

#131

COMPLETE

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Page 2: Part 1

Q1

Title of activity

Decoding the Black Box of Biphasic Anaphylaxis: Insights from the Canadian Anaphylaxis Network (CAN-PREPARE)

Q2

Date of activity

Oct 16

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

Description of relationship(s) none

Q7

Membership on advisory boards or speakers' bureaus

Description of relationship(s) **none**

Q8

Funded grants or clinical trials

Name of FOR PROFIT and/or NOT-for-profit organization(s)
(separate with commas) **CIHR, CHEO-RI**

Description of relationship(s) **research funding support**

Q9

Patents on a drug, product or device

Description of relationship(s) **none**

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

Description of relationship(s) **none**

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

Respondent skipped this question

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:

Waleed

Q17

Last Name:

Alqurashi

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.
