

## Pharmacy & Therapeutics (P&T) Committee and Drug Utilization Review (DUR) Board Meeting

### Stakeholder Conflict of Interest Disclosure

HCA requests that stakeholders complete this Conflict of Interest Disclosure Form prior to participation in a P&T Committee/DUR Board Meeting. **However, stakeholders are not required to complete this form in order to attend or participate in a P&T Committee/DUR Board meeting.** A conflict of interest or perceived conflict of interest exists when a person is employed by or has financial interest in an organization that could have influence over a stakeholder's testimony, particularly if those interests are not disclosed.

This Conflict of Interest Disclosure Form should indicate whether the stakeholder has any financial interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the stakeholder's testimony. The stakeholder should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest.

#### Section 1. Stakeholder information

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

#### Section 2. Potential conflicts of interest

Please describe in "Table 1" below any relationships, transactions, positions you hold (volunteer or otherwise), or other circumstances that may represent a conflict of interest over the last 24 months:

For each potential conflict of interest, indicate the following:

- a. **Category (A-G)** of financial interest/relationship using the financial disclosure categories listed below. Select the letter corresponding to your financial interest(s). You may indicate multiple categories.
- b. **Source and date** of the financial interest. For each chosen category, include date and if your activities are ongoing.
- c. **Amount:** total annually.
- d. **Recipient (Self or Family):** Family includes spouse, domestic partner, child, stepchild, parent, and sibling (his/her spouse or domestic partner) currently living in your home.

**Conflict of interest categories.** Use these category descriptions to complete Table 1:

- A. Payment from parties with a financial or political interest in the outcome of work as part of your activity.

- B. Employment, including work as an independent contractor, consultant, whether written or unwritten.
- C. Ownership or owning stock (stock, options, warrants) or holding debt or other significant proprietary interests or investments in any third party that could be affected.
- D. Receiving a proprietary research grant or receiving patents, royalties, or licensing fees.
- E. Participating on a company’s proprietary governing boards.
- F. Participating in a speakers bureaus.
- G. Receiving honoraria or stipend.

**Table 1. Potential conflict of interest disclosures**

Category (A-G)	Source and date	Amount	Recipient (Self or Family)

### Section 3. Other potential conflicts of interest

Please specify any non-profit and for-profit boards you sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and any businesses you or a family member own.

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Have you authored, co-authored, or publicly provided an opinion, editorial, or publication related to any meeting topic? If so, please list the topics(s):

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### Section 4. Signature

I have read the Conflict of Interest Disclosure Form. I understand the purpose of the form and agree to the application of the information to determine conflicts of interest. The information provided is true and complete as of the date the form was signed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email completed form to [pdp@hca.wa.gov](mailto:pdp@hca.wa.gov) when signing up to give stakeholder testimony at a P&T Committee/DUR Board Meeting.

If, for any reason, you feel you cannot sign this statement as worded, or if you have further questions, please contact Donna Sullivan, Chief Pharmacy Officer, at [donna.sullivan@hca.wa.gov](mailto:donna.sullivan@hca.wa.gov).