Mandatory ASES Conflict of Interest Disclosure Statement

Below you will find two statements, one of which will apply to you in connection with your participation in the activities of the American Shoulder and Elbow Surgeons (ASES).

Please read the following statements and place a check in the box opposite the statement(s) which apply to you. If you **do not** have a financial interest or other relationship with a commercial company related directly or indirectly with the ASES, place a check in the first box. If you do have any conflicts, financial interest or relationship to disclose please check the box and include the name of the commercial company. Your disclosure will be reviewed by the ASES Nominating Committee.

The Academy does not view the existence of these interests or commitments as necessarily implying bias or decreasing the value of your participation in Academy activities.

☐ I (or a member of my immediate family) **do not** have a financial interest or other relationship with a commercial company or institution.

If you have any financial interest or other relationships, please be sure to check all that apply below and include the company name:

☐ 1. Do you or a member of your immediate family receive royalties for any pharmaceutical, biomaterial or orthopaedic product or device? _____

☐ 2. Within the past twelve months, have you or a member of your immediate family served on the speaker's bureau, or have you been paid an honorarium to present by any pharmaceutical, biomaterial or orthopaedic product or device company? _____

☐ 3A. Are you or a member of your immediate family a paid employee for any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier? _____

☐ 3B. Are you or a member of your immediate family a paid consultant for any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier? _____

☐ 3C. Are you or a member of your immediate family a unpaid consultant for any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier? _____

☐ 4. Do you or a member of your immediate family own stock or stock options in any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier (excluding mutual funds)? ____

☐ 5. Do you or a member of your immediate family receive research or institutional support as a principal investigator from any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier? _____

☐ 6. Do you or a member of your immediate family receive any other financial/material support from any pharmaceutical, biomaterial or orthopaedic device and equipment company or supplier?

_____

☐ 7. Do you or a member of your immediate family receive any royalties, financial/material support from any medical and/or orthopaedic publishers? _____

Signed: _____Date:_____