

#68

COMPLETE

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Page 2: Part 1

Q1

Title of activity

CSACI ABSTRACT COMMITTEE

Q2

Date of activity

Pre-Annual meeting 2025

Q3

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

Member of the scientific planning committee,

Other (describe)::

Abstract reviewer

Q4

What's your practice type?

Other (please specify):

None - academic

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)

**Ajinomoto Cambrooke, Novartis, Nutricia and ALK
Abelló**

Description of relationship(s)

Speaker honoraria

Q7

Membership on advisory boards or speakers' bureaus

Name of FOR PROFIT and/or NOT-for-profit organization(s)
(separate with commas) **none**

Q8

Funded grants or clinical trials

Name of FOR PROFIT and/or NOT-for-profit organization(s)
(separate with commas) **CAAIF, CIHR, Research Manitoba, Health Sciences Centre Foundation (Manitoba), Children's Hospital Research Institute of Manitoba, University of Manitoba, and, Social Sciences and Humanities Research Council of Canada**

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

Q9

Patents on a drug, product or device

Name of FOR PROFIT and/or NOT-FOR PROFIT organization(s)
(separate with commas) **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

Name of FOR PROFIT and/or NOT-FOR PROFIT organization(s)
(separate with commas) **Section Head, Allied Health; and Co-Lead, Research Pillar for the Canadian Society of Allergy and Clinical Immunology, and is on the steering committee for Canada's National Food Allergy Action Plan**

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:

Jennifer

Q17

Last Name:

Protudjer

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
