

#122

COMPLETE

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Page 2: Part 1

Q1

Title of activity

Beyond Injectable Epinephrine

Q2

Date of activity

16 October 2025

Q3

Speaker

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

Q4

Combination - Community and Academic

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)

Amgen, Apogee, Aquestive, Arcutis, ARS, AstraZeneca, Blueprint, BRYN, Cogent, Eli Lilly, Freed AI, Genentech, Hikma, Incyte, Novartis, Regeneron, Sanofi

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)**Amgen, Apogee, Aquestive, Arcutis, ARS, AstraZeneca, Blueprint, BRYN, Cogent, Eli Lilly, Freed AI, Genentech, Hikma, Incyte, Novartis, Regeneron, Sanofi**

Description of relationship(s)

Speakers' Bureau, Advisory Board member

Q8

Funded grants or clinical trials

Name of FOR PROFIT and/or NOT-for-profit organization(s)
(separate with commas)**AstraZeneca, Kenota Health**

Description of relationship(s)

Clinical research

Q9

Patents on a drug, product or device

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

Description of relationship(s)

n/a

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)**n/a**

Description of relationship(s)

n/a

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**N/A**

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:

Nicole

Q17

Last Name:

Chase

Q18**She/Her**

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

Q19

Please review and check the items below.

I confirm that the above information is accurate and complete.

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I understand that this information may be publicly available
