**Form 3 --- ALL RELEVANT RELATIONSHIPS MUST BE MITIGATED PRIOR TO THE START OF THE ACTIVITY.**

**Compiled Disclosure & Relevant Financial Relationship Management form**



Title of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ │ Date of Meeting \_\_\_\_\_\_\_\_\_\_\_\_ │ live or Virtual Live

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (List every planner, program chair, moderator or speaker)** | **Role(s) in Activity/Your Meeting**  (e.g., Planner, Speaker, Faculty, Author, Reviewer, Other) | **List ONLY the RELEVANT relationship(s) and role.** If there are no relevant relationships, please type: “No Relevant Financial Relationships with ineligible companies to disclose” in the column below. | **STEPS TAKEN TO MITIGATE RELEVANT FINANCIAL RELATIONSHIP**  **A.** **Divest** the financial relationship.  **B.** **Peer review** of content by persons without Relevant Financial Relationships (**Do not use for planners**)  **C. Attest** that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines)  **D.** **Recusal** from controlling aspects of planning and content with which there is a financial relationship (**Use for Planners and/or Faculty**)  **E. Peer review of planning** decisions by persons without Relevant Financial Relationships (**Use for Planners**)  **F. Use other methods** (please describe) | | **DATE MITIGATION IMPLEMENTED** |
| John Smith, MD- **SAMPLE** | Speaker | No Relevant Financial Relationships with ineligible companies to disclose. | Enter the letter(s) that correspond to the method(s) used to mitigate the Relevant Financial Relationship |  |  |
| Jane Smith, MD **SAMPLE** | Speaker | Aimmune, Consultant | Enter the letter(s) that correspond to the method(s) used to mitigate the Relevant Financial Relationship | B | 02/20/22 |
|  |  |  | Enter the letter(s) that correspond to the method(s) used to mitigate the Relevant Financial Relationship |  |  |
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|  |  |  | Enter the letter(s) that correspond to the method(s) used to mitigate the Relevant Financial Relationship |  |  |

By signing below, you certify that all Relevant Financial Relationships have been mitigated.

|  |  |  |  |
| --- | --- | --- | --- |
| **Planners Mitigation**: Enter full name and credentials of physician as electronic signature: |  | Enter Date: |  |
| **Faculty Mitigation**: Enter full name and credentials of physician as electronic signature: |  | Enter Date: |  |

***Actions to be taken for final mitigation will be approved and directed by the Program Chair, the Planning Committee, or the ACAAI Education Council, as appropriate.***