

## Potential Conflict of Interest Disclosure Statement

Name: \_\_\_\_\_  
(please print or type)

Please select one (or more) of the following:

☐ **Current** member of: ☐ **New appointment** to [Term begins: \_\_\_\_\_]:

Committee/Task Force/Editorial Board/Activity:

*[If you serve on multiple activities, please list all current service]*

☐ **Nominee** for the Nominating Committee. If elected, term will begin \_\_\_\_\_

**I have reviewed the Policy on Disclosure of Potential Conflict of Interest of the American Gastroenterological Association/AGA Institute and I am disclosing the following details regarding any potential conflict-of-interest.**

1. Direct interest: i.e. personal possession of shares, options, retainers or consulting fees, patent or intellectual property rights, direct salary support, advisory board or other governance relationships, authors fees, research related finders or completion fees, restricted or unrestricted educational grants, expert testimony, lectures or speakers bureau relationships given under the direct supervision of a commercial enterprise directly related to the broad field of gastroenterology.

**Please Note:** The monetary value of these holdings, contracts or fees is irrelevant. Shares held as part of a mutual fund or where the individual officer has no direct control over the investment shall be excluded from this provision.

☐ Yes ☐ No If you checked **yes** because you receive consultant fees from a commercial enterprise directly related to gastroenterology, please explain the nature of the consultancy arrangement.

Do you receive a salary from a commercial enterprise? ☐ Yes ☐ No

Do you have a retainer agreement with one or more companies? ☐ Yes ☐ No

Details: \_\_\_\_\_  
\_\_\_\_\_

Lectures given under the direct sponsorship of a commercial enterprise that might be construed as promoting that company's product. This includes speakers bureau relationships.

☐ Yes ☐ No Details: \_\_\_\_\_

Research support from a commercial source may represent a conflict.

☐ Yes ☐ No Details: \_\_\_\_\_

Please list all other involvements with industry which have not previously been addressed in this document.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Indirect interest: i.e. as in (1.) except that the holding(s) are in the name of a family member. (**Note:** Does not require disclosure of your staff's holdings, only those in which you have indirect interest.)

☐ Yes ☐ No      Details: \_\_\_\_\_

3. Below, please list all current involvements, including memberships, with any scientific or medical society or organization and any editorial involvements with medical-related publications. [**Note:** You do not have to list your AGA/AGA Institute activities.]

Medical/scientific society memberships:

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Governance/finance committee involvements:

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Current committee involvements (please include term dates):

| Organization | Committee | Term  |
|--------------|-----------|-------|
| _____        | _____     | _____ |
| _____        | _____     | _____ |
| _____        | _____     | _____ |
| _____        | _____     | _____ |

Editorial appointments/involvements (including editorial appointments to web-based publications):

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**Please Note:** Items covered under 1-3 should be reported even after the relationship has ended, if that occurred less than 12 months earlier.

Select one:

- ☐ I certify that I have reviewed my most recent [openpaymentsdata.CMS.gov](https://openpaymentsdata.cms.gov) Open Payments Report and this disclosure accurately reflects that data.
- ☐ I certify that I am not listed in [openpaymentsdata.CMS.gov](https://openpaymentsdata.cms.gov) Open Payments Report system.

**If possible conflict(s) of interest not present at this time develop(s) during the coming year, I agree to file an amended disclosure statement. This is a full disclosure of my current status.**

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

Please return this form to:

Secretary/Treasurer, AGA/AGA Institute  
[ExecutiveOffice@Gastro.org](mailto:ExecutiveOffice@Gastro.org); 301-652-7159 (fax); or  
4930 Del Ray Avenue, Bethesda, MD 20814

# AGA/AGA INSTITUTE CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_ in consideration of my fiduciary responsibilities as a volunteer  
(Name)  
member of \_\_\_\_\_ of the American Gastroenterological Association/AGA  
(Committee/Board/Activity Name)  
Institute hereby agree as follows:

I shall not divulge information on any AGA/AGA Institute programs, services, financial or technological data, or any other AGA/AGA Institute material, including but not limited to CONFIDENTIAL or RESTRICTED information which may come to my attention while serving as a member of \_\_\_\_\_ without the prior written approval of the AGA Institute President.

All documents, records, memoranda, manuals, letters, notes, notebooks, reports and other material relating to AGA business, including but not limited to materials of a CONFIDENTIAL OR RESTRICTED nature, shall remain the exclusive property of AGA/AGA Institute and may not be furnished or divulged without the consent of the AGA Institute President.

The use, handling, photographing, sketching, copying or reproduction of AGA/AGA Institute records, documents, machinery or apparatus or materials of a CONFIDENTIAL or RESTRICTED nature, except as may be expressly required of me in the course of my assigned duties and authorized by AGA is expressly prohibited.

I fully understand this oath of confidentiality is consistent with and a part of the AGA/AGA Institute Policy on Disclosure of Potential Conflict of Interest.

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

Committee/Task Force/Editorial Board/Activity: \_\_\_\_\_