When participating in any activity in which you are an official representative or a participant on behalf of ISHLT, all Board Members, Committee Members, Scientific Council Operating Board Members and Workforce Members, Taskforce Participants, Authors, and Guidelines Developers are required to annually disclose to ISHLT, and regularly update as needed, their relevant financial relationships.

**DEFINITIONS**

**Financial Relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fees, stipends, honoraria, gifts, 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, and other activities from which remuneration is received or expected, **including subsidized travel, hotel, and registration fees for any activities**. ‘Contracted research’ refers to research funding in which an institution receives a grant and manages the grant funds and an individual is the principal or named investigator on the grant at that institution.

**Relevant Financial Relationships**: Relevant financial relationships are those in which an individual (including the individual’s spouse/domestic partner/business partner) has/has had any of the above mentioned financial relationships, in any amount, **occurring presently or within the last 12 months** with a commercial entity producing health care goods or services

**Conflict of Interest:** Circumstances create a potential conflict of interest when an individual has an opportunity to affect Society decisions/work products related to the products or services of a commercial interest with which he/she has a financial relationship.

**Commercial Entity**: Any proprietary entity producing health care goods and services, with the exception of non-profit or government organizations.

**Commercial Supporter Influence:** Board Members, Committee Members, Scientific Council Operating Board Members and Workforce Members, Taskforce Participants, Authors, and Guidelines Developers are not permitted to receive any direct remuneration or gifts from any commercial entities for any activity in which they are an official representative or a participant on behalf of the Society, nor should they be subject to direct input from a commercial supporter regarding any such activity.

**GUIDELINES FOR BOARD/COMMITTEE/TASKFORCE MEMBERS:**

Board Members, Committee Members, Scientific Council Operating Board Members and Workforce Members, Taskforce Participants, Authors, and Guidelines Developers must complete and submit the Conflict of Interest Disclosure Form prior to serving in any official capacity on behalf of the Society and must ensure that the disclosed information provided is complete and truthful to the best of the his/her knowledge. Board Members, Committee Members, Scientific Council Operating Board Members and Workforce Members, Taskforce Participants, Authors, and Guidelines Developers are required to disclose any financial relationships they may have with a manufacturer of any product or class of products related to the official business of the Society. Failure to provide disclosure information will result in disqualification from participation in the stated activities, and perhaps from participation in other activities on behalf of the Society.

All Board Members, Committee Members, Scientific Council Operating Board Members and Workforce Members, Taskforce Participants, Authors, and Guidelines Developers are required to disclose their relevant financial relationships when participating in any activity in which they are an official representative or a participant on behalf of ISHLT.

1) Your Name:

2) The official capacities in which you are representing the Society:

3) Have you (or an immediate family member/domestic partner/business partner) had a personal financial relationship in any amount currently or within the last 12 months with the manufacturer of a product or class of products or services that is related to the subject

matter of the above activity? YES NO

4) If yes, will any of the relationships cause you to be commercially biased as you engage in the above activity? YES NO

5) If yes to #3 above, please list all relevant relationships below, indicating company name, nature of relationship, and payment recipient

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Name |  | Nature of Relationship |  | Indicate if Payment was Made to You or to Your |
|  |  | (see below for categories) |  | Institution or to a Third Party on Your Behalf |

**Nature of Relationship Categories:**

a) Research Grant Site PI or Overall PI

b) Other Research Support (specify details)

c) Consultant (Specify details)

d) Speakers Bureau (Specify details)

e) Stock Shareholder

f) Scientific/Medical Advisory Board Member

g) Other Advisory Board Member (specify details)

h) Employee

i) Corporate Board Member

j) Travel, Hotel, or Registration Fee support (specify details)

k) Other Financial or Material Support (specify details)

**DECLARATION:** To the best of my ability, I will ensure that my participation in any official Society activity in which I have influence is independent of commercial bias. I will support my recommendations with the “best available evidence” from the medical literature. Whenever possible, I will refrain from making recommendations regarding specific products or services. If I am unable to adhere to the above, I will recuse myself from influencing any official Society activity, decision, or work product in which I have a financial interest.

Signature

Date