

Gundersen Boscobel Area Hospital and Clinics

2019 Conflict of Interest Disclosure Statement

A conflict of interest occurs when an individual's private interest interferes with, or even appears to interfere with, the interests of Gundersen Boscobel Area Hospital and Clinics, hereinafter collectively referred to as Gundersen. In accordance with the Boscobel Conflict of Interest Policy (GB-3017) you must complete this statement on an annual basis. Note: The terms immediate family member and financial interest are defined at the end of this document.

Do you or an immediate family member perform (or have performed) any of the following activities? (Check all that apply):

Activity	Amount	Paid To	Comments & Company/Vendor (if applicable)
<input type="checkbox"/> Consulting Services		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	
<input type="checkbox"/> Speaking / Lecture services or writing services		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	
<input type="checkbox"/> Product development		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	
<input type="checkbox"/> Travel expense reimbursement		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	
<input type="checkbox"/> Grants, Research support		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	
<input type="checkbox"/> Royalties, patents, licensing agreements		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	
<input type="checkbox"/> Teaching or training		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	
Activity	Amount	Paid To	Comments & Company/Vendor (if applicable)

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<input type="checkbox"/> Medical Directorship - Gundersen approved (part of your job duties)		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	
<input type="checkbox"/> Medical Directorship - unrelated to Gundersen (work done on your own time)		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	
Activity	Comments & Company/Vendor Name (if applicable)		
<input type="checkbox"/> Moonlighting			
<input type="checkbox"/> Expert witness / Physician reviewer			
<input type="checkbox"/> Preceptorship or fellowship			
<input type="checkbox"/> Proctoring			
<input type="checkbox"/> Participation on any board (i.e. health and non-health related, community, non-profit, for-profit), advisory panel, regulatory body, committee, or program			
<input type="checkbox"/> Employment at another health care related organization			
<input type="checkbox"/> Own a financial interest in a company			
<input type="checkbox"/> Ownership of a financial interest in any Gundersen or affiliated entity tax exempt bonds			
Activity	Comments & Company/Vendor Name (if applicable)		

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<input type="checkbox"/> Equity ownership, investment interest, stock options or other equity (exclusive of mutual funds) in publicly or privately traded firms (e.g. stocks, stock options or other ownership interests of 5% or more)	
<input type="checkbox"/> Serve as a director, trustee, officer or in any other fiduciary or key employee capacity for a non-Gundersen corporation, partnership, LLC or other business or entity that conducts or seeks to conduct business or that is or could be in competition, directly or indirectly with Gundersen	
<input type="checkbox"/> Serve as a director, trustee, officer or in any other fiduciary or key employee capacity for an affiliate of Gundersen	
<input type="checkbox"/> Other	

Do you, an immediate family member, or an entity in which you have a financial interest, receive any of the following types of remuneration from any business or entity that conducts (or seeks to conduct) business directly or indirectly with Gundersen, or an entity which is a competitor of Gundersen? (Check all that apply)

Activity	Amount	Paid To	Comments
<input type="checkbox"/> Gifts		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	
<input type="checkbox"/> Entertainment		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	
<input type="checkbox"/> Food		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	
<input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Me <input type="checkbox"/> Gundersen <input type="checkbox"/> Family <input type="checkbox"/> None(n/a)	

If you are currently listed on an open research protocol with Gundersen in which you are a Primary Investigator, Coinvestigator, or Sub-investigator, please answer the following questions:

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Activity	Answer	Name of Entity
Is any of the research you are participating with industry/vendor sponsored? If yes, please disclose the name of the company/entity (if known).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any of the research you are participating with financially supported from United States public health services, such as the National Institutes of Health, the National Cancer Institute, the Food and Drug Administration or any cancer co-op groups? If yes, please disclose the name of the research entity.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
During the 2018 calendar year or to date in 2019, have you or an immediate family member, received personal payments over \$5,000 from a company sponsoring the research you are participating with? Personal payments may take any form such as royalties, consulting or speaking fees, travel or food payments, honoraria, etc. If yes, please disclose the name of the entity and the nature of the financial relationship.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Definitions:

Immediate Family Member: spouse, natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother, stepsister, father-, mother-, daughter-, son-, brother-, or sister in law, grandchild or grandparent, spouse of grandparent or grandchild.

Financial Interest: As used in this statement, financial Interest includes anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees, proctoring fees, speaking fees, honoraria, expert witness fees); equity interests (e.g. stocks, stock options or other ownership interests of 5% or more) and the value of intellectual property rights (e.g. patents, copyrights and royalties from such rights).

I have no conflicts of interests to report

Certification

I have read the Gundersen Boscobel Conflicts of Interest Policy (GB-3017), and I understand its requirements and agree to abide by them. I understand that Gundersen Boscobel is a tax-exempt organization that must engage primarily in activities that accomplish one or more charitable purposes to maintain its tax-exempt status. I also understand that Gundersen Boscobel Area Hospital and Clinics participate in government health care programs and must comply with the laws that pertain to these programs. I hereby agree to report immediately in writing to the Gundersen Boscobel Compliance Office any new situation with the potential for a conflict of interest which may develop before the completion of my next Conflict of Interest Disclosure Statement. By submitting this completed form, I attest that the answers provided are true and accurate to the best of my knowledge as of the date of this disclosure.

Signature: _____ Date: _____

Printed Name: _____