#133

COMPLETE

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Page 2: Part 1

Q1

Title of activity

presenation

Q2

Date of activity

Oct 2025

Q3

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

Speaker

Q4

What's your practice type?

Combination - Community and Academic

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)	**Novartis , Sanofi , Pfizer , Viatris**
Description of relationship(s)	**consultant**

Q7

Membership on advisory boards or speakers' bureaus

Name of FOR PROFIT and/or NOT-for-profit organization(s) (separate with commas)	**Novartis , Sanofi , Pfizer , Viatris**
Description of relationship(s)	**member of advisory board**

Q8

Funded grants or clinical trials

Name of FOR PROFIT and/or NOT-for-profit organization(s) (separate with commas)	**Novartis , Sanofi , ALK**
Description of relationship(s)	**PI on studies**

Q9

Patents on a drug, product or device

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

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) (separate with commas)	**NA**
Description of relationship(s)	**NA**

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 **No**

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

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

Respondent skipped this question

Q14

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.

Yes

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

Q15

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

Yes

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

Q16

First Name:

Moshe

Q17

Last Name:

Ben-Shoshan

Q18

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

He/Him

Q19

Please review and check the items below.

I confirm that the above information is accurate and complete.