

Name: \_\_\_\_\_

1. Are you currently participating, or have you participated within the past 12 months, in funded or unfunded research on a technology, process, or product development, served on a Data Safety Monitoring Board, or are you the Principal Investigator?

NO  YES

If YES, please list organization and role: \_\_\_\_\_

2a. Are you currently participating, or have you participated within the past 12 months, as a scientific advisory board member/consultant, or expert witness?

NO  YES

If YES, please list organization, role and compensation: \_\_\_\_\_

2b. Are you currently participating, or have you participated within the past 12 months, as a promotional/other advisory board member/consultant, or speaker bureau member?

NO  YES

If YES, please list organization, role and compensation: \_\_\_\_\_

3a. Do you currently hold, or have you held in the past 12 months, an executive position, served on a governing board, or been employed by an external entity engaged in commercial or research activities that could benefit from the recommendations of an NCCN Guidelines Panel?

NO  YES

If YES, please list organization, role and compensation: \_\_\_\_\_

3b. Does any member of your immediate family currently hold, or have they held within the past 12 months, an executive position, served on a governing board, or been employed by an external entity engaged in commercial or research activities that could benefit from the recommendations of an NCCN Guidelines Panel?

NO  YES

If YES, please list organization and role: \_\_\_\_\_

4a. Currently, or in the past 12 months, have you become an owner of any equity in an external entity that could benefit from the recommendations of an NCCN Guidelines Panel?

NO  YES

If YES, please list organization and compensation: \_\_\_\_\_

4b. Currently, or in the past 12 months, has any member of your immediate family become an owner of any equity in an external entity that could benefit from the recommendations of an NCCN Guidelines Panel?

NO  YES

If YES, please list organization: \_\_\_\_\_

5a. Currently, or in the past 12 months, have you received royalty income or do you have the right to receive future royalties under a patent license or copyright in an external entity that could benefit from the recommendations of an NCCN Guidelines Panel?

NO  YES

If YES, please list organization and compensation: \_\_\_\_\_

5b. Currently, or in the past 12 months, has any member of your immediate family received royalty income or do they have the right to receive future royalties under a patent license or copyright in an external entity that could benefit from the recommendations of an NCCN Guidelines Panel?

NO  YES

If YES, please list organization: \_\_\_\_\_

**In submitting this statement, I affirm that:**

- I will comply with any conditions or restrictions adopted by the NCCN Board of Directors to manage, reduce, or eliminate any identified conflict of interest.
- I understand that deliberations of NCCN Guidelines panels are confidential. I agree not to share panel discussions with anyone other than the relevant NCCN panel members and staff or to disclose any decisions of the panels prior to publication.
- I agree to update this disclosure on an annual basis and as new financial relationships with external entities arise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_