

## Your Comments Disclosure for Potential Conflicts of Interest

Anyone who wants to give comments about Drug Products to the Alberta Health Expert Committee on Drug Evaluation and Therapeutics (ECDET) must complete a Declaration of Conflict of Interest Form. A conflict of interest is when opinions may be affected by family, friendships, or relationships with support groups, or by receiving money or gifts from companies related to the Drug Product.

If the Conflict of Interest form is not completed, or if you do not report conflicts on the form you send in but we find there are conflicts when your form is looked over; your comments will not be sent to the Expert Committee.

### Your Contact Information:

Mailing Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Check off your position. I am a...

Patient      Health Care Professional      Other, Please explain: \_\_\_\_\_

Did you receive help to complete this request?    Yes      No    If yes, please explain and list who helped you.

\_\_\_\_\_

Please complete the table below. Report relationships from the last 2 years before the date you send this form.

I do not have a relationship (financial or anything else) with any for-profit or not-for-profit organizations.

I have a relationship (financial or anything else) with a for-profit or not-for-profit organization.

Were you ever paid (gifts, money or support) or put money into any drug companies, medical devices companies, or other companies (for profit or non-profit e.g. disease-specific support groups) that support the Drug Product? If yes, please explain:	Yes	No
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\_\_\_\_\_

Are you a member on an advisory board, support group or committee for this Drug Product or for a medical condition related to this Drug Product? If yes, please explain:	Yes	No
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Have you ever been or are a part of a clinical trial for this Drug Product? If yes, please explain:	Yes	No
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\_\_\_\_\_

Were you ever paid or received gifts to speak for a drug company or medical communication company related to this Drug Product or medical condition related to this Drug Product? If yes, please explain:	Yes	No
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*If you have any other conflicts or are not sure, please include here. Attach extra sheets if you need more space:*

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

I have mentioned all of my conflicts of interest.

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

Company or Organization you are a part of (state position): \_\_\_\_\_

E-Signature: \_\_\_\_\_

If e-signature is not possible for you, you can email this form without a signature but please use your own email to send it, so that we can be sure who is providing this information. Or, you can print and sign the form.

## Your Comments are Important to Us Form

To improve the high standards established for this publication, the Alberta Health Expert Committee on Drug Evaluation and Therapeutics would like to offer you an opportunity for input. Should you have any concerns and/or suggestions concerning product listings or criteria for coverage of products available via special authorization, etc. please let us know. If you are writing in support of a product listing change or a revision to the special authorization criteria for coverage, you must provide evidence in support of your comments from the peer-reviewed scientific literature.

**Please note: this is not a mechanism for an appeal for a specific patient.**

Please write your comments in the space provided below. Attach extra sheets if you need more space, or if printing this form. Please send the Comments form and the completed conflict of interest form by mail/fax/email to:

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