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COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, July 22, 2025 3:36:05 PM
Last Modified: Tuesday, July 22, 2025 3:44:15 PM
Time Spent: 00:08:10
IP Address: 135.23.137.238

Page 2: Part 1

Q1

Title of activity

Infections in BTKi

Q2

Date of activity

Oct. 17, 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 DO NOT have a relationship with a for-profit and/or a not-for-profit organization to disclose. (Skip questions 5 to 9)

Q6

Respondent skipped this question

Any direct financial payments including receipt of honoraria

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	Respondent skipped this question
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	

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:

Rae

Q17

Last Name:

Brager

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
