



Norwood, Aliza

OCME Disclosure of Relevant Financial Relationships

The intent of this disclosure is to allow Dell Medical School Office of Continuing Medical Education (Dell Med OCME) the opportunity to manage and mitigate any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of its CME activities. All faculty and planners of Dell Med OCME provided activities are expected to disclose to Dell Med OCME any relevant financial relationships with any ineligible company that produces, markets, sells, re-sells, or distributes healthcare products used by or on patients concerned with the content of an educational presentation.

Glossary of Terms

Ineligible Companies

The ACCME defines ineligible companies as companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. [Please refer to the ACCME for a list of examples.](#)

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, patent beneficiary, executive role, ownership interest, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of any amount. **There is no minimum financial threshold.**

Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of an ineligible company with which he/she has a financial relationship.

Relevant Financial Relationships

ACCME focuses on financial relationships with ineligible companies in the 24-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. **The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 24 months that create a conflict of interest.**

The Dell Medical School Office of Continuing Medical Education expects that:

- All the recommendations involving clinical medicine in this activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contradictions in the care of patients.
- All scientific research referred to, reported or used in this activity in support or justification of a patient care recommendation must conform to the generally accepted standards of experimentation design, data collection, and analysis.
- CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If your CME educational content includes trade names, trade names from several companies should be used where available, not just the names from a single company. Learning objectives may not include trade names.
- The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.
- Slide decks used during this CME activity must include a slide that discloses all relevant financial relationships. In addition to this slide, you must verbally disclose all relevant financial relationships to learners.
- Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, logos of ineligible companies, or product-group messages. If you disclosed any conflicts of interest, we will disclose the nature of your conflict of interest to learners in this activity. We will also ask learners to evaluate the extent to which objectives have been met with the presentations.

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

Select all that apply

Activity Coordinator

Activity Director

Moderator/Facilitator

Planner

Examples: planning committee, staff involved in choosing topics, faculty, or content

Speaker/Presenter

Other (please enter your role)

Do you have relevant financial relationships with any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients in the past 24 months?

There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

- Yes, I have relevant financial relationships with an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
- No, I do not have relevant financial relationships with an ineligible company.

**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: Maximizing Your Limited Time: Navigating Challenging Patient Conversations

Date of the CME activity

09/15/2021

Attestation

Please check the box below to attest to the statement

- I have read and understand the information and expectations listed in this form. I also attest that this form was completed with accurate information as of the date of submission. 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

Aliza Norwood

Please enter today's date

06/15/2021

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#:

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Futexas.qualtrics.com%2FCP%2FReport.php%3FSID%3DSV_bmctopFhSErLXUx%26R%3DR_2RUL0funSMs1iCb&token=CicKAGE0HS3F%2BNergf3NZcNhVTIVIPT9BZBd4sOdca4%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:
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: 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_bmctopFhSErLXUx%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

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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

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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:

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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@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:

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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:

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

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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:
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

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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:
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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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

#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_2rln8evbbnGWbwa&token=K%2F4eXQabwDdlQshLa7%2Bcs6zMdC%2FfEQSwGn9DJiA4371%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:
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