

Page: Disclosure Information

IPPS must ensure balance, independence, objectivity, and scientific rigor in all its activities. We require all individuals in a position to influence the direction of the association to fill out the disclosure form while or prior to serving in a leadership position within IPPS. To ensure that our activities promote improvements or quality in healthcare and not a specific proprietary business interest or a commercial interest, we need to identify all conflicts of interest.

Individuals are required to disclose all relevant financial and intellectual relationships with commercial interests (entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in any amount as well as the nature of the relationship within the past 12 months.

Declaration of a conflict of interest does not necessarily preclude serving in a leadership role within IPPS. However, based on this disclosure information, IPPS may disqualify any individual from planning, implementation, and participation if a conflict of interest that may contribute to commercial bias is determined to exist and cannot be resolved. Therefore, a full and honest disclosure is encouraged. In accordance with the Conflict of Interest Policy of IPPS, the undersigned confirms that all information below is complete and truthful.

Please fill out all fields and answer all the questions below prior to submitting this form.

Name *

Organization



Country

Select one option

- C Afghanistan
- C Åland Islands
- Albania
- C Algeria
- C American Samoa
- C Andorra
- C Angola
- C Anguilla
- C Antarctica
- C Antigua and Barbuda
- C Argentina
- C Armenia
- C Aruba
- C Australia
- C Austria
- C Azerbaijan
- C Bahamas
- C Bahrain
- C Bangladesh
- C Barbados
- C Belarus
- C Belgium
- C Belize
- C Benin
- C Bermuda
- C Bhutan
- C Bolivia
- C Bonaire, Sint Eustatius and Saba



- C Bosnia and Herzegovina
- C Botswana
- C Bouvet Island
- C Brazil
- C British Indian Ocean Territory
- C Brunei Darussalam
- C Bulgaria
- C Burkina Faso
- C Burundi
- C Cambodia
- C Cameroon
- C Canada
- Cape Verde
- C Cayman Islands
- C Central African Republic
- C Chad
- C Chile
- C China (Mainland)
- C Christmas Island
- C Cocos (Keeling) Islands
- C Colombia
- C Comoros
- Congo, The Democratic Republic of the
- C Congo
- Cook Islands
- C Costa Rica
- C Cote D'Ivoire
- C Croatia
- C Cuba
- Curaçao
- C Cyprus



- C Czech Republic
- C Denmark
- C Djibouti
- C Dominica
- C Dominican Republic
- C Ecuador
- C Egypt
- C El Salvador
- C Equatorial Guinea
- C Eritrea
- C Estonia
- C Ethiopia
- C Falkland Islands (Malvinas)
- C Faroe Islands
- C Fiji
- C Finland
- C France
- C French Guiana
- C French Polynesia
- C French Southern Territories
- C Gabon
- C Gambia
- C Georgia
- C Germany
- C Ghana
- C Gibraltar
- C Greece
- C Greenland
- C Grenada
- C Guadeloupe
- C Guam



- C Guatemala
- C Guernsey
- C Guinea
- C Guinea-Bissau
- C Guyana
- Haiti
- C Heard Island and Mcdonald Islands
- C Holy See (Vatican City State)
- C Honduras
- C Hong Kong (Greater China)
- C Hungary
- C Iceland
- C India
- C Indonesia
- C Iran, Islamic Republic Of
- C Iraq
- C Ireland
- C Isle of Man
- C Israel
- C Italy
- C Jamaica
- C Japan
- C Jersey
- C Jordan
- C Kazakhstan
- C Kenya
- C Kiribati
- C Korea, Democratic People's Republic of
- C Korea, Republic of
- C Kosovo
- C Kuwait



- C Kyrgyzstan
- C Lao People's Democratic Republic
- C Latvia
- C Lebanon
- C Lesotho
- C Liberia
- C Libyan Arab Jamahiriya
- C Liechtenstein
- C Lithuania
- C Luxembourg
- C Macao (Greater China)
- C Macedonia
- C Madagascar
- C Malawi
- C Malaysia
- C Maldives
- C Mali
- C Malta
- C Marshall Islands
- C Martinique
- C Mauritania
- C Mauritius
- C Mayotte
- C Mexico
- C Micronesia, Federated States of
- C Moldova, Republic of
- C Monaco
- C Mongolia
- C Montenegro
- C Montserrat
- C Morocco



- C Mozambique
- C Myanmar
- Namibia
- Nauru
- C Nepal
- C Netherlands
- C New Caledonia
- C New Zealand
- C Nicaragua
- C Niger
- C Nigeria
- C Niue
- C Norfolk Island
- C Northern Mariana Islands
- C Norway
- C Oman
- C Pakistan
- C Palau
- C Palestinian Territory
- C Panama
- C Papua New Guinea
- Paraguay
- C Peru
- C Philippines
- C Pitcairn
- C Poland
- C Portugal
- C Puerto Rico
- C Qatar
- C Reunion
- C Romania



- C Russian Federation
- C Rwanda
- C Saint Barthélemy
- C Saint Helena
- C Saint Kitts and Nevis
- C Saint Lucia
- C Saint Martin (French part)
- C Saint Pierre and Miquelon
- C Saint Vincent and the Grenadines
- C Samoa
- C San Marino
- C Sao Tome and Principe
- C Saudi Arabia
- C Senegal
- C Serbia
- C Seychelles
- C Sierra Leone
- C Singapore
- C Sint Maarten (Dutch part)
- C Slovakia
- C Slovenia
- C Solomon Islands
- C Somalia
- C South Africa
- C South Georgia and the South Sandwich Islands
- C South Sudan
- C Spain
- C Sri Lanka
- C Sudan
- C Suriname
- C Svalbard and Jan Mayen



- C Swaziland
- C Sweden
- C Switzerland
- C Syria
- C Taiwan (Greater China)
- C Tajikistan
- C Tanzania, United Republic of
- C Thailand
- C Timor-Leste
- C Togo
- C Tokelau
- C Tonga
- C Trinidad and Tobago
- C Tunisia
- C Turkey
- C Turkmenistan
- C Turks and Caicos Islands
- C Tuvalu
- C Uganda
- C Ukraine
- C United Arab Emirates
- C United Kingdom
- C United States Territories and Minor Outlying Islands
- C United States
- C Uruguay
- C Uzbekistan
- C Vanuatu
- C Venezuela
- C Vietnam
- C Virgin Islands, British
- C Virgin Islands, U.S.



- C Wallis and Futuna
- C Western Sahara
- C Yemen
- C Zambia
- C Zimbabwe

Email *

Disclosing as: *

Select one or more options

- Officer/Board Member
- Committee Member
- Prospective Officer, Board Member, Committee Member
- C Other

Please specify:

Conflict of Interest *

Do you or any member of your immediate family have any relevant financial or intellectual relationships with commercial interests (entities producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients) in any amount within the past 12 months?

Select one option

0	Yes
	100

C No



Grant/Research Support

Consultant/Advisor/Advisory Board Member

Leadership Position (Officer/Board Member)

Owner, Employee, Product Development Officer, Patent Holder

Investment Interest/Stock Shareholder (directly purchased)

Editor, editorial board member or other publishing position (other than author or reviewer) with medical publishing company or medical journal



Principal Investigator or Sub-investigator for clinical trials or scientific study

Other relationship/affiliation (specify)

Acknowledgements *

 \Box

Select one or more options

I have read and agree to the contents of the Conflict of Interest policy document of the IPPS.

I will disclose to IPPS, if during the course of my leadership service, I negotiate a personal industry contract or a member of my immediate family has a financial relationship with a single Industry Sponsor which may conflict with IPPS COI Policy.

I understand that I will be required to submit this COI disclosure form initially and every year as long as I serve in a leadership function.

The information I have provided is true and complete to the best of my knowledge and I accept responsibility for the accuracy of the information above.

Signature (typing your name serves as your electronic signature) *