Mandatory Financial Disclosure Statement

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Email to terri@aosdocs.com
aosdocs.com/annual-meeting

Below you will find two statements, one of which will apply to you in connection with your participation in the **2017 AOS/MOS Annual Meeting, May 4-6, 2017.**

Please read the following statements and place a check in the box opposite the statement(s) which apply to you. If you **do not** have a financial interest or other relationship with a commercial company related directly or indirectly with the **2017 Alabama/Mississippi Orthopaedic Society Annual Meeting**, place a check in the first box. If you do have any financial interest or relationship to disclose please check the box and include the name of the commercial company. Your disclosure will be listed in the Final Program/Course Syllabus.

The Academy does not view the existence of these interests or commitments as necessarily implying bias or decreasing the value of your participation in Academy activities.

☐ I (or a member of my immediate family) **do not** have a financial interest or other relationship with a commercial company or institution.

If you have any financial interest or other relationships please be sure to check all that apply below and include the company name:

☐ 1. Do you or a member of your immediate family receive royalties for any pharmaceutical, biomaterial or orthopaedic product or device? _____

☐ 2. Within the past twelve months, have you or a member of your immediate family served on the speakers bureau or have you been paid an honorarium to present by any pharmaceutical, biomaterial or orthopaedic product or device company? _____

☐ 3A. Are you or a member of your immediate family a paid employee for any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier? _____

☐ 3B. Are you or a member of your immediate family a paid consultant for any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier? _____

☐ 3C. Are you or a member of your immediate family a unpaid consultant for any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier? _____

☐ 4. Do you or a member of your immediate family own stock or stock options in any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier (excluding mutual funds)? _____

☐ 5. Do you or a member of your immediate family receive research or institutional support as a principal investigator from any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier?_____

☐ 6. Do you or a member of your immediate family receive any other financial/material support from any pharmaceutical, biomaterial or orthopaedic device and equipment company or supplier?

_____

☐ 7. Do you or a member of your immediate family receive any royalties, financial/material support from any medical and/or orthopaedic publishers? _____

Signed: _____ Date: _____

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DOCUMENTATION OF FDA STATUS FOR USES DESCRIBED

AOS/MOS 2017 Annual Meeting, May 4-6, 2017

To obtain information regarding the clearance status of a device or pharmaceutical refer to the product labeling or call the FDA 1-800-638-2041 or visit the FDA internet site at http://www.fda.gov/cdrh/510khome.html

In my 'work' for this educational program or publication:

- ❑ The FDA has cleared all pharmaceuticals and/or medical devices for the use described in this presentation.
- ❑ The FDA has not cleared the following pharmaceuticals and/or medical devices for the use described in this presentation. The following pharmaceuticals and/or medical devices are being discussed for an off-label use. **(see note below)**
- ❑ Not Applicable

Manufacturer Name	Drug or Device

⇒ **Signature:** _____ **Date:** _____

Please return this form by February 15, 2017 to:

Terri Mendez
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terri@aosdocs.com
or upload to: aosdocs.com/annual-meeting

Academy policy provides that "off label" uses of a device or pharmaceutical may be described in the Academy's CME activities so long as the "off-label" status of the device or pharmaceutical is also specifically disclosed (i.e. that the FDA has not approved labeling the device for the described purpose). Any device or pharmaceutical is being used "off label" if the described use is not set forth on the product's approved label.