#150

COMPLETE

Collector: Web Link 1 (Web Link)

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Page 2: Part 1

Q1

Title of activity

aeroallergen SLIT: practical aspects and current evidence

Q2

Date of activity

oct 18, 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

profit organization to disclose.If so, please indicate 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.

I HAVE a relationship with a for-profit and/or a not-for-

Q6

Any direct financial payments including receipt of honoraria

Name of FOR PROFIT and/or NOT-for-profit organization(s)

(separate with commas)

Description of relationship(s)

speaker

stallergenes, bausch

Q7	
Membership on advisory boards or speakers' bureaus	
Name of FOR PROFIT and/or NOT-for-profit organization(s) (separate with commas)	sanofi
Description of relationship(s)	ad board
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	No
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.	

CSACI - CONFLICT DISCLOSURE FORM

age 4: Part 3 (Anonymous & Optional): Equity, Divers	ity and Inclusion (EDI)
15	Yes
onfirm that I've completed the EDI Survey linked above	
age 5: PART 4: Acknowledgement and signature (for	all)
16	
rst Name:	
dfrey	
17	
st Name:	
n	
18	He/Him
ender Pronouns - How would you like us to address u?	
19	I confirm that the above information is accurate and
Please review and check the items below.	complete.
	I understand that this information may be publicly available
	available