

Introduction

Disclosing Potential Conflicts of Interest

In compliance with the **Centers for Medicare and Medicaid Services'** (CMS) **requirements** for qualified provider led entities (qPLE), the **ACR** has a policy for the **disclosure and review of relationships and potential conflicts of interest as these relationships are associated with ACR Appropriateness Criteria® (AC)**, as well as a process to resolve any identified conflict(s), if any. The ACR maintains scientific integrity and objectivity in developing and revising its AC.

In order **to meet CMS qPLE requirements** and to preserve the program's integrity and objectivity, all AC Expert Panel specialty chairs, panel chairs, panel vice chairs, authors, co-authors, research authors, and consultants working on AC topics **must disclose any relationships between herself/himself and any organization that may have an interest in the AC topics that you work on**. You must also disclose any relationships between your immediate family (spouse / significant others or children) or your organization, and any organization that may have an interest in the AC topics that you work on.

All disclosures of potential conflicts of interest must be made **prior to the start of the AC topic process**. **Disclosures will be available if requested and later, they will be posted on the ACR web site. You will be asked to review and update the information as appropriate.**

Your disclosure of these relationships is entirely voluntary. However, if you elect not to disclose, you will no longer be able to participate in the ACR AC development and revision activity.

* 1. Do you agree to disclose your potential conflicts of interest as these relationships relate to activity on the ACR AC Expert Panel?

I elect to disclose potential conflicts of interest.

I do not want to participate in ACR AC activities because I elect **not** to disclose potential conflicts of interest. *(This will end this portion of the survey.)*



* 2. Survey ID# {{ custom.SurveyID }}

You must enter a response in each text box to continue.

First Name:

Last Name:

Advanced Degree(s):

Institution information (including city and state) as it will appear on Appropriateness Criteria documents for publication:

Name of the AC Panel(s) you work on:

Society's Name:

For ACR members, enter "n/a".

For consultants who were nominated by a medical specialty society, enter the Society's Name

Disclosing relationships that may appear in conflict

Relationships that should be disclosed: An Explanation

The relationships and potential conflicts of interest you will be asked about include:

- 1) **Salary, contract fees, or other compensation** for work you, your immediate family*, or your organization perform for organizations** that may have an interest in the AC topics you develop and revise;
- 2) Personal fees, that is, monies paid to you, your immediate family, or your organization, for services rendered for organizations that may have an interest in the AC topics you develop and revise. For example, **grants***, honoraria, patent or other royalties received, patents** that are pending, issued, or licensed (regardless whether earning royalties or not), fees for **consulting, lectures, speakers bureaus, or expert testimony, reimbursement** for travel related or other expenses;
- 3) **Non-financial support**, such as medications or equipment supplied, paid travel, writing assistance, administrative support, etc. You do not need to disclose ACR as one of your non-financial support sources; and
- 4) **Equity position or ownership** by you, your immediate family, or your organization in organizations that may have an interest in the AC topics you develop and revise.

**Immediate family includes spouse or significant other, or children*

***Organizations include government agency, foundation, commercial entity, academic institution, etc.*

****Grants include those from entities that may be paid to your organization or to you.*

* 3. Other than your salary and benefits from your current workplace{{ *custom.Organizations* }}, do you, your immediate family, or your workplace receive compensation (salary, contract fees, etc.) from an organization that may have an interest in the ACR AC topic(s) you work on? (Please include past employment within the last year if the organization may have had interests in ACR AC topics you work on.)

- I, my immediate family, and my workplace **do not receive** salary, contract fees, or other compensation from an organization that may have an interest in the ACR AC topic(s) I work on.
- I, my immediate family, or my workplace **receive** salary, contract fees, or other compensation from an organization that may have an interest in the ACR AC topic(s) I work on.



Relationships with organizations which compensate for work that may relate to ACR AC you work on

Hint: For those who prefer to use the keyboard, you can tab to the response and use the keys to select your answer.

Please complete each item in the response matrix to ensure complete reporting. Blank responses will be treated as a "No" response. You may be contacted by staff to clarify unclear or incomplete responses.

Salary, contract fees, or other compensation for work you or your immediate family perform for organizations that may have an interest in the AC topics you develop and revise.

(As a physician on the expert panel, it is assumed that your current primary work affiliation would meet this disclosure criteria. When we disclose this information, your affiliation at the time the AC topic was released is what will be noted.)

4. Compensation for work performed for organization(s) that have an interest in the ACR AC or compensation for work that is related to ACR AC topics on which you participate. (Please include past employment within the last year if the organization has had interests in ACR AC topics you work on.)

	Myself	My immediate family	Your work place
Receives money or compensation (contract payments, salaries, etc) for work performed that is related to the ACR AC topics on which you participate?	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. For all disclosures above, list the name of any source, the type of compensation, and the person type (yourself, your spouse, your children, your organization) that has the relationship with the source (e.g., "American Healthcare System, salary and benefits, myself"; "ACR, contract work, spouse".)

6. Have you disclosed all the relationships with organizations that compensate for work that may relate to the ACR AC?

Yes

No



Potential COI Relationships

Personal fee relationships to disclose

7. Do you or your immediate family receive personal fees from a source that may have an interest in the ACR AC topic(s) you work on?

- I and my immediate family **do not have** any relationships regarding personal fees to disclose.
- I or my immediate family **have** one or more relationships regarding personal fees to disclose.

Relationships from receiving personal fees

Personal fees, that is, monies paid to you or your immediate family for services rendered for organizations that may have an interest in the AC topics you develop and revise. For example, grants, honoraria, patent or other royalties received, patents that are pending, issued, or licensed (regardless whether earning royalties or not), fees for consulting, lectures, speakers bureaus, or expert testimony, reimbursement for travel related or other expenses

8. Personal fees received from organizations who may have an interest in the ACR AC or personal fees for work related to ACR AC topics on which you participate.

	Myself	My immediate family
Grants (research or other)	<input type="text"/>	<input type="text"/>
Consulting fees	<input type="text"/>	<input type="text"/>
Honoraria, Royalties (from patents, other), Patents that are pending, issued, or licensed (regardless whether earning royalties or not), Lecture fees, Speakers bureaus fees, Expert testimony fees, Reimbursement for travel-related or other expenses	<input type="text"/>	<input type="text"/>

9. For all disclosures above, list the name of any source, the type of compensation, and the person type (yourself, your spouse, your children, your organization) that has the relationship with the source (e.g., "NIH, research grants, myself"; "ACR, expert testimony, spouse".)

10. Have you completed all disclosures for relationships with organizations that provide personal fees for services that may relate to the ACR AC?

- Yes
- No

Non-financial support relationships to disclose

11. Do you or your immediate family receive non-financial support from a source that may have an interest in the ACR AC topic(s) you work on?

- I and my immediate family **do not have** any relationships regarding non-financial support to disclose.
- I or my immediate family **have** one or more relationships regarding non-financial support to disclose.



Relationships with organizations providing non-financial support

Non-financial support, such as medications or equipment supplied, paid travel, writing assistance, administrative support, etc. *You do not need to disclose ACR as one of your non-financial support sources.*

12. Non-financial support received from organizations who may have an interest in the ACR AC or non-financial support for work related to ACR AC topics on which you participate (*You do not need to disclose ACR non-financial support for this work.*)

	Myself	My immediate family
Supplied equipment or medications	<input type="text"/>	<input type="text"/>
Writing assistance or administrative support	<input type="text"/>	<input type="text"/>
Expenses directly paid for by the source	<input type="text"/>	<input type="text"/>

13. For all disclosures above, list the name of any source, the type of compensation, and the person type (yourself, your spouse, your children, your organization) that has the relationship with the source (e.g., "GE, donated CT unit, myself"; "Bayer, contrast media, spouse".)

14. Have you completed all disclosures for relationships with organizations that provide non-financial support for work that may relate to the ACR AC?

- Yes
- No

Equity or ownership relationships to disclose

15. Do you, your immediate family, or your work place have any equity or ownership interests in a source that may have an interest in the ACR AC topic(s) that you work on?

- I, my immediate family, and my workplace **do not have** any relationships regarding equity or ownership to disclose.
- I, my immediate family, or my workplace **have** one or more relationships regarding equity or ownership to disclose.



Relationships with organizations you have equity which have an interest in ACR AC

Equity position or ownership by you, your immediate family, or your organization *in organizations that may have an interest in the AC topics you develop and revise*

16. Equity position or ownership of organizations that may have an interest in the ACR AC.

Any equity in organizations that have an interest in any ACR AC recommendations you worked on? Ownership in organizations that have an interest in any ACR AC recommendations you worked on?

Myself	<input type="text"/>	<input type="text"/>
My immediate family	<input type="text"/>	<input type="text"/>
My organization	<input type="text"/>	<input type="text"/>

17. For all disclosures above, list the name of any source, the type of compensation, and the person type (yourself, your spouse, your children, your organization) that has the relationship with the source (e.g., "Medicalis, equity position, myself"; "Radiology Benefit Management Inc, subsidiary, my organization".)

18. Have you completed all disclosures for relationships with organizations that may relate to the ACR AC work you do in which you have equity or ownership ?

- Yes
- No



Potential COI Relationships

Other relationships to disclose

19. Do you, your immediate family, or your workplace have any other relationships with a source that may be interested in the ACR AC topic(s) you work on?

- I, my immediate family, and my workplace **do not have** any other relationships to disclose.
- I, my immediate family or my workplace **have** one or more other relationships to disclose.



Other relationships with organizations which have an interest in ACR AC

20. Other disclosures. If you feel that there are other items you would like to disclose that was not covered previously, please enter the details below. List the name of any source, the type of compensation, and the person type (yourself, your spouse, your children, your organization) that has the relationship with the source. (e.g., "Company or source, type of relationship, person who has the relationship".)

21. Have you completed all disclosures for relationships with organizations that may relate to the ACR AC work you do?

- Yes (Complete the COI disclosures.)
- No (This response will take you to the start of the COI disclosures.)



Potential COI Relationships

Affirmation of disclosure completeness

22. By clicking the affirmation below, you acknowledge that you have disclosed, to the best of your knowledge, all relevant relationships that may be perceived as potentially influencing your work on the ACR Appropriateness Criteria. You agree to update this information as changes to relevant relationships occur. ACR staff will facilitate your review of this form as needed but at least once a year. *(After checking your response, click the "Enter" button)*

- I have disclosed all potential conflicts of interest to the best of my knowledge
- I have additional relationships to include (return to disclosures)