

#115

COMPLETE

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Page 2: Part 1

Q1

Title of activity

CSACI annual meeting

Q2

Date of activity

October 17th 2025

Q3

Speaker

What is your role in the CPD activity? (Select all that apply)

Q4

Academic Practice

What's your practice type?

Q5

Please indicate:

I HAVE a relationship with a for-profit and/or a not-for-profit organization to disclose.If so, please indicate below (questions 5 to 10) the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship.

Q6

Any direct financial payments including receipt of honoraria

Name of FOR PROFIT and/or NOT-for-profit organization(s)
(separate with commas)

Celltrion, Lundbeck, Novartis, Sanofi

Description of relationship(s)

Honoraria for conferences/advisory board

Q7 Respondent skipped this question

Membership on advisory boards or speakers' bureaus

Q8 Respondent skipped this question

Funded grants or clinical trials

Q9 Respondent skipped this question

Patents on a drug, product or device

Q10

All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity

Name of FOR PROFIT and/or NOT-FOR PROFIT organization(s) **Telios**
(separate with commas)

Description of relationship(s) **Investigator in clinical trial**

Page 3: Part 2: To be completed by presenters only

Q11 No

I intend to use trade names during my presentation. Note: Only generic names should be used whenever possible. If trade names are used, they should be accompanied by the generic name.

Q12 Yes (please provide a brief description or rationale):
all medications used for this condition are off-label

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication). Note: You must declare all off-label use to the audience during your presentation.

Q13 No

If you answered "Yes" to the previous question, are the medications recommended manufactured by companies you have received funding from?

Q14 Yes

I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Page 4: Part 3 (Anonymous & Optional): Equity, Diversity and Inclusion (EDI)

Q15

Yes

I confirm that I've completed the EDI Survey linked above

Page 5: PART 4: Acknowledgement and signature (for all)

Q16

First Name:

Matthieu

Q17

Last Name:

Picard

Q18

He/Him

Gender Pronouns - How would you like us to address you?

Q19

I confirm that the above information is accurate and complete.

Please review and check the items below.
