

Richard, Denice J

From: noreply@utexas.edu
Sent: Thursday, January 16, 2020 10:53 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

10:52 AM
16 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-16 10:52:48 CST

IP: 174.207.16.7

ResponseID: R_eJmUmuchtM1LoaZ

#DistributeSection, ResultsLink#: [#DistributeSection, DefaultLinkText#](#)

#DistributeSection, ResultsURL#:

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#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Speaker/Presenter

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Brandon Allport-Altillo

Please enter today's date:
1/16/2020

Richard, Denice J

From: noreply@qemailserver.com
Sent: Monday, December 7, 2020 5:05 PM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

5:03 PM
7 Dec 2020

Recipient Data:

Time Finished: 2020-12-07 17:03:41 CST

IP: 136.49.143.58

ResponseID: R_RDI55Kw48Mc3EFX

Link to View Results: [Click Here](#)

URL to View Results:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_RDI55Kw48Mc3EFX&token=vC7yoxIYfX9VEligWlwoTbvLHSs9S22jQ%2F3bVu%2FQGms%3D

Response Summary:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?

NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds

Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:

Speaker/Presenter

Attestation(Please click statement to attest)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:

Brandon Shaun Allport Altillo

Please enter today's date:

12/7/2020

Richard, Denice J

From: noreply@utexas.edu
Sent: Friday, January 17, 2020 10:17 PM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

10:16 PM
17 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-17 22:16:43 CST

IP: 204.65.97.2

ResponseID: R_Rf87EUwfgPCmoBX

#DistributeSection, ResultsLink#: [#DistributeSection, DefaultLinkText#](#)

#DistributeSection, ResultsURL#:

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#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Speaker/Presenter

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Allison Benz

Please enter today's date:
01/17/2020

Richard, Denice J

From: noreply@qemailserver.com
Sent: Wednesday, December 9, 2020 11:16 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

11:16 AM
9 Dec 2020

Recipient Data:

Time Finished: 2020-12-09 11:16:24 CST

IP: 99.50.232.72

ResponseID: R_1N9BblWkGbwrJBo

Link to View Results: [Click Here](#)

URL to View Results:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_1N9BblWkGbwrJBo&token=v%2FJjpUIKDxxy2dSCzpyoWrIZXyTdTbpX93%2Bg%2FqO60%2FU%3D

Response Summary:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?

NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

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Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:

Speaker/Presenter

Attestation(Please click statement to attest)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:

Allison Benz

Please enter today's date:

12/9/2020

Richard, Denice J

From: noreply@utexas.edu
Sent: Thursday, January 16, 2020 10:36 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

10:35 AM
16 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-16 10:35:39 CST

IP: 128.62.39.223

ResponseID: R_2RUL0funSMs1iCb

#DistributeSection, ResultsLink#: [#DistributeSection, DefaultLinkText#](#)

#DistributeSection, ResultsURL#:

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#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Planner

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
William Nicholas Brothers

Please enter today's date:
1/16/20

Richard, Denice J

From: noreply@qemailserver.com
Sent: Monday, December 7, 2020 5:00 PM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

4:59 PM
7 Dec 2020

Recipient Data:

Time Finished: 2020-12-07 16:59:50 CST

IP: 24.28.67.73

ResponseID: R_AuggOLILPcTUN9f

Link to View Results: [Click Here](#)

URL to View Results:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_AuggOLILPcTUN9f&token=uZjsbn6KZe21WzcUrBPlmK9vVU60nVh%2Bnu6WPoQ9G4k%3D

Response Summary:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?

NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds

Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:

Planner

Attestation(Please click statement to attest)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:

Nick Brothers

Please enter today's date:

12/7/2020

Richard, Denice J

From: noreply@qemailserver.com
Sent: Tuesday, December 8, 2020 6:24 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

6:24 AM
8 Dec 2020

Recipient Data:

Time Finished: 2020-12-08 06:24:21 CST

IP: 107.77.214.236

ResponseID: R_2a9wJfFxmQ1QFqG

Link to View Results: [Click Here](#)

URL to View Results:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_2a9wJfFxmQ1QFqG&token=DkQYBvnMn6tymdDjqbrYrACMtbAzH9WUX2%2Bp3o6%2B%2FV8%3D

Response Summary:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?

NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds

Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:

Speaker/Presenter

Attestation(Please click statement to attest)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:

Stephen Brint Carlton

Please enter today's date:

December 8, 2020

Richard, Denice J

From: noreply@utexas.edu
Sent: Friday, February 7, 2020 7:49 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

7:48 AM
7 Feb 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-02-07 07:48:44 CST

IP: 204.65.101.2

ResponseID: R_33qkgbVoeUIk7UV

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#DistributeSection, ResultsURL#:

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#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Speaker/Presenter

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Stephen Brint Carlton

Please enter today's date:
07 February 2020

Richard, Denice J

From: noreply@qemailserver.com
Sent: Monday, December 7, 2020 3:58 PM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

3:56 PM
7 Dec 2020

Recipient Data:

Time Finished: 2020-12-07 15:56:32 CST

IP: 172.108.130.126

ResponseID: R_3PhPisTSupRI7br

Link to View Results: [Click Here](#)

URL to View Results:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLUX%26R%3DR_3PhPisTSupRI7br&token=w3TSWLBMlgPw0jaozm0TFZbtgAS7yq77%2BASAYjg4nD0%3D

Response Summary:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?

NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds

Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:

Planner

Attestation(Please click statement to attest)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:

Zachary C Cohen-Ford

Please enter today's date:

12/7/2020

Richard, Denice J

From: noreply@utexas.edu
Sent: Thursday, January 16, 2020 10:34 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

10:33 AM
16 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-16 10:33:40 CST

IP: 128.62.62.5

ResponseID: R_29nN9aq3FoEcP8e

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#DistributeSection, ResultsURL#:

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#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Planner

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Zachary Christian Cohen-Ford

Please enter today's date:
1/16/2020

Richard, Denice J

From: noreply@utexas.edu
Sent: Thursday, January 16, 2020 10:39 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

10:38 AM
16 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-16 10:38:38 CST

IP: 128.62.47.75

ResponseID: R_1inFcF3gnylyJls

#DistributeSection, ResultsLink#: [#DistributeSection, DefaultLinkText#](#)

#DistributeSection, ResultsURL#:

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#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Speaker/Presenter

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Erin Donovan

Please enter today's date:
1/16/2020

Richard, Denice J

From: noreply@qemailserver.com
Sent: Tuesday, December 8, 2020 9:06 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

9:04 AM
8 Dec 2020

Recipient Data:

Time Finished: 2020-12-08 09:04:44 CST

IP: 72.177.11.15

ResponseID: R_2Uf6fgQueNohPPw

Link to View Results: [Click Here](#)

URL to View Results:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_2Uf6fgQueNohPPw&token=NVL3F4nIV9h9tEkFxlkIHjRtMtLN6Fku5BY%2BEa0IVpE%3D

Response Summary:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?

NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds

Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:

Speaker/Presenter

Attestation(Please click statement to attest)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:

Erin Eileen Donovan

Please enter today's date:

12/8/20

Richard, Denice J

From: noreply@utexas.edu
Sent: Monday, January 27, 2020 10:29 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

10:29 AM
27 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-27 10:29:26 CST

IP: 66.69.201.43

ResponseID: R_2AMbpuShaS94uoS

#DistributeSection, ResultsLink#: [#DistributeSection, DefaultLinkText#](#)

#DistributeSection, ResultsURL#:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_2AMbpuShaS94uoS&token=vk6Lcym3FuPFA3r1Yoka5NrQE9e6F8W4coplrPkJbQ%3D

#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Speaker/Presenter

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Lucas G. Hill

Please enter today's date:
1/27/2020

Richard, Denice J

From: noreply@qemailserver.com
Sent: Tuesday, December 8, 2020 9:47 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

9:47 AM
8 Dec 2020

Recipient Data:

Time Finished: 2020-12-08 09:47:08 CST

IP: 128.62.17.152

ResponseID: R_1KvFmJ7sixKzW2Y

Link to View Results: [Click Here](#)

URL to View Results:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_1KvFmJ7sixKzW2Y&token=7w8f7sJXEKIPFecxIJ1xInq9GZiD3vDp%2BmysGGNPh%2Bw%3D

Response Summary:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?

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Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:

Planner

Speaker/Presenter

Attestation(Please click statement to attest)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:

Lucas G. Hill

Please enter today's date:

12/08/2020

Richard, Denice J

From: noreply@qemailserver.com
Sent: Thursday, December 10, 2020 8:57 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

8:55 AM
10 Dec 2020

Recipient Data:

Time Finished: 2020-12-10 08:55:40 CST

IP: 72.190.115.64

ResponseID: R_3rU6fUNw349TbxL

Link to View Results: [Click Here](#)

URL to View Results:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_3rU6fUNw349TbxL&token=qwxBXV%2BHHPTv0HxqtFUOWjzxryCH2IOUOCSgpwEvLM%3D

Response Summary:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?

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Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:

Planner

Attestation(Please click statement to attest)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:

Nicole Kirschten

Please enter today's date:

12/10/20

Richard, Denice J

From: noreply@utexas.edu
Sent: Friday, January 17, 2020 11:08 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

11:08 AM
17 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-17 11:08:04 CST

IP: 104.10.87.89

ResponseID: R_8G7y7XtZ30ihehP

#DistributeSection, ResultsLink#: [#DistributeSection, DefaultLinkText#](#)

#DistributeSection, ResultsURL#:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_8G7y7XtZ30ihehP&token=NiIF1Z7HCNsU%2FGvT3sLQUk6P2M00MqJFJ3mR64u6Vg4%3D

#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Planner

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Nicole Kirschten

Please enter today's date:
1/17/20

Richard, Denice J

From: noreply@utexas.edu
Sent: Thursday, January 16, 2020 10:23 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

10:21 AM
16 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-16 10:21:54 CST

IP: 128.62.37.3

ResponseID: R_3rUuunENqIMloU3

#DistributeSection, ResultsLink#: [#DistributeSection, DefaultLinkText#](#)

#DistributeSection, ResultsURL#:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_3rUuunENqIMloU3&token=YVWRggw8wMCK1rioTIZL%2BVclczpDGphsQpxcJ4bAGGA%3D

#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Activity Coordinator

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Susan Kirtz

Please enter today's date:
January 16, 2020

Richard, Denice J

From: noreply@utexas.edu
Sent: Thursday, January 16, 2020 10:23 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

10:21 AM
16 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-16 10:21:54 CST

IP: 128.62.37.3

ResponseID: R_3rUuunENqIMloU3

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#DistributeSection, ResultsURL#:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_3rUuunENqIMloU3&token=YVWRggw8wMCK1rioTIZL%2BVclczpDGphsQpxcJ4bAGGA%3D

#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Activity Coordinator

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Susan Kirtz

Please enter today's date:
January 16, 2020

Richard, Denice J

From: noreply@utexas.edu
Sent: Thursday, January 16, 2020 12:55 PM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

12:52 PM
16 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-16 12:52:44 CST

IP: 128.62.37.3

ResponseID: R_3m37AgWsbUqNoKl

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#DistributeSection, ResultsURL#:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_3m37AgWsbUqNoKl&token=kCcW5aSlfjniw2gO%2BP97AKcgep4e5Yh8N%2FyqIM2Nn1w%3D

#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Moderator/ Facilitator

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Michael Mackert

Please enter today's date:
January 16, 2020

Richard, Denice J

From: noreply@qemailserver.com
Sent: Monday, December 7, 2020 8:56 PM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

8:55 PM
7 Dec 2020

Recipient Data:

Time Finished: 2020-12-07 20:55:35 CST

IP: 75.27.143.133

ResponseID: R_3KJa5Uv60hiXQht

Link to View Results: [Click Here](#)

URL to View Results:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_3KJa5Uv60hiXQht&token=LVD1LtmVmHRbGj8upkVxTOFcRpC1qgmdYdhPxSCJx3U%3D

Response Summary:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?

NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds

Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:

Planner

Speaker/Presenter

Attestation(Please click statement to attest)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:

Michael Mackert

Please enter today's date:

12/7/2020

Richard, Denice J

From: noreply@qemailserver.com
Sent: Tuesday, December 8, 2020 12:22 AM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

12:20 AM
8 Dec 2020

Recipient Data:

Time Finished: 2020-12-08 00:20:43 CST

IP: 50.1.143.114

ResponseID: R_RbiTNsk77PG8eVH

Link to View Results: [Click Here](#)

URL to View Results:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_RbiTNsk77PG8eVH&token=diNejfbnVrw%2FdV2htw4MCX%2FuiA2gNzbwLDJtG5hBza8%3D

Response Summary:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?

NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds

Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:

Planner

Attestation(Please click statement to attest)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:

Drazenka Dasha Rakasovic

Please enter today's date:

12/08/2020

Richard, Denice J

From: noreply@utexas.edu
Sent: Thursday, January 16, 2020 12:57 PM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

12:57 PM
16 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-16 12:57:21 CST

IP: 128.62.38.220

ResponseID: R_2fCnEfP1NQI0UBv

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#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Planner

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Drazenka Rakasovic

Please enter today's date:
01/16/2020

Richard, Denice J

From: noreply@utexas.edu
Sent: Monday, January 27, 2020 12:56 PM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

12:56 PM
27 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-27 12:56:27 CST

IP: 128.62.216.11

ResponseID: R_2rln8evbbnGWbwa

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#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Planner

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Jessica Hughes Wagner

Please enter today's date:
1/27/20

Richard, Denice J

From: noreply@qemailserver.com
Sent: Tuesday, December 8, 2020 8:31 PM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

8:31 PM
8 Dec 2020

Recipient Data:

Time Finished: 2020-12-08 20:31:15 CST

IP: 136.49.68.224

ResponseID: R_3PcL2kHy9LayUIA

Link to View Results: [Click Here](#)

URL to View Results:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_3PcL2kHy9LayUIA&token=Hh086b6PUycofqxAbGF%2B0UhQcDrNvk8pJckQEHgBieU%3D

Response Summary:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?

NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds

Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:

Planner

Attestation(Please click statement to attest)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:

Jessica Hughes Wagner

Please enter today's date:

12/8/20

Richard, Denice J

From: noreply@utexas.edu
Sent: Monday, January 27, 2020 12:34 PM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

12:33 PM
27 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-27 12:33:32 CST

IP: 74.90.247.230

ResponseID: R_1BWNTzoB7WwoFXW

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#DistributeSection, ResultsURL#:

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#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Planner

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Laura E. Brown

Please enter today's date:
01-27-2020

Richard, Denice J

From: noreply@utexas.edu
Sent: Monday, January 27, 2020 1:38 PM
To: Richard, Denice J
Subject: Dell Med OCME Disclosure

1:37 PM
27 Jan 2020

#DistributeSection, RecipientData#:

#DistributeSection, TimeFinished#: 2020-01-27 13:37:48 CST

IP: 172.125.116.141

ResponseID: R_22Q9Pnzll9D7oP0

#DistributeSection, ResultsLink#: [#DistributeSection, DefaultLinkText#](#)

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#DistributeSection, ResponseSummary#:

Do you and/or your spouse or partner have relevant financial relationships with any entities producing marketing, re-selling, or distributing health care goods and/or services consumed by, or used on, patients in the past 12 months?
NO, I and/or my spouse or partner do not have relevant financial relationships with a commercial interest.

Please include the department and activity title of the CME event you are participating in. EXAMPLE: Department of Surgery: General Surgery Grand Rounds
Center for Health Communication: Complying with the Statewide Mandate & Using the PMP to Provide Patient Centered Care

Please select your role(s) in the CME activity:
Planner

Consent:(Please click statement to consent)

I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information. It is my responsibility to inform Dell Med OCME of any changes in status of this disclosure during the year.

Please type your full name for electronic signature:
Mike Garcia

Please enter today's date:
01/27/2020