RELATIONSHIP DISCLOSURE FORM
American Academy of Neurology
American Academy of Neurology Institute

Introduction:

The Relationships & Conflicts of Interest Policy (“Policy”) of the American Academy of Neurology (“AAN”) and the American Academy of Neurology Institute (“AANI”) (collectively, “Academy”) requires completion of this relationship disclosure form (“Form”) by individuals serving the Academy in various capacities, as defined in the Policy (“Person”).

Completed Forms will be reviewed in accordance with the process described in the Policy and, as applicable, the specific review processes described for certain Academy activities.

Information provided on completed Forms may be compared to information publicly available through the Open Payments program.

Information provided will be disclosed on applicable Academy publications, websites, or products, or at CME activities, as required by the Academy, the Accreditation Council for Continuing Medical Education, or the Council for Medical Specialty Societies’ *Code for Interactions with Companies.*

A Person’s failure to complete and sign the Relationship Disclosure Form by the deadline given by the Academy, or failure to accurately, honestly and fully complete the Relationship Disclosure Form may face sanctions by the Academy (“Sanctions”). Sanctions may include:

a) Exclusion from submitting abstracts or presenting at Academy CME activities;
b) Exclusion from publishing in Academy publications;
c) Exclusion or removal from participation on Academy boards, committees, subcommittees, work groups, task forces, clinical practice guideline or quality measurement panels, or other Academy positions;
d) Disciplinary action under the AAN’s Disciplinary Action Policy; or
e) Sanctions as otherwise determined by the Academy.

Instructions:

Individuals completing the Form must disclose their financial relationships and those of *Immediate Family Members* (as defined below), currently and from the past two years regardless of whether these relationships are related to the topic of the Academy activity, educational presentation or course, submitted manuscript, clinical practice guideline (and related products), or performance measure. For authors, if the study period of the manuscript exceeded two years, financial relationships occurring outside the two-year window relevant to the topic must also be disclosed.

Completed Forms will be kept on file and must be updated annually if the Person continues to serve the Academy in the applicable role. Additionally, the Relationship Disclosure Form must be promptly updated and re-submitted at any time if any answers provided are no longer correct, current or complete.

Definitions:

*Commercial Interest:* any entity developing, producing, marketing, re-selling, or distributing health care goods or services, including drugs, devices, services or therapies, consumed by, or used on, patients to
diagnose, treat, monitor, manage, and alleviate health conditions. Commercial Interest does not include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients, unless the provider of clinical service is owned, or controlled by, a Commercial Interest.

*Compensation:* Anything of monetary value including a salary, honorarium, stipend, gift, or payment of travel-related expenses.

*Expert Witness:* A person who has provided expert medical testimony. According to the AAN’s *Qualifications and Guidelines for the Physician Expert Witness,* “Medical expert testimony encompasses the following: 1. Medical evaluation of a party to a legal proceeding, including personal interview and examination and/or review of medical records or other pertinent data (including laboratory tests and imaging studies); 2. Formulating an expert opinion based on such evaluation; and 3. Communicating such an opinion to attorneys, courts, licensing boards, peer review bodies or other lawful agencies, whether in the form of testimony in court, deposition, answers to interrogatories, or affidavit.”

*Immediate Family Member:* A Person’s spouse or partner and anyone who the Person has a significant relationship with and a reasonable belief that the individual would benefit financially from the Person’s manuscript, guideline, measure, educational work or other Academy work, or role with the Academy, because of their relationship to the Person.

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**1. PERSONAL COMPENSATION.** Currently or within the past two years, I or my Immediate Family Member, receive or received personal compensation for the following:

a) Serving on a scientific advisory board or data safety monitoring board. If yes, list specific disclosures in the following format: Commercial Interest, role, year(s).

b) Gifts (other than travel or compensation for consulting or for educational efforts). If yes, list specific disclosures in the following format: Commercial Interest, brief description of gift, year(s).

c) Travel Expenses. If yes, list specific disclosures in the following format: Commercial Interest, purpose of travel, year(s).

d) Serving as a journal editor, an associate editor, or editorial advisory board member. This may include a journal published by your national medical/scientific organization. Please include regardless of whether you receive compensation. If yes, list specific disclosures in the following format: Full journal name, role, year(s).

e) Patents held or pending that may accrue revenue, whether revenue has been received to date. If yes, list specific disclosures in the following format: Brief description of invention/technology, patent (or application) number(s), status (filed/issued), year(s).

f) Royalties from publishing. If yes, list specific disclosures in the following format: Full title of work, full name of publisher, year(s) of publication (or receipt of royalties).

g) Honoraria for speaking engagements or educational activities If yes, list specific disclosures in the following format: Commercial Interest, role/activity, year(s).
h) **Commercial Entity appointments and consultancies.** If yes, list specific disclosures in the following format: Commercial Interest, role/activity, year(s).

i) **Speakers' bureau.** If yes, list specific disclosures in the following format: Commercial Interest, year(s).

j) **Employment.** If yes, list specific disclosures in the following format: Commercial Interest, position, year(s).

k) **Other activities not covered in designations above.** If yes, list specific disclosures in the following format: (1) Commercial Interest, other relevant for-profit entity, or relevant non-profit entity, brief description of activity, year(s).

2. **RESEARCH SUPPORT.** Currently or within the past two years, I or my Immediate Family Member receive or received research support from the following:

   a) **Commercial Interests.** If yes, list specific disclosures in the following format: Commercial Interest, role, year(s).

   b) **Government entities.** If yes, list specific disclosures in the following format: Government entity, grant number(s), role, year(s).

   c) **Academic entities** (for authors, academic entities other than those attributed in the author affiliations of the manuscript). If yes, list specific disclosures in the following format: Academic entity, role, year(s).

   d) **Foundations or societies.** If yes, list specific disclosures in the following format: Full name of Foundation or Society, role, year(s).

3. **STOCK, STOCK OPTIONS & ROYALTIES.** Currently or within the past two years, I or my Immediate Family Member receive or received the following:

   a) **Stock or stock options or receive/received expense compensation for serving on a board of directors.** If yes, list disclosures in the following format: Commercial Interest, relationship (e.g., ‘hold stock’), year(s).

   b) **License fee payments.** If yes, list specific disclosures in the following format: Invention/technology, source of payment, year(s).

   c) **Royalty payments or have contractual rights for receipt of future royalty payments from technology or inventions.** If yes, list specific disclosures in the following format: Technology/invention, source of payment, year(s).

   d) **Stock or stock options in Commercial Interest sponsored research with which you or your Immediate Family Member was involved as an investigator.** (Exclude investments in mutual funds held by you or Immediate Family Members.). If yes, list specific disclosures in the following format: Commercial Interest, year(s).

   e) **Stock or stock options in Commercial Interest.** (Exclude investments in mutual funds held by you or Immediate Family Members.). If yes, list specific disclosures in the following format: Commercial Interest, year(s).
4. EXPERT TESTIMONY. Currently or within the past two years, I or my Immediate Family Member receive/received financial or material research support or compensation from giving expert testimony, acting as a witness or consultant, or preparing an affidavit for any legal proceeding involving a Commercial Interest (do not include proceedings for individual patients). If yes, list specific disclosures in the following format: Commercial Interest, activity (e.g., gave expert testimony), year(s).

5. NON-FINANCIAL DISCLOSURE. I have chosen to declare one or more non-financial interests (e.g., special interest groups you represent or others that may be affected by your service for the Academy, if your paper is published, or that could be perceived as biasing the study, clinical practice guideline, quality measure, or your presentation, as applicable). If yes, list specific disclosures.

6. FINANCIAL GAIN. (ONLY authors of Academy publications, clinical practice guidelines, or quality measures required to answer.) Some published work has potential for financial gain for the study investigators or the sponsor. The following question seeks to provide transparency regarding any financial benefits to investigators or sponsors. Do you perform clinical procedures or imaging studies in your practice or unit that overlap with the content of this study, clinical practice guideline, or quality measure, and would your sponsor or this part of your practice or unit benefit if the conclusions were widely followed? If yes, list specific disclosures in the following format: Procedure, practice unit (e.g., 35%), year(s).

_I have completed this Relationship Disclosure Form fully and to the best of my ability. I understand that the information may be disclosed on applicable Academy publications, websites, products, or at applicable education programs, as required by the Academy._

By my electronic signature (name preceded and followed by the forward slash symbol [/]; e.g., /John Doe/) below, I verify the completeness and accuracy of the contents of this form.

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