#139

COMPLETE

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Page 2: Part 1

Q1

Title of activity

Misinformation Mayhem

Q2

Date of activity

10/15/2025

Q3

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

Speaker

Q4

What's your practice type?

Community Practice

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)	**AstraZeneca, ARS Pharma, Sanofi, Thermo Fisher Scientific**
Description of relationship(s)	**Social Media Sponsored Content (serum IgE testing, Airsupra, neffy, RSV education)**

Q7

Membership on advisory boards or speakers' bureaus

Name of FOR PROFIT and/or NOT-for-profit organization(s) (separate with commas)	**AstraZeneca, ARS Pharma**
Description of relationship(s)	**Speaker Bureau (Tezspire, Airsupra, neffy)**

Q8

Funded grants or clinical trials

Respondent skipped this question

Q9

Patents on a drug, product or device

Respondent skipped this question

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

Respondent skipped this question

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

Q11

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.

No

Q12

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.

No

Q13

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

N/A

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:

Zachary

Q17

Last Name:

Rubin

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.