#77

COMPLETE

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Page 2: Part 1

Q1

Title of activity

ABSTRACT COMMITTEE MEMBERS

Q2

Date of activity

TBD

Q3

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

Member of the scientific planning committee,

Facilitator,

Other (describe)::

Abstract reviewer

Q4

What's your practice type?

Academic Practice

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

Any direct financial payments including receipt of honoraria

Respondent skipped this question

Q7

Membership on advisory boards or speakers' bureaus

Respondent skipped this question

Q8 **Respondent skipped this question**

Funded grants or clinical trials

Q9 **Respondent skipped this question**

Patents on a drug, product or device

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)	**Food allergy and Anaphylaxis program at Sick kids**
Description of relationship(s)	**Clinician investigator**

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

Q11 **Respondent skipped this question**

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

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

Yes

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

Q16

First Name:

Carmen

Q17

Last Name:

Riggioni

Q18

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

She/Her

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