# #8

COMPLETE

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| **Collector:** | Web Link 1 (Web Link) |
| **Started:** | Thursday, August 13, 2020 7:27:27 AM |
| **Last Modified:** | Thursday, August 13, 2020 7:34:08 AM |
| **Time Spent:** | 00:06:40 |
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## Page 1: Disclosure of conflict of interest information

**Q1**

Process:1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials.4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

**By clicking "NEXT," you confirm that you have read and agree with the above requirements.**

## Page 2: Disclosure of conflict of interest form

**Q2**

Name

marilia seelaender

**Q3**

Email

seelaend@icb.usp.br

**Q4**

Today's Date

Please select below: **08/13/2020**

**Q5**

What is your role in this CPD activity? Select all that apply.

**Moderator or session chair**

**Q6**

Do you have a relationship with a for-profit and/or a not-for-profit organization to disclose?

**Yes**

**Q7**

Please indicate the for-profit or not-for-profit organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.Answer format: NAME (description), NAME (description)

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| Any direct financial payments including receipt of honoraria | **Nestlé do Brasil, technical report** |
| Funded grants or clinical trials | **Ajinomoto do Brasil, recipient of donation of amino acids for clinical trial** |

**Q8**

For speakers only: I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. “off-label” use of medication).

**N/A (I am not a speaker)**

**Q9**

For speakers only: I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names), and not reflect exclusivity and branding.

**N/A (I am not a speaker)**

**Q10**

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

**I agree**