

#250

COMPLETE

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Page 2: Part 1

Q1

Title of activity

Canadian Society of Allergy and Clinical Immunology Congress

Q2

Date of activity

October 15-18 2026

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 DO NOT have a relationship with a for-profit and/or a not-for-profit organization to disclose. (Skip questions 5 to 9)

Q6

Respondent skipped this question

Any direct financial payments including receipt of honoraria

Q7

Respondent skipped this question

Membership on advisory boards or speakers' bureaus

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 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:

Montserrat

Q17

Last Name:

Alvaro Lozano

Q18

She/Her

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.
