PSI Foundation                              | Grant / Contract| Self             | $230,000.00     |
| **Recipient Name:** Maura Marcucci          |                 |                  |                 |
| **Grant / Contract Description:**           |                 |                  |                 |
| Career Award                                |                 |                  |                 |
| **Grant / Contract Amount:** $230,000.00    |                 |                  |                 |
| **Grant / Contract Valuation Date:**        |                 |                  |                 |
| **Contract Start Date:** 03/01/2020          |                 |                  |                 |
| **Contract End Date:**                      |                 |                  |                 |

---

**Additional Information:**

1. **Please specify any additional information which you consider relevant to this disclosure.**
   - none

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP's annual disclosure process.**
   a. Are you submitting your disclosures to ACP as a member of one of the following groups:
      - ACP board, committee, council, task force, and/or other governance group?
      - Chapter Council or other Chapter leadership role?
Certification

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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations
- Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Yes.

i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Disclosure of Interests and Management of Conflicts Policy.

Yes

ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

Yes

iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

Yes

iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Anti-Harassment Policy.

Yes

National or chapter staff?

Annals of Internal Medicine editorial staff?

Other (meeting guests, contractors, authors, etc.)

Yes.

Convey
Global Disclosure System
Robert McLean

**Disclosure Purpose:** annual disclosure

### Summary of Financial Interests

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast Medical Group</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
</tbody>
</table>

**Title:** Employed Physician  
**Start Date:** 11/01/2012  
**End Date:**

**Position Description:** Physician & Medical Director of Clinical Quality

**Additional Information:**

1. **Please specify any additional information which you consider relevant to this disclosure.**
   - American College of Rheumatology Quality of Care Committee term was Nov 2015-Nov 2018  
   - ABIM Rheumatology Sub-speciality Board term was April 2014-June 2018

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP’s annual governance disclosure process.**

   a. **Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process?**
      
      Yes

      i. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.**

      Yes

      ii. **I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP’s members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed “Proprietary Information.”**

      Yes

      iii. **I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.**

      Yes

      iv. **I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.**

      Yes

---

**Certification**

I certify that to my knowledge and belief that the foregoing disclosure of financial and intellectual interests is complete and truthful, and I will promptly
disclose any changes.
### Summary of Financial Interests

<table>
<thead>
<tr>
<th>Company or Organization</th>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adventist Health Portland</td>
<td>Other</td>
<td>Self</td>
<td>$2,500.00</td>
<td></td>
</tr>
<tr>
<td>Center for Evidence-based Policy</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Medical Society of Metropolitan Portland</td>
<td>Fiduciary Officer</td>
<td>Self</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Milbank Memorial Fund</td>
<td>Travel</td>
<td>Self</td>
<td>$10,000.00</td>
<td></td>
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<tr>
<td>National Conference of State Legislatures</td>
<td>Travel</td>
<td>Self</td>
<td>$1,000.00</td>
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<tr>
<td>Portland VA Medical Center</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
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<tr>
<td>School of Medicine, Oregon Health and Science University</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
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</tbody>
</table>

#### Additional Information:

**Consultant Description:**
- **Start Date:** 09/26/2018
- **End Date:** 09/26/2018
- **Compensation Type:** Cash
- **Year:** 2018
- **Amount:** $2,500.00
- **Type:** Actual

**Center for Evidence-based Policy**
- **Title:** Clinical Epidemiologist
- **Start Date:** 08/01/2014
- **End Date:**
- **Position Description:** CEbP supports 0.5 FTE
- **Compensation Type:** Unpaid
- **Travel Start Date:** 01/01/2015
- **Travel End Date:** 06/01/2019
- **Estimated Value:** $10,000.00
- **Valuation Date:** 12/26/2019
- **Additional Information:**

**Medical Society of Metropolitan Portland**
- **Official Title:** Trustee
- **Start Date:** 08/01/2015
- **End Date:**
- **Position Description:** Trustee
- **Other Compensation:**

**Milbank Memorial Fund**
- **Location(s):** Various meetings and state workshops (as faculty)
- **Estimated Value:** $1,000.00
- **Purpose:** Faculty for Evidence-informed Health Policy Workshops
- **Travel Start Date:** 05/05/2018
- **Travel End Date:** 05/07/2018
- **Estimated Value:** $1,000.00
- **Valuation Date:** 12/26/2019
- **Additional Information:**

**Portland VA Medical Center**
- **Title:** Staff Physician
- **Start Date:** 07/01/2013
- **End Date:**
- **Position Description:** Division of General Medicine, Department of Hospital and Specialty Medicine
- **Additional Information:**

**School of Medicine, Oregon Health and Science University**
- **Title:** Associate Professor of Medicine
- **Start Date:** 07/01/2013
- **End Date:**
- **Position Description:** Faculty appointment, not compensated
- **Additional Information:**
1. Please specify any additional information which you consider relevant to this disclosure.

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP’s annual governance disclosure process.

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         Yes
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         Yes
      iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.
          Yes
      iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician's Anti-Harassment Policy.
         Yes

Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker's bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Purpose: This is a supplemental disclosure of interests (DOI) worksheet to report any intellectual interests that are relevant to clinical topics on the agenda for the upcoming Clinical Guidelines Committee/Performance Measurement Committee/Scientific Medical Policy Committee meeting.

Thank You.

If in doubt, err on the side of full disclosure

Name: Adam Obley
For the Clinical Guidelines Committee: In the last 3 years, have you or any household members published on any of the following topic areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

<table>
<thead>
<tr>
<th>Area</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point of Care Ultrasound</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>High flow nasal oxygen</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

For the Scientific Medical Policy Committee: In the last 3 years, have you or any household members published on any of the following topic areas? Please include both peer-reviewed and non-peer-reviewed sources (e.g. newspaper op-ed; blog)

<table>
<thead>
<tr>
<th>Area</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>Hematuria</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Any other intellectual interests that you feel are relevant but have not been captured in Convey or above?</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

**DECLARATION**

I certify that to my knowledge and belief that I have disclosed my financial and non-financial interests above and I will promptly disclose any changes.

Signature ___________________________ Date ___________________________
## Summary of Financial Interests

### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>American College of Physicians</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
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<td></td>
</tr>
</tbody>
</table>
| **Title:** Vice President  
**Start Date:** 12/07/2003  
**End Date:** | Position Description: Clinical Policy  
Additional Information: | | | | |
| **Centers for Disease Control and Prevention** | Other | Self | - | | |
| **Category:** Other  
**Start Date:** 01/01/2016  
**End Date:** | Consultant Description:  
Compensation Type: Unpaid  
Annual Compensation: | | | | |
| **Other Compensation:**  
**Additional Information:** don't have the exact dates | | | | |
| **Cochrane** | Other | Self | - | | |
| **Category:** Other  
**Start Date:** 06/01/2019  
**End Date:** | Consultant Description:  
Compensation Type: Other  
Annual Compensation: | | | | |
| **Other Compensation:**  
**Additional Information:** | | | | |
| **Dynamed** | Other | Self | - | | |
| **Category:** Other  
**Start Date:** 07/01/2014  
**End Date:** | Consultant Description:  
Compensation Type: Other  
Annual Compensation: | | | | |
| **Other Compensation:**  
**Additional Information:** honorarium | | | | |
| **Dynamed** | Other | Self | - | | |
| **Category:** Other  
**Start Date:** 01/01/2013  
**End Date:** | Consultant Description:  
Compensation Type: Unpaid  
Annual Compensation: | | | | |
| **Other Compensation:**  
**Additional Information:** I do not know the exact start date. | | | | |
| **GRADE Working Group** | Other | Self | - | | |
| **Category:** Other  
**Start Date:** 01/01/2003  
**End Date:** | Consultant Description:  
Compensation Type: Unpaid  
Annual Compensation: | | | | |
| **Other Compensation:**  
**Additional Information:** I do not have the exact start date | | | | |
| **Measures Application Partnership** | Other | Self | - | | |
| **Category:** Other  
**Start Date:** 01/01/2014  
**End Date:** | Consultant Description:  
Compensation Type: Unpaid  
Annual Compensation: | | | | |
| **Other Compensation:**  
**Additional Information:** I do not remember the exact start date. | | | | |
<p>| <strong>MedBiquitous</strong> | Other | Self | - | | |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Consultant Description</th>
<th>Start Date</th>
<th>End Date</th>
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<th>Annual Compensation</th>
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</thead>
<tbody>
<tr>
<td>National Academies of Sciences, Engineering, and Medicine</td>
<td>Other, Self</td>
<td>01/01/2013</td>
<td>01/01/2019</td>
<td>Do not have exact start or end dates</td>
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<tr>
<td>National Quality Forum</td>
<td>Other, Self</td>
<td>01/01/2019</td>
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<td>don't have the exact dates</td>
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<tr>
<td>PCPI</td>
<td>Other, Self</td>
<td>01/01/2017</td>
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<tr>
<td>RIGHT Working Group</td>
<td>Other, Self</td>
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<td>I do not have the exact start date</td>
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<tr>
<td>Thomas Jefferson University</td>
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<td>01/01/2017</td>
<td></td>
<td>Do not have exact start date</td>
<td></td>
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<tr>
<td>Women’s Preventive Services Initiative</td>
<td>Other, Self</td>
<td>01/01/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP’s annual governance disclosure process.

   a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process?

      No.

Category: Other
Start Date: 05/01/2016
End Date:
Other Compensation:
Additional Information: don’t have the exact dates
Consultant Description:
Compensation Type: Unpaid
Annual Compensation:
Jeff Shafiroff

Disclosure Purpose: Clinical Policy Committees ACP Staff

Summary of Financial Interests

<table>
<thead>
<tr>
<th>Company or Organization</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>American College of Physicians</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
</tbody>
</table>

Title: Senior Analyst
Start Date: 11/07/2016

Position Description:
Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.
   
   No information to report

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP's annual governance disclosure process.

   a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process?
      
      Yes

      i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.
         
         Yes

      ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP’s members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."
         
         Yes

      iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.
         
         Yes

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         Yes

Certification
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- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Patricia Siemion

**Disclosure Purpose:** Annual Staff Disclosure 2019, Annual Staff Disclosure 2020

---

**Summary of Financial Interests**

I do not have any financial interests to disclose at this time.

---

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you're submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP’s annual governance disclosure process.
   
   a. Are you submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force or other governance group as part of ACP’s annual governance disclosure process?
      
      Yes.
      
      i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.
         
         Yes
         
         ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP's members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."
            
            Yes
            
            iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.
                
                Yes
                
      iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.
         
         Yes

---

**Certification**

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence
Farah Sultan

**Disclosure Purpose:** Annual Staff Disclosure 2019

### Summary of Financial Interests

#### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
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</thead>
<tbody>
<tr>
<td>American College of Physicians</td>
<td>Employment</td>
<td>Self</td>
<td>-</td>
</tr>
</tbody>
</table>

**Title:** Research Associate

**Position Description:** Provide clinical input on evidence reviews, guidelines, performance measures, and high value care topics. Lead Scientific Medical Policy Committee (SMPC), and support the work of the SMPC, and other

**Additional Information:**

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Sigma Heath Consulting LLC</td>
<td>Other</td>
<td>Self</td>
<td>-</td>
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</table>

**Category:** Other

**Start Date:** 05/16/2019  **End Date:** 12/16/2019  **Consultant Description:**

**Compensation Type:** Cash

**Annual Compensation:**

**Additional Information:**

**Category:** Consultant

**Start Date:** 05/16/2019  **End Date:** 12/16/2019

**Other Compensation:** Part-time contract position (inactive)

### Additional Information:

1. **Please specify any additional information which you consider relevant to this disclosure.**

   None

2. **ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP board, committee, council, chapter leadership, task force, Annals of Internal Medicine editorial staff or other governance group as part of ACP’s annual governance disclosure process.**

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         Yes

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Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence

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Yes
### Summary of Financial Interests

#### Company or Organization

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<tr>
<th>Entity</th>
<th>Type</th>
<th>Interest Held By</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Canadian Institutes of Health Research</strong></td>
<td>Grant / Contract</td>
<td>Self</td>
<td>$9,310,000.00</td>
</tr>
<tr>
<td><strong>Recipient Name:</strong> Dr. Michael McGillion</td>
<td></td>
<td></td>
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<tr>
<td><strong>Grant / Contract Description:</strong> The SMArT VIEW, CoVeRed</td>
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<tr>
<td><strong>Grant / Contract Amount:</strong> $9,310,000.00</td>
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<tr>
<td><strong>Contract Start Date:</strong> 10/15/2015</td>
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<tr>
<td><strong>Contract End Date:</strong> 09/30/2019</td>
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<tr>
<td><strong>Recipient Type:</strong> Individual</td>
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<td><strong>Grant / Contract Purpose:</strong> Research</td>
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<tr>
<td><strong>Additional Information:</strong></td>
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<td></td>
<td></td>
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</tbody>
</table>

| **Canadian Institutes of Health Research**  | Grant / Contract | Self             | $22,600.00     |
| **Recipient Name:** Dr. Sandra Carroll      |                |                  |                |
| **Grant / Contract Description:** Following the C-SPIN Roadmap: Realizing Meaningful Patient Engagement |                |                  |                |
| **Grant / Contract Valuation Date:** 03/01/2016 |                |                  |                |
| **Contract Start Date:** 03/01/2016          |                |                  |                |
| **Contract End Date:** 02/28/2018            |                |                  |                |
| **Recipient Type:** Individual              |                |                  |                |
| **Grant / Contract Purpose:** Research      |                |                  |                |
| **Grant / Contract Valuation Date:** 03/01/2016 |                |                  |                |
| **Contract Start Date:** 03/01/2016          |                |                  |                |
| **Contract End Date:** 02/28/2018            |                |                  |                |
| **Canadian Institutes of Health Research**  | Grant / Contract | Self             | $226,000.00    |
| **Recipient Name:** Dr. Michael McGillion   |                |                  |                |
| **Grant / Contract Description:** THE SMArT VIEW, CoVeRed |                |                  |                |
| **Grant / Contract Amount:** $226,000.00     |                |                  |                |
| **Contract Start Date:** 03/01/2016          |                |                  |                |
| **Contract End Date:** 02/28/2018            |                |                  |                |
| **Recipient Type:** Individual              |                |                  |                |
| **Grant / Contract Purpose:** Research      |                |                  |                |
| **Grant / Contract Valuation Date:** 03/01/2016 |                |                  |                |
| **Contract Start Date:** 03/01/2016          |                |                  |                |
| **Contract End Date:** 02/28/2018            |                |                  |                |
| **Canadian Institutes of Health Research**  | Grant / Contract | Self             | $22,450.00     |
| **Recipient Name:** Dr. Sandra Carroll      |                |                  |                |
| **Grant / Contract Description:** PREPARE: Preparing for Meaningful Patient Engagement at the Population Health Research |                |                  |                |
| **Grant / Contract Valuation Date:** 03/01/2016 |                |                  |                |
| **Contract Start Date:** 03/01/2016          |                |                  |                |
| **Contract End Date:** 02/28/2017            |                |                  |                |
| **Recipient Type:** Individual              |                |                  |                |
| **Grant / Contract Purpose:** Research      |                |                  |                |
| **Grant / Contract Valuation Date:** 03/01/2016 |                |                  |                |
| **Contract Start Date:** 03/01/2016          |                |                  |                |
| **Contract End Date:** 02/28/2017            |                |                  |                |

#### Evidence Based Research Network

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<tr>
<th>Official Title: Steering Committee Member</th>
<th>Fiduciary Officer</th>
<th>Self</th>
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#### Evidence Synthesis International

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<th>Official Title: Secretariat</th>
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#### McMaster University

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<td><strong>End Date:</strong> 06/30/2017</td>
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#### Sigma Theta Tau International

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<td><strong>Other Compensation:</strong></td>
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</table>
Official Title: President - Alpha Nu Chapter

Position Description: President - Alpha Nu Chapter

Compensation Type:

Start Date: 09/01/2019  End Date: 08/31/2021

Annual Compensation:

Additional Information:

University of Bologna

Category: Other

Start Date: 11/16/2019  End Date: 11/22/2019

Other Compensation:

Consultant Description:

Compensation Type: Cash

Annual Compensation:

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Additional Information: Guest Lecturer

Villanova University

Title: Associate Professor

Start Date: 08/22/2017  End Date: 

Position Description:

Additional Information:

Additional Information:

1. Please specify any additional information which you consider relevant to this disclosure.

N/A

2. ACP requires your annual affirmation to abide by its Disclosure of Interests and Management of Conflicts Policy, Non-Disclosure Agreement, Intellectual Property Policy, and Anti-Harassment Policy if you’re submitting your disclosures to ACP as a member of an ACP governance group or as College staff, as part of ACP’s annual disclosure process.

a. Are you submitting your disclosures to ACP as a member of one of the following groups:

   ■ ACP board, committee, council, task force, and/or other governance group?
   ■ Chapter Council or other Chapter leadership role?
   ■ National or chapter staff?
   ■ Annals of Internal Medicine editorial staff?
   ■ Other (meeting guests, contractors, authors, etc.)

   Yes.

   i. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Disclosure of Interests and Management of Conflicts Policy.

   Yes

   ii. I, the undersigned, enter into the Non-Disclosure Agreement between myself and the American College of Physicians, which governs the disclosure and furnishing of ACP’s members of the Board of Regents, Board of Governors, Committees, Councils, Governors-elect and Chapter Personnel in any such Work Group of ACP, with information developed for ACP, deemed "Proprietary Information."

   Yes

   iii. I, the undersigned, intending to be legally bound, hereby declare and agree to terms of participation in the ACP Group activities of ACP as specified in the ACP Intellectual Property Policy.

   Yes

   iv. I, the undersigned, acknowledge I have read and agree to abide by the American College of Physician’s Anti-Harassment Policy.

   Yes
Certification

By submitting this form, I attest that I have disclosed all interests related to healthcare from the last 3 years on behalf of myself and any household members, including consideration of interests in the following areas:

- Research and consulting support (e.g., grants, contracts, sponsorships, honoraria, or any other fees related to role as consultant, speaker’s bureau participation, or expert as part of regulatory, legislative, or judicial process)
- Investments and proprietary interests excluding broadly diversified investments such as mutual or pension funds (e.g., stocks, bonds, stock options, commercial business interests, patents, trademarks, copyrights)
- Membership on boards, workgroups, panels, or committees through other medical societies or healthcare organizations
- Participation in advocacy or lobbying activities, including any roles or relationships with disease advocacy organizations

Other aspects of my background or present interests not addressed above that might be perceived as affecting my objectivity or independence