

# Identification and Disclosure of Relationships with External Entities

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

1. Are you currently participating, or have you participated within the past 12 months, or do you expect to participate in the next 12 months in funded or unfunded research on a technology, process, or product development, or are you the Principal Investigator for a project related to discussion as part of your participation on a NCCN Guidelines Panel or an NCCN Oncology Research Program (ORP) Scientific Committee?

NO  YES

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

2. Are you currently participating, have you participated within the past 12 months, or do you expect to participate in the next 12 months as an advisory board member, speaker bureau member, expert witness, or consultant for an entity that could be viewed as having the potential to influence the discussion of the NCCN Guidelines Panel or NCCN ORP Scientific Committee?

NO  YES

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

3. Do you currently hold, have you held in the past 12 months, or do you expect to hold in the next 12 months an executive position or serve on a governing board in a business engaged in commercial or research activities related to discussion as part of your participation on a NCCN Guidelines Panel or NCCN ORP Scientific Committee?

NO  YES

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

4. Currently, or in the past 12 months, have you or has any member of your immediate family become a beneficial owner of any equity that would be financially advantaged or disadvantaged by the action of the NCCN Guidelines Panel or ORP Scientific Committee in the matter under consideration?

NO  YES

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

5. In the past 12 months, have you or has any member of your immediate family been employed by an entity that could be viewed as having the potential to influence the discussion of the NCCN Guidelines panel or NCCN ORP Scientific Committee?

NO  YES

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

6. Could the decision of the NCCN Guidelines Panel or NCCN ORP Scientific Committee on which you participate have a direct and substantial (>\$10,000) economic impact on you or on others with whom you have a personal or professional relationship?

NO  YES

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

7. Do you or do members of your immediate family receive royalty income or do you or members of your immediate family have the right to receive future royalties under a patent license or copyright where the discussion of the NCCN Guidelines panel or NCCN ORP Scientific Committee is directly related to the licensed technology or work?

NO  YES

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

8. Do you have any other organizational affiliations, activities, or other interests, including equity, which could significantly impair your objectivity in participating as a member of an NCCN Guidelines panel or NCCN ORP Scientific Committee?

NO  YES

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

**Compensation Designation:** (please circle one)

- |                        |                          |                              |
|------------------------|--------------------------|------------------------------|
| A. \$0                 | F. \$15,000 - \$19,999   | K. \$500,000 - \$999,999     |
| B. \$1 - \$999         | G. \$20,000 - \$29,999   | L. \$1 Million - \$2 Million |
| C. \$1,000 - \$4,999   | H. \$30,000 - \$49,999   | M. Greater than \$2 Million  |
| D. \$5,000 - \$9,999   | I. \$50,000 - \$99,999   |                              |
| E. \$10,000 - \$14,999 | J. \$100,000 - \$499,999 |                              |

\* Denotes whole amount was given to charity

\*\* NCCN recognizes Clinical Research Support as Institutional Support

**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 agree to update this disclosure on an annual basis and as new financial relationships with external entities arise.

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