

**Annual Disclosure Form – Relationships with Private Sector Entities**

**This form is confidential when completed.**

***Information collected will be used by Department Chairs and the Faculty to assess potential Conflict of Interest of the individual. Deidentified data may be used for aggregated reports. Please return this form to UTDRO Business Manager, Alena Wasney at*** ***alena.wasney@utoronto.ca*** ***by December 31, 2017.***

Note: Faculty members already submitting a disclosure form to a clinical or research institution affiliated with the Faculty may submit a signed current copy of the same form.

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Reporting Period | From: 2016-10-01 To: 2017-09-30 |
| Department | Department of Radiation Oncology |
| Clinical institution(s) | Click here to enter text. |
| Research institution(s) | Click here to enter text. |

1. INCOME

Report all amounts greater than $5000 received from a single source

* This includes, but may not be limited to, salary support, consultancy fees, honoraria, research support, Ownership interest, or Financial interest as defined in these Standards.
* Do not declare income from:
	+ The University of Toronto, an affiliated clinical or research institute, or from clinical practice.
	+ Honoraria from other universities, agencies such as national or provincial Colleges or granting agencies.

[ ]  **I have nothing to declare**

|  |  |  |  |
| --- | --- | --- | --- |
| Source | Amount | Reason for payment | Notes |
|  |  | Salary | Honorarium | Consultancy fee | Research Support | Other (specify in notes) |  |
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(Insert further rows as needed)

1. HOLDINGS

Report the existence of Financial Interest or Ownership Interest greater than $5000 in businesses operating in areas related to your practice, research, or other professional activity.

Report for yourself, immediate family members, or associated entities[[1]](#footnote-1)

NOTE:

* Report that holdings exceed $5000, do not declare amounts
* Mutual fund holdings are not reportable in this category

[ ]  **I have nothing to declare**

Financial or Ownership Interests > $5000

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company | Self | Spouse/Partner | Family | Relationship to practice, research, or professional activity | Measures to manage potential conflict of interest |
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[ ]  **I have read and understand my obligation to comply with the standards set out in the document “Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education,” approved by Faculty of Medicine Council, 2013.**

Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

1. Associated entities include, but are not limited to, partnerships, personal corporations, and family trusts.

*This form is adapted from the* [*Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education*](http://www.md.utoronto.ca/sites/default/files/Relationships%20with%20Industry%20and%20the%20Educational%20Environment.pdf) *document approved by Faculty Council, 11 February 2013.* [↑](#footnote-ref-1)