

NAME: Tamer Abdullah Abusido

CONFLICT OF INTEREST DISCLOSURE, CONFIDENTIALITY, AUTHORSHIP AND COPYRIGHT

CONFLICT OF INTEREST DEFINITION:

A) Relationships with commercial organizations

Any financial relationship can be a potential conflict when the individual or members of the individual's family benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), gifts, or in-kind compensation or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. There is no set minimum dollar amount for financial relationships to be considered significant; therefore, any amount is considered an incentive to maintain or increase the value of a possible commercial entity.

B) Relationships with other organizations

Real or potential conflicts of interests may also arise when the individual is involved in other organizations such as governmental entities, foundations and other provincial or national organizations or associations, whether or not that relationship involves a financial benefit for the individual. The individual's relationship with other organizations might cause, or appear to cause them to act in a manner at odds with the CTS or against the best interests of the CTS.

C) Other conflicts

Other unforeseen real or potential conflicts of interest may arise and would be dealt with as they occur.

CTS AFFILIATION

Please check the box relating to each committee or clinical assembly of which you are a member:

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Membership & Communications |
| <input type="checkbox"/> CRGC | <input type="checkbox"/> Pediatric Council |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Pulmonary Function Standards |
| <input type="checkbox"/> Chest Procedures | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> CRHP | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> CTS Board of Directors | <input type="checkbox"/> Sleep Disordered Breathing |
| <input type="checkbox"/> Education & CPD | <input type="checkbox"/> Tuberculosis & Infectious Disease |
| <input type="checkbox"/> Home Mechanical Ventilation | <input type="checkbox"/> Other guideline panel (s), working group(s), committee(s) or project(s) |
| <input type="checkbox"/> Interstitial Lung Disease | (please specify): |
| <input type="checkbox"/> Long Term Planning | |

Please complete the sections that are applicable to your role(s) in CTS.

GENERAL DISCLOSURE

(Applicable to all)

A. Over the past twelve months, I have not had any affiliation (financial or otherwise) with a commercial or other organization that could lead to a real or perceived conflict of interest.

B. Over the twelve months, I have had affiliations (financial or otherwise) with a commercial or other organization that could or has led to a real or perceived conflict of interest (s):

- Pharmaceutical industry
- Medical device/equipment company
- Tobacco or electronic cigarette industry
- Cannabis industry
- Other:

(If you selected this option, fill in the Disclosure Details section below with specifics.)

CONFIDENTIALITY

(Applicable to all)

Check to confirm that you have read and understood what follows.

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If you are not sure how this confidentiality statement applies to your particular committee or assembly, contact the committee/assembly chair for clarification prior to disclosing any information.

All confidential documents and correspondence should be stored and transmitted in a secure manner. Any breach of confidentiality should be reported to the relevant committee or assembly chair and the CTS Executive Committee.

DECLARATION OF INTEREST DETAILS (LAST 12 MONTHS) (Applicable to all)

CATEGORY OF COI	Mark 'Yes' or 'No' to indicate whether each listed circumstance applies (over the last 12 months)		
	NO	YES (include source and other relevant details. Any reported amounts will not be disclosed publicly.)	
Research Funding:			
Peer-reviewed grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
University grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Industry-sponsored contracts/grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Money for patient enrolment or completion of research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Honoraria:			
Participating in speaking activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CME/Course development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Peer reviewer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Consultancy work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Royalties, shares or company holdings in any relevant companies			
Royalties or in-kind benefits from a commercial entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pharmaceutical or Medical Device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Government Agency / Committee at the provincial or federal levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Reimbursement Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Formulary or similar Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
International Non-Governmental Organization (WHO, IUTLD, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Charitable Organization/Not for profit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Are you related to a provincial or federal government employee or official?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other			
Other interests that may be perceived as potential conflicts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

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Check to confirm that you have read and understood what follows.

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AGREEMENT (Applicable to all)

By checking the box below, I acknowledge having read, understood and agreed to comply with the principles addressed in this document and confirm the accuracy of the conflict of interest information disclosed therein.

Check to confirm and acknowledge your agreement with the above.

Date: Feb 1st 2023

PLEASE EMAIL YOUR COMPLETED FORM TO THE CTS STAFF PERSON SUPPORTING YOUR COMMITTEE'S ACTIVITIES.

Canadian Thoracic Society
27-30 Concourse Gate, Ottawa, ON, K2E 7V7
info@cts-sct.ca

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C) Other conflicts

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CTS AFFILIATION

Please check the box relating to each committee or clinical assembly (CA) to which you belong:

- Asthma
- CRGC

- COPD
- Chest Procedures
- CRHP
- CTS Board of Directors
- Education & CPD
- Home Mechanical Ventilation
- Interstitial Lung Disease

- Long Term Planning
- Membership & Communications
- Pediatric Assembly
- Pulmonary Function Standards
- Pulmonary Vascular Disease



- Research Committee
 Sleep Disordered Breathing

- Tuberculosis & Infectious Disease
 Other committee(s) or project(s)
(please specify):

Please complete the sections that are applicable to your role(s) in CTS.

GENERAL DISCLOSURE

(Applicable to all)

- A. Over the last two years, I have not had any affiliation (financial or otherwise) with a commercial or other organization that could lead to a real or perceived conflict of interest.
- B. Over the last two years, I have had affiliations (financial or otherwise) with a commercial or other organization that could or has led to a real or perceived conflict of interest (s). (If you selected this option, fill in the Disclosure Details section below.)

CONFIDENTIALITY

(Applicable to all)

- Check to confirm that you have read and understood what follows.

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If you are not sure how this confidentiality statement applies to your particular committee or assembly, contact the committee/assembly chair for clarification prior to disclosing any information.

All confidential documents and correspondence should be stored and transmitted in a secure manner. Any breach of confidentiality should be reported to the relevant committee or assembly chair and the CTS Executive Committee.

DISCLOSURE DETAILS (Applicable to all)

Organization Names and Nature of Affiliation (please use categories below and additional sheets if required):

1. Academic appointment(s)/employment:

University: Saskatchewan

Hospital: Jim Pattison Children's Hospital of Saskatchewan

Other:

2. Research Funding:

Peer-reviewed grants: CIHR, AllerGen, CHF of Saskatchewan

Industry-sponsored contracts:

Other:

3. Consultant/Advisor:

Industry advisory board member: Abbvie

Government Agency:

Provincial Ministry of Health:

Health Canada:

Public Health Agency of Canada:

CIHR:

Other government body or committee:

Reimbursement committee:

Pricing committee:

Drug approval committee:

Formulary or similar committee:

International NGO (WHO, UNICEF, IUTLD etc.):

4. Honoraria:

Speaker: Merck, Abbvie,

CME/Course development:

Development of educational material:

Peer Reviewer: NIH

5. Volunteer/Board or Committee Member:

Charitable Organization/Not for profit:

Other:

6. In kind support:

7. As a member of the CTS Board of Directors are you:

Related to a provincial or federal government employee or official (please specify):

Other (please specify):

CME REQUIREMENTS

(Applicable only to speakers, moderators and CME program committee members)

Check to confirm that you have read and understood what follows.

The Royal College's [National Standard for Support of Accredited CPD Activities](#) (the National Standard) describes the process and requirements for gathering, managing, and disclosing conflicts of interest to participants. The National Standard is applicable to all accredited CPD activities included within the Canadian national/provincial CME/CPD accreditation systems for physicians. You must ensure that the following requirements of the National Standard and the CMA Guidelines for Physicians in Interactions with Industry (2007) are respected throughout presentations:

- All members of the scientific program committee, speakers, moderators, facilitators and authors must provide to the CPD provider organization a written description of all relationships with for-profit and not-for-profit organizations over the previous 2 years.
- Generic names should be used in addition to trade names in the course of CME/CPD activities.
- If specific products or services are mentioned, there should be a balanced presentation of the prevailing body of scientific information on the product or service and of reasonable, alternative treatment options. If unapproved uses of a product or service are discussed, presenters must inform the audience of this fact.
- The methodologies of studies cited in eCPD modules should be available to participants to allow them to evaluate the quality of the evidence discussed. Simply presenting abstracts that preclude the participant from evaluating the quality of evidence should be avoided. When the methods of cited studies are not available in the abstracts, they should be described in the body of the eCPD module.

CME DISCLOSURE

(Applicable to speakers, moderators and CME program committee members)

Check to confirm that you have read and understood what follows.

CME/CPD organizers, moderators and individual physician presenters are responsible for ensuring the scientific validity, objectivity and completeness of CME/CPD activities. Speakers for all CME/CPD programs organized by the CTS must disclose any involvement with industry that might give a perception of bias in their presentation. In particular (but not exclusively), organizers, moderators and individual presenters must disclose to the participants any financial affiliations with manufacturers of products mentioned at the event or with manufacturers of competing products.

For speakers, disclosure should also be done verbally, using a slide at the beginning of the presentation. If you have no involvement with industry you should inform the audience, i.e. "cannot identify any potential conflict of interest".

In principle, the audience should be aware of any potential biases a speaker may have in the presentation of material. In many events, such as sponsored visiting lectureships or conferences supported by unrestricted educational grants from industry, there is an explicit recognition of the nature of the sponsorship. With this knowledge, the audience can properly evaluate the content of the presentations.

To be complete by speakers:

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication). *Note: You must declare all off-label use to the audience during your presentation.*

Yes **No**

I acknowledge that the [National Standard](#) requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Yes **No**

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

I agree

AUTHORSHIP and COPYRIGHT

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AGREEMENT

(Applicable to all)

By checking the box below, I acknowledge having read, understood and agreed to comply with the principles addressed in this document and confirm the accuracy of the conflict of interest information disclosed therein.

Check to confirm and acknowledge your agreement with the above.

Name: Darryl J Adamko

Date: July 16, 2018

**Please email your completed form to the CTS staff person
supporting your committee's activities.**

Canadian Thoracic Society
27-30 Concourse Gate, Ottawa, ON, K2E 7V7
info@cts-sct.ca

NAME: Adetayo Adeleye

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- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Membership & Communications |
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| <input type="checkbox"/> COPD | <input type="checkbox"/> Pulmonary Function Standards |
| <input type="checkbox"/> Chest Procedures | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> CRHP | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> CTS Board of Directors | <input checked="" type="checkbox"/> Sleep Disordered Breathing |
| <input type="checkbox"/> Education & CPD | <input type="checkbox"/> Tuberculosis & Infectious Disease |
| <input type="checkbox"/> Home Mechanical Ventilation | <input type="checkbox"/> Other guideline panel (s), working group(s), committee(s) or project(s) |
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| <input type="checkbox"/> Long Term Planning | |

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- Medical device/equipment company
- Tobacco or electronic cigarette industry
- Cannabis industry
- Other:

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CATEGORY OF COI	Mark 'Yes' or 'No' to indicate whether each listed circumstance applies (over the last 12 months)		
	NO	YES (include source and other relevant details. Any reported amounts will not be disclosed publicly.)	
Research Funding:			
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Royalties or in-kind benefits from a commercial entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pharmaceutical or Medical Device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Government Agency / Committee at the provincial or federal levels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member, Respiratory Equipment and Services Program; Clinical Advisory Committee; Pediatric Advisory Committee
Reimbursement Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Other			

Other interests that may be perceived as potential conflicts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Date: February 4, 2023

PLEASE EMAIL YOUR COMPLETED FORM TO THE CTS STAFF PERSON SUPPORTING YOUR COMMITTEE'S ACTIVITIES.

NAME: Reshma Amin

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	NO	YES (include source and other relevant details. Any reported amounts will not be disclosed publicly.)	
Research Funding:			
Peer-reviewed grants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CIHR, MD Canada, Cure SMA Canada, Defeat Duchenne Canada
University grant monies	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Industry-sponsored contracts/grant monies	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other grant monies	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Money for patient enrolment or completion of research	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Honoraria:			
Participating in speaking activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
CME/Course development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Peer reviewer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Consultancy work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Royalties, shares or company holdings in any relevant companies			
Royalties or in-kind benefits from a commercial entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pharmaceutical or Medical Device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Government Agency / Committee at the provincial or federal levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Reimbursement Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Formulary or similar Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
International Non-Governmental Organization (WHO, IUTLD, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Charitable Organization/Not for profit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Are you related to a provincial or federal government employee or official?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other			
Other interests that may be perceived as potential conflicts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

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AUTHORSHIP and COPYRIGHT

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AGREEMENT (Applicable to all)

By checking the box below, I acknowledge having read, understood and agreed to comply with the principles addressed in this document and confirm the accuracy of the conflict of interest information disclosed therein.

- Check to confirm and acknowledge your agreement with the above.

Date: August 19, 2025

PLEASE EMAIL YOUR COMPLETED FORM TO THE CTS STAFF PERSON SUPPORTING YOUR COMMITTEE'S ACTIVITIES.

Canadian Thoracic Society
1000 Innovation Drive, Suite 500, Ottawa, ON, K2K 3E7
info@cts-sct.ca

NAME: Paolo Campisi, MD

CONFLICT OF INTEREST DISCLOSURE, CONFIDENTIALITY, AUTHORSHIP AND COPYRIGHT

CONFLICT OF INTEREST DEFINITION:

A) Relationships with commercial organizations

Any financial relationship can be a potential conflict when the individual or members of the individual's family benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), gifts, or in-kind compensation or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. There is no set minimum dollar amount for financial relationships to be considered significant; therefore, any amount is considered an incentive to maintain or increase the value of a possible commercial entity.

B) Relationships with other organizations

Real or potential conflicts of interests may also arise when the individual is involved in other organizations such as governmental entities, foundations and other provincial or national organizations or associations, whether or not that relationship involves a financial benefit for the individual. The individual's relationship with other organizations might cause, or appear to cause them to act in a manner at odds with the CTS or against the best interests of the CTS.

C) Other conflicts

Other unforeseen real or potential conflicts of interest may arise and would be dealt with as they occur.

CTS AFFILIATION

Please check the box relating to each committee or clinical assembly of which you are a member:

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Membership & Communications |
| <input type="checkbox"/> CRGC | <input type="checkbox"/> Pediatric Council |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Pulmonary Function Standards |
| <input type="checkbox"/> Chest Procedures | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> CRHP | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> CTS Board of Directors | <input type="checkbox"/> Sleep Disordered Breathing |
| <input type="checkbox"/> Education & CPD | <input type="checkbox"/> Tuberculosis & Infectious Disease |
| <input type="checkbox"/> Home Mechanical Ventilation | <input type="checkbox"/> Other guideline panel (s), working group(s), committee(s) or project(s) |
| <input type="checkbox"/> Interstitial Lung Disease | (please specify): |
| <input type="checkbox"/> Long Term Planning | |

Please complete the sections that are applicable to your role(s) in CTS.

GENERAL DISCLOSURE

(Applicable to all)

A. Over the past twelve months, I have not had any affiliation (financial or otherwise) with a commercial or other organization that could lead to a real or perceived conflict of interest.

B. Over the twelve months, I have had affiliations (financial or otherwise) with a commercial or other organization that could or has led to a real or perceived conflict of interest (s):

- Pharmaceutical industry
- Medical device/equipment company
- Tobacco or electronic cigarette industry
- Cannabis industry
- Other:

(If you selected this option, fill in the Disclosure Details section below with specifics.)

CONFIDENTIALITY

(Applicable to all)

Check to confirm that you have read and understood what follows.

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If you are not sure how this confidentiality statement applies to your particular committee or assembly, contact the committee/assembly chair for clarification prior to disclosing any information.

All confidential documents and correspondence should be stored and transmitted in a secure manner. Any breach of confidentiality should be reported to the relevant committee or assembly chair and the CTS Executive Committee.

DECLARATION OF INTEREST DETAILS (LAST 12 MONTHS) (Applicable to all)

CATEGORY OF COI	Mark 'Yes' or 'No' to indicate whether each listed circumstance applies (over the last 12 months)		
	NO	YES (include source and other relevant details. Any reported amounts will not be disclosed publicly.)	
Research Funding:			
Peer-reviewed grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
University grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Other grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Honoraria:			
Participating in speaking activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
CME/Course development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Peer reviewer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Consultancy work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Royalties or in-kind benefits from a commercial entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pharmaceutical or Medical Device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Government Agency / Committee at the provincial or federal levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Reimbursement Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Formulary or similar Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
International Non-Governmental Organization (WHO, IUTLD, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Charitable Organization/Not for profit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Are you related to a provincial or federal government employee or official?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other			
Other interests that may be perceived as potential conflicts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

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AGREEMENT (Applicable to all)

By checking the box below, I acknowledge having read, understood and agreed to comply with the principles addressed in this document and confirm the accuracy of the conflict of interest information disclosed therein.

Check to confirm and acknowledge your agreement with the above.

Date: 2023-02-01

PLEASE EMAIL YOUR COMPLETED FORM TO THE CTS STAFF PERSON SUPPORTING YOUR COMMITTEE'S ACTIVITIES.

Canadian Thoracic Society
27-30 Concourse Gate, Ottawa, ON, K2E 7V7
info@cts-sct.ca

CONFLICT OF INTEREST DISCLOSURE, CONFIDENTIALITY, AUTHORSHIP AND COPYRIGHT

CONFLICT OF INTEREST DEFINITION:

A) Relationships with commercial organizations

Any financial relationship can be a potential conflict when the individual or members of the individual's family benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (eg, stocks, stock options or other ownership interest, excluding diversified mutual funds) or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. There is no set minimum dollar amount for financial relationships to be considered significant; therefore, any amount is considered an incentive to maintain or increase the value of a possible commercial entity.

B) Relationships with other organizations

Real or potential conflicts of interests may also arise when the individual is involved in other organizations such as governmental entities, foundations and other provincial or national organizations or associations, whether or not that relationship involves a financial benefit for the individual. The individual's relationship with other organizations might cause, or appear to cause them to act in a manner at odds with the CTS or against the best interests of the CTS.

C) Other conflicts

Other unforeseen real or potential conflicts of interest may arise and would be dealt with as they occur.

CTS AFFILIATION

Please check the box relating to each committee or clinical assembly (CA) to which you belong:

- | | |
|---|---|
| <input type="checkbox"/> Asthma
<input type="checkbox"/> CRGC
<input type="checkbox"/> COPD
<input type="checkbox"/> Chest Procedures
<input type="checkbox"/> CRHP
<input type="checkbox"/> CTS Board of Directors
<input type="checkbox"/> Education & CPD
<input type="checkbox"/> Home Mechanical Ventilation
<input type="checkbox"/> Interstitial Lung Disease
<input type="checkbox"/> Long Term Planning | <input type="checkbox"/> Membership & Communications
<input type="checkbox"/> Pediatric Assembly
<input type="checkbox"/> Pulmonary Function Standards
<input type="checkbox"/> Pulmonary Vascular Disease
<input type="checkbox"/> Research Committee
<input type="checkbox"/> Sleep Disordered Breathing
<input type="checkbox"/> Tuberculosis & Infectious Disease
<input type="checkbox"/> Other committee(s) or project(s)
(please specify): |
|---|---|

Please complete the sections that are applicable to your role(s) in CTS.

GENERAL DISCLOSURE

(Applicable to all)

A. Over the last two years, I have not had any affiliation (financial or otherwise) with a commercial or other organization that could lead to a real or perceived conflict of interest.

B. Over the last two years, I have had affiliations (financial or otherwise) with a commercial or other organization that could or has led to a real or perceived conflict of interest (s). (If you selected this option, fill in the Disclosure Details section below.)

CONFIDENTIALITY

(Applicable to all)

Check to confirm that you have read and understood what follows.

Through the course of their work, committee and clinical assembly members may have access to confidential information that should not be disclosed outside the committee/assembly. In particular, committee members must not share with anyone outside their committee/assembly any information or documents related to the development of guidelines, position/consensus papers, commentaries, letters to the editor, and research funding applications. Other types of activities and projects may also call for confidentiality, categorized as such by the chair.

If you are not sure how this confidentiality statement applies to your particular committee or assembly, contact the committee/assembly chair for clarification prior to disclosing any information.

All confidential documents and correspondence should be stored and transmitted in a secure manner. Any breach of confidentiality should be reported to the relevant committee or assembly chair and the CTS Executive Committee.

DISCLOSURE DETAILS (Applicable to all)

Organization Names and Nature of Affiliation (please use categories below and additional sheets if required):

1. Academic appointment(s)/employment:

University: McGill University

Hospital: Montreal Children's Hospital/McGill University Health Centre

Other:

2. Research Funding:

Peer-reviewed grants: CIHR, KidsBrainHealth Network, MUHC-RI

Industry-sponsored contracts:

Other:

3. Consultant/Advisor:

Industry advisory board member:

Government Agency:

Provincial Ministry of Health:

Health Canada:

Public Health Agency of Canada:

CIHR:

Other government body or committee:

Reimbursement committee:

Pricing committee:

Drug approval committee:

Formulary or similar committee:

International NGO (WHO, UNICEF, IUTLD etc.):

4. Honoraria:

Speaker:

CME/Course development:

Development of educational material:

Peer Reviewer:

5. Volunteer/Board or Committee Member:

Charitable Organization/Not for profit:

Other:

6. In kind support:

7. As a member of the CTS Board of Directors are you:

Related to a provincial or federal government employee or official (please specify):

Other (please specify):

CME REQUIREMENTS

(Applicable only to speakers, moderators and CME program committee members)

Check to confirm that you have read and understood what follows.

The Royal College's [National Standard for Support of Accredited CPD Activities](#) (the National Standard) describes the process and requirements for gathering, managing, and disclosing conflicts of interest to participants. The National Standard is applicable to all accredited CPD activities included within the Canadian national/provincial CME/CPD accreditation systems for physicians. You must ensure that the following requirements of the National Standard and the CMA Guidelines for Physicians in Interactions with Industry (2007) are respected throughout presentations:

- All members of the scientific program committee, speakers, moderators, facilitators and authors must provide to the CPD provider organization a written description of all relationships with for-profit and not-for-profit organizations over the previous 2 years.
- Generic names should be used in addition to trade names in the course of CME/CPD activities.
- If specific products or services are mentioned, there should be a balanced presentation of the prevailing body of scientific information on the product or service and of reasonable, alternative treatment options. If unapproved uses of a product or service are discussed, presenters must inform the audience of this fact.
- The methodologies of studies cited in eCPD modules should be available to participants to allow them to evaluate the quality of the evidence discussed. Simply presenting abstracts that preclude the participant from evaluating the quality of evidence should be avoided. When the methods of cited studies are not available in the abstracts, they should be described in the body of the eCPD module.

CME DISCLOSURE

(Applicable to speakers, moderators and CME program committee members)

Check to confirm that you have read and understood what follows.

CME/CPD organizers, moderators and individual physician presenters are responsible for ensuring the scientific validity, objectivity and completeness of CME/CPD activities. Speakers for all CME/CPD programs organized by the CTS must disclose any involvement with industry that might give a perception of bias in their presentation. In

particular (but not exclusively), organizers, moderators and individual presenters must disclose to the participants any financial affiliations with manufacturers of products mentioned at the event or with manufacturers of competing products.

For speakers, disclosure should also be done verbally, using a slide at the beginning of the presentation. If you have no involvement with industry you should inform the audience, i.e. "cannot identify any potential conflict of interest".

In principle, the audience should be aware of any potential biases a speaker may have in the presentation of material. In many events, such as sponsored visiting lectureships or conferences supported by unrestricted educational grants from industry, there is an explicit recognition of the nature of the sponsorship. With this knowledge, the audience can properly evaluate the content of the presentations.

To be complete by speakers:

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication). *Note: You must declare all off-label use to the audience during your presentation.*

Yes **No**

I acknowledge that the [National Standard](#) requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Yes **No**

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

I agree

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AGREEMENT

(Applicable to all)

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Check to confirm and acknowledge your agreement with the above.

Name: Evelyn Constantin MD MSc(Epi) FRCPC

Date: August 14, 2018

**Please email your completed form to the CTS staff person
supporting your committee's activities.**

Canadian Thoracic Society
27-30 Concourse Gate, Ottawa, ON, K2E 7V7
info@cts-sct.ca

NAME: Dr Julie Duncan

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- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Membership & Communications |
| <input type="checkbox"/> CRGC | <input type="checkbox"/> Pediatric Council |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Pulmonary Function Standards |
| <input type="checkbox"/> Chest Procedures | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> CRHP | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> CTS Board of Directors | <input type="checkbox"/> Sleep Disordered Breathing |
| <input type="checkbox"/> Education & CPD | <input type="checkbox"/> Tuberculosis & Infectious Disease |
| <input type="checkbox"/> Home Mechanical Ventilation | <input type="checkbox"/> Other guideline panel (s), working group(s), committee(s) or project(s) |
| <input type="checkbox"/> Interstitial Lung Disease | (please specify): |
| <input type="checkbox"/> Long Term Planning | |

Please complete the sections that are applicable to your role(s) in CTS.

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- Pharmaceutical industry
- Medical device/equipment company
- Tobacco or electronic cigarette industry
- Cannabis industry
- Other:

(If you selected this option, fill in the Disclosure Details section below with specifics.)

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DECLARATION OF INTEREST DETAILS (LAST 12 MONTHS) (Applicable to all)

CATEGORY OF COI	Mark 'Yes' or 'No' to indicate whether each listed circumstance applies (over the last 12 months)		
	NO	YES (include source and other relevant details. Any reported amounts will not be disclosed publicly.)	
Research Funding:			
Peer-reviewed grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Peer reviewer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Consultancy work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Royalties, shares or company holdings in any relevant companies			
Royalties or in-kind benefits from a commercial entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Government Agency / Committee at the provincial or federal levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Reimbursement Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Formulary or similar Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
International Non-Governmental Organization (WHO, IUTLD, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Authors must ensure that manuscripts produced under the auspices of CTS are original and do not infringe on the propriety or privacy rights of a third party. Manuscripts must be approved via consensus by the respective clinical assembly, reviewed by the Canadian Respiratory Guidelines Committee, and approved for publication by the CTS Executive Committee. Copyright may not be assigned, or a license granted, to any party without the approval of the CTS Executive Committee.

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AGREEMENT (Applicable to all)

By checking the box below, I acknowledge having read, understood and agreed to comply with the principles addressed in this document and confirm the accuracy of the conflict of interest information disclosed therein.

Check to confirm and acknowledge your agreement with the above.

Date: 02/25/2023

PLEASE EMAIL YOUR COMPLETED FORM TO THE CTS STAFF PERSON SUPPORTING YOUR COMMITTEE'S ACTIVITIES.

Canadian Thoracic Society
27-30 Concourse Gate, Ottawa, ON, K2E 7V7
info@cts-sct.ca

CONFLICT OF INTEREST DISCLOSURE, CONFIDENTIALITY, AUTHORSHIP AND COPYRIGHT

CONFLICT OF INTEREST DEFINITION:

A) Relationships with commercial organizations

Any financial relationship can be a potential conflict when the individual or members of the individual's family benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (eg, stocks, stock options or other ownership interest, excluding diversified mutual funds) or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. There is no set minimum dollar amount for financial relationships to be considered significant; therefore, any amount is considered an incentive to maintain or increase the value of a possible commercial entity.

B) Relationships with other organizations

Real or potential conflicts of interests may also arise when the individual is involved in other organizations such as governmental entities, foundations and other provincial or national organizations or associations, whether or not that relationship involves a financial benefit for the individual. The individual's relationship with other organizations might cause, or appear to cause them to act in a manner at odds with the CTS or against the best interests of the CTS.

C) Other conflicts

Other unforeseen real or potential conflicts of interest may arise and would be dealt with as they occur.

CTS AFFILIATION

Please check the box relating to each committee or clinical assembly (CA) to which you belong:

- Asthma
- CRGC

- COPD
- Chest Procedures
- CRHP
- CTS Board of Directors
- Education & CPD
- Home Mechanical Ventilation
- Interstitial Lung Disease

- Long Term Planning
- Membership & Communications
- Pediatric Assembly
- Pulmonary Function Standards
- Pulmonary Vascular Disease



Research Committee
 Sleep Disordered Breathing

yes Other committee(s) or project(s)
(please specify): pediatric OSA

Tuberculosis & Infectious Disease

Please complete the sections that are applicable to your role(s) in CTS.

GENERAL DISCLOSURE

(Applicable to all)

yes A. Over the last two years, I have not had any affiliation (financial or otherwise) with a commercial or other organization that could lead to a real or perceived conflict of interest.

no B. Over the last two years, I have had affiliations (financial or otherwise) with a commercial or other organization that could or has led to a real or perceived conflict of interest (s). (If you selected this option, fill in the Disclosure Details section below.)

CONFIDENTIALITY

(Applicable to all)

read and agreed Check to confirm that you have read and understood what follows.

Through the course of their work, committee and clinical assembly members may have access to confidential information that should not be disclosed outside the committee/assembly. In particular, committee members must not share with anyone outside their committee/assembly any information or documents related to the development of guidelines, position/consensus papers, commentaries, letters to the editor, and research funding applications. Other types of activities and projects may also call for confidentiality, categorized as such by the chair.

If you are not sure how this confidentiality statement applies to your particular committee or assembly, contact the committee/assembly chair for clarification prior to disclosing any information.

All confidential documents and correspondence should be stored and transmitted in a secure manner. Any breach of confidentiality should be reported to the relevant committee or assembly chair and the CTS Executive Committee.

DISCLOSURE DETAILS (Applicable to all)

Organization Names and Nature of Affiliation (please use categories below and additional sheets if required):

1. Academic appointment(s)/employment:

University:

Hospital:

Other:

2. Research Funding:

Peer-reviewed grants:

Industry-sponsored contracts:

Other:

3. Consultant/Advisor:

Industry advisory board member:

Government Agency:

Provincial Ministry of Health:

Health Canada:

Public Health Agency of Canada:

CIHR:

Other government body or committee:

Reimbursement committee:

Pricing committee:

Drug approval committee:

Formulary or similar committee:

International NGO (WHO, UNICEF, IUTLD etc.):

4. Honoraria:

Speaker:

CME/Course development:

Development of educational material:

Peer Reviewer:

5. Volunteer/Board or Committee Member:

Charitable Organization/Not for profit: FPAGC

Other: CFPC Respiratory SP Interest Group

6. In kind support:

7. As a member of the CTS Board of Directors are you:

Related to a provincial or federal government employee or official (please specify):

Other (please specify):

CME REQUIREMENTS

(Applicable only to speakers, moderators and CME program committee members)

yes Check to confirm that you have read and understood what follows.

The Royal College's [National Standard for Support of Accredited CPD Activities](#) (the National Standard) describes the process and requirements for gathering, managing, and disclosing conflicts of interest to participants. The National Standard is applicable to all accredited CPD activities included within the Canadian national/provincial CME/CPD accreditation systems for physicians. You must ensure that the following requirements of the National Standard and the CMA Guidelines for Physicians in Interactions with Industry (2007) are respected throughout presentations:

- All members of the scientific program committee, speakers, moderators, facilitators and authors must provide to the CPD provider organization a written description of all relationships with for-profit and not-for-profit organizations over the previous 2 years.
- Generic names should be used in addition to trade names in the course of CME/CPD activities.
- If specific products or services are mentioned, there should be a balanced presentation of the prevailing body of scientific information on the product or service and of reasonable, alternative treatment options. If unapproved uses of a product or service are discussed, presenters must inform the audience of this fact.
- The methodologies of studies cited in eCPD modules should be available to participants to allow them to evaluate the quality of the evidence discussed. Simply presenting abstracts that preclude the participant from evaluating the quality of evidence should be avoided. When the methods of cited studies are not available in the abstracts, they should be described in the body of the eCPD module.

CME DISCLOSURE

(Applicable to speakers, moderators and CME program committee members)

yes Check to confirm that you have read and understood what follows.

CME/CPD organizers, moderators and individual physician presenters are responsible for ensuring the scientific validity, objectivity and completeness of CME/CPD activities. Speakers for all CME/CPD programs organized by the CTS must disclose any involvement with industry that might give a perception of bias in their presentation. In particular (but not exclusively), organizers, moderators and individual presenters must disclose to the participants any financial affiliations with manufacturers of products mentioned at the event or with manufacturers of competing products.

For speakers, disclosure should also be done verbally, using a slide at the beginning of the presentation. If you have no involvement with industry you should inform the audience, i.e. "cannot identify any potential conflict of interest".

In principle, the audience should be aware of any potential biases a speaker may have in the presentation of material. In many events, such as sponsored visiting lectureships or conferences supported by unrestricted educational grants from industry, there is an explicit recognition of the nature of the sponsorship. With this knowledge, the audience can properly evaluate the content of the presentations.

To be complete by speakers:

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. "off-label" use of medication). *Note: You must declare all off-label use to the audience during your presentation.*

Yes **No**

I acknowledge that the [National Standard](#) requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Yes **No**

By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

I agree

AUTHORSHIP and COPYRIGHT

(Applicable only to assemblies, committees and working groups developing guidelines, position/consensus papers, commentaries or other official publications)

yes Check to confirm that you have read and understood what follows.

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AGREEMENT

(Applicable to all)

By checking the box below, I acknowledge having read, understood and agreed to comply with the principles addressed in this document and confirm the accuracy of the conflict of interest information disclosed therein.

yes Check to confirm and acknowledge your agreement with the above.

Name: Gordon Dyck

Date: July 17, 2018

**Please email your completed form to the CTS staff person
supporting your committee's activities.**

Canadian Thoracic Society
27-30 Concourse Gate, Ottawa, ON, K2E 7V7
info@cts-sct.ca

NAME: Jodi Jones

CONFLICT OF INTEREST DISCLOSURE, CONFIDENTIALITY, AUTHORSHIP AND COPYRIGHT

CONFLICT OF INTEREST DEFINITION:

A) Relationships with commercial organizations

Any financial relationship can be a potential conflict when the individual or members of the individual's family benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), gifts, or in-kind compensation or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. There is no set minimum dollar amount for financial relationships to be considered significant; therefore, any amount is considered an incentive to maintain or increase the value of a possible commercial entity.

B) Relationships with other organizations

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C) Other conflicts

Other unforeseen real or potential conflicts of interest may arise and would be dealt with as they occur.

CTS AFFILIATION

Please check the box relating to each committee or clinical assembly of which you are a member:

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Membership & Communications |
| <input type="checkbox"/> CRGC | <input type="checkbox"/> Pediatric Council |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Pulmonary Function Standards |
| <input type="checkbox"/> Chest Procedures | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> CRHP | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> CTS Board of Directors | <input type="checkbox"/> Sleep Disordered Breathing |
| <input type="checkbox"/> Education & CPD | <input type="checkbox"/> Tuberculosis & Infectious Disease |
| <input type="checkbox"/> Home Mechanical Ventilation | <input checked="" type="checkbox"/> Other guideline panel (s), working group(s), committee(s) or project(s) |
| <input type="checkbox"/> Interstitial Lung Disease | (please specify): Canadian Society of |
| <input type="checkbox"/> Long Term Planning | Otolaryngology-Head & Neck Surgery |

Please complete the sections that are applicable to your role(s) in CTS.

GENERAL DISCLOSURE

(Applicable to all)

A. Over the past twelve months, I have not had any affiliation (financial or otherwise) with a commercial or other organization that could lead to a real or perceived conflict of interest.

B. Over the twelve months, I have had affiliations (financial or otherwise) with a commercial or other organization that could or has led to a real or perceived conflict of interest (s):

- Pharmaceutical industry
- Medical device/equipment company
- Tobacco or electronic cigarette industry
- Cannabis industry
- Other:

(If you selected this option, fill in the Disclosure Details section below with specifics.)

CONFIDENTIALITY

(Applicable to all)

Check to confirm that you have read and understood what follows.

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DECLARATION OF INTEREST DETAILS (LAST 12 MONTHS) (Applicable to all)

CATEGORY OF COI	Mark 'Yes' or 'No' to indicate whether each listed circumstance applies (over the last 12 months)		
	NO	YES (include source and other relevant details. Any reported amounts will not be disclosed publicly.)	
Research Funding:			
Peer-reviewed grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
University grant monies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	University Collaborative Research Program, University of Manitoba – topic unrelated to this project
Industry-sponsored contracts/grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Money for patient enrolment or completion of research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Honoraria:			
Participating in speaking activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
CME/Course development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Peer reviewer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Consultancy work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Royalties, shares or company holdings in any relevant companies			
Royalties or in-kind benefits from a commercial entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pharmaceutical or Medical Device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Government Agency / Committee at the provincial or federal levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Reimbursement Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Formulary or similar Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
International Non-Governmental Organization (WHO, IUTLD, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Charitable Organization/Not for profit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Are you related to a provincial or federal government employee or official?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other			

Other interests that may be perceived as potential conflicts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Check to confirm and acknowledge your agreement with the above.

Date: Jan 31 2023

PLEASE EMAIL YOUR COMPLETED FORM TO THE CTS STAFF PERSON SUPPORTING YOUR COMMITTEE'S ACTIVITIES.

NAME: Ajay Kevat

CONFLICT OF INTEREST DISCLOSURE, CONFIDENTIALITY, AUTHORSHIP AND COPYRIGHT

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C) Other conflicts

Other unforeseen real or potential conflicts of interest may arise and would be dealt with as they occur.

CTS AFFILIATION

Please check the box relating to each committee or clinical assembly of which you are a member:

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Membership & Communications |
| <input type="checkbox"/> CRGC | <input type="checkbox"/> Pediatric Council |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Pulmonary Function Standards |
| <input type="checkbox"/> Chest Procedures | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> CRHP | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> CTS Board of Directors | <input type="checkbox"/> Sleep Disordered Breathing |
| <input type="checkbox"/> Education & CPD | <input type="checkbox"/> Tuberculosis & Infectious Disease |
| <input type="checkbox"/> Home Mechanical Ventilation | <input type="checkbox"/> Other guideline panel (s), working group(s), committee(s) or project(s) |
| <input type="checkbox"/> Interstitial Lung Disease | (please specify): |
| <input type="checkbox"/> Long Term Planning | |

Please complete the sections that are applicable to your role(s) in CTS.

GENERAL DISCLOSURE

(Applicable to all)

A. Over the past twelve months, I have not had any affiliation (financial or otherwise) with a commercial or other organization that could lead to a real or perceived conflict of interest.

B. Over the twelve months, I have had affiliations (financial or otherwise) with a commercial or other organization that could or has led to a real or perceived conflict of interest (s):

- Pharmaceutical industry
- Medical device/equipment company
- Tobacco or electronic cigarette industry
- Cannabis industry
- Other:

(If you selected this option, fill in the Disclosure Details section below with specifics.)

CONFIDENTIALITY

(Applicable to all)

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DECLARATION OF INTEREST DETAILS (LAST 12 MONTHS) (Applicable to all)

CATEGORY OF COI	Mark 'Yes' or 'No' to indicate whether each listed circumstance applies (over the last 12 months)		
	NO	YES (include source and other relevant details. Any reported amounts will not be disclosed publicly.)	
Research Funding:			
Peer-reviewed grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
University grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Industry-sponsored contracts/grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other grant monies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Public hospital research grant (Queensland Health, Australia) \$20,000
Money for patient enrolment or completion of research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Honoraria:			
Participating in speaking activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
CME/Course development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Peer reviewer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Consultancy work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Royalties, shares or company holdings in any relevant companies			
Royalties or in-kind benefits from a commercial entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pharmaceutical or Medical Device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Government Agency / Committee at the provincial or federal levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Reimbursement Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Formulary or similar Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
International Non-Governmental Organization (WHO, IUTLD, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Are you related to a provincial or federal government employee or official?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Date: 31-01-2023

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Canadian Thoracic Society
27-30 Concourse Gate, Ottawa, ON, K2E 7V7
info@cts-sct.ca

Name: Avtar Lal Click or tap here to enter text.

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| <input type="checkbox"/> Chest Procedures | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> CRHP | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> CTS Board of Directors | <input type="checkbox"/> Sleep Disordered Breathing |
| <input type="checkbox"/> Education & CPD | <input type="checkbox"/> Tuberculosis & Infectious Disease |
| <input type="checkbox"/> Home Mechanical Ventilation | <input checked="" type="checkbox"/> Other guideline panel (s), working group(s), committee(s) or project(s) (please specify): CTS-CSS Ped OSA guideline panel (Guidelines Methodologist) |
| <input type="checkbox"/> Interstitial Lung Disease | |
| <input type="checkbox"/> Long Term Planning | |

Please complete the sections that are applicable to your role(s) in CTS.

GENERAL DISCLOSURE

(Applicable to all)

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B. Over the twelve months, I have had affiliations (financial or otherwise) with a commercial or other organization that could or has led to a real or perceived conflict of interest (s):

- Pharmaceutical industry
- Medical device/equipment company
- Tobacco or electronic cigarette industry
- Cannabis industry
- Other:

(If you selected this option, fill in the Disclosure Details section below with specifics.)

CONFIDENTIALITY

(Applicable to all)

Check to confirm that you have read and understood what follows.

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DECLARATION OF INTEREST DETAILS (LAST 12 MONTHS) (Applicable to all)

CATEGORY OF COI	Mark 'Yes' or 'No' to indicate whether each listed circumstance applies (over the last 12 months)		
	NO	YES (include source and other relevant details. Any reported amounts will not be disclosed publicly.)	
Research Funding:			
Peer-reviewed grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
University grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Industry-sponsored contracts/grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Money for patient enrolment or completion of research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Honoraria:			
Participating in speaking activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
CME/Course development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Peer reviewer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Consultancy work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Royalties, shares or company holdings in any relevant companies			
Royalties or in-kind benefits from a commercial entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pharmaceutical or Medical Device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Government Agency / Committee at the provincial or federal levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Reimbursement Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Formulary or similar Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
International Non-Governmental Organization (WHO, IUTLD, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Charitable Organization/Not for profit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Are you related to a provincial or federal government employee or official?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other			

Other interests that may be perceived as potential conflicts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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AGREEMENT (Applicable to all)

By checking the box below, I acknowledge having read, understood and agreed to comply with the principles addressed in this document and confirm the accuracy of the conflict of interest information disclosed therein.

Check to confirm and acknowledge your agreement with the above.

Date: October 28, 2025

PLEASE EMAIL YOUR COMPLETED FORM TO THE CTS STAFF PERSON SUPPORTING YOUR COMMITTEE'S ACTIVITIES.

NAME: James Lee

CONFLICT OF INTEREST DISCLOSURE, CONFIDENTIALITY, AUTHORSHIP AND COPYRIGHT

CONFLICT OF INTEREST DEFINITION:

A) Relationships with commercial organizations

Any financial relationship can be a potential conflict when the individual or members of the individual's family benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), gifts, or in-kind compensation or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. There is no set minimum dollar amount for financial relationships to be considered significant; therefore, any amount is considered an incentive to maintain or increase the value of a possible commercial entity.

B) Relationships with other organizations

Real or potential conflicts of interests may also arise when the individual is involved in other organizations such as governmental entities, foundations, and other provincial or national organizations or associations, whether or not that relationship involves a financial benefit for the individual. The individual's relationship with other organizations might cause or appear to cause them to act in a manner at odds with the CTS or against the best interests of the CTS.

C) Other conflicts

Other unforeseen real or potential conflicts of interest may arise and would be dealt with as they occur.

CTS AFFILIATION

Please check the box relating to each committee or clinical assembly of which you are a member:

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Membership & Communications |
| <input type="checkbox"/> CRGC | <input type="checkbox"/> Pediatric Council |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Pulmonary Function Standards |
| <input type="checkbox"/> Chest Procedures | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> CRHP | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> CTS Board of Directors | <input type="checkbox"/> Sleep Disordered Breathing |
| <input type="checkbox"/> Education & CPD | <input type="checkbox"/> Tuberculosis & Infectious Disease |
| <input type="checkbox"/> Home Mechanical Ventilation | <input checked="" type="checkbox"/> Other guideline panel (s), working group(s), committee(s) or project(s) (please specify): Pediatric OSA Guideline |
| <input type="checkbox"/> Interstitial Lung Disease | |
| <input type="checkbox"/> Long Term Planning | |

Please complete the sections that are applicable to your role(s) in CTS.

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- Pharmaceutical industry
- Medical device/equipment company
- Tobacco or electronic cigarette industry
- Cannabis industry
- Other:

(If you selected this option, fill in the Disclosure Details section below with specifics.)

CONFIDENTIALITY

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	NO	YES (include source and other relevant details. Any reported amounts will not be disclosed publicly.)	
Research Funding:			
Peer-reviewed grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
University grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Industry-sponsored contracts/grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Money for patient enrolment or completion of research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Honoraria:			
Participating in speaking activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
CME/Course development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Peer reviewer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Consultancy work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Royalties, shares or company holdings in any relevant companies			
Royalties or in-kind benefits from a commercial entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pharmaceutical or Medical Device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Government Agency / Committee at the provincial or federal levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Reimbursement Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Formulary or similar Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
International Non-Governmental Organization (WHO, IUTLD, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Charitable Organization/Not for profit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Are you related to a provincial or federal government employee or official?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other			
Other interests that may be perceived as potential conflicts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

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Check to confirm and acknowledge your agreement with the above.

Date: 5 March 2024

PLEASE EMAIL YOUR COMPLETED FORM TO THE CTS STAFF PERSON SUPPORTING YOUR COMMITTEE'S ACTIVITIES.

Canadian Thoracic Society
1000 Innovation Drive, Suite 500, Ottawa, ON, K2K 3E7
info@cts-sct.ca

NAME: Joanna MacLean

CONFLICT OF INTEREST DISCLOSURE, CONFIDENTIALITY, AUTHORSHIP AND COPYRIGHT

CONFLICT OF INTEREST DEFINITION:

A) Relationships with commercial organizations

Any financial relationship can be a potential conflict when the individual or members of the individual's family benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), gifts, or in-kind compensation or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. There is no set minimum dollar amount for financial relationships to be considered significant; therefore, any amount is considered an incentive to maintain or increase the value of a possible commercial entity.

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C) Other conflicts

Other unforeseen real or potential conflicts of interest may arise and would be dealt with as they occur.

CTS AFFILIATION

Please check the box relating to each committee or clinical assembly of which you are a member:

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Membership & Communications |
| <input type="checkbox"/> CRGC | <input type="checkbox"/> Pediatric Council |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Pulmonary Function Standards |
| <input type="checkbox"/> Chest Procedures | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> CRHP | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> CTS Board of Directors | <input checked="" type="checkbox"/> Sleep Disordered Breathing |
| <input type="checkbox"/> Education & CPD | <input type="checkbox"/> Tuberculosis & Infectious Disease |
| <input type="checkbox"/> Home Mechanical Ventilation | <input type="checkbox"/> Other guideline panel (s), working group(s), committee(s) or project(s) |
| <input type="checkbox"/> Interstitial Lung Disease | (please specify): |
| <input type="checkbox"/> Long Term Planning | |

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- Cannabis industry
- Other:

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Research Funding:			
Peer-reviewed grants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NFRF Exploration, Tri-council
University grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Industry-sponsored contracts/grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Money for patient enrolment or completion of research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Honoraria:			
Participating in speaking activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
CME/Course development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Peer reviewer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Consultancy work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Palladin Laboratories Inc
Royalties, shares or company holdings in any relevant companies			
Royalties or in-kind benefits from a commercial entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pharmaceutical or Medical Device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Reimbursement Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Formulary or similar Committee	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Check to confirm and acknowledge your agreement with the above.

Date: 10 August 2025

PLEASE EMAIL YOUR COMPLETED FORM TO THE CTS STAFF PERSON SUPPORTING YOUR COMMITTEE'S ACTIVITIES.

Canadian Thoracic Society
1000 Innovation Drive, Suite 500, Ottawa, ON, K2K 3E7
info@cts-sct.ca

NAME: Jenny Shi

CONFLICT OF INTEREST DISCLOSURE, CONFIDENTIALITY, AUTHORSHIP AND COPYRIGHT

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- | | |
|--|---|
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| <input type="checkbox"/> CRGC | <input type="checkbox"/> Pediatric Council |
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| <input type="checkbox"/> Chest Procedures | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> CRHP | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> CTS Board of Directors | <input type="checkbox"/> Sleep Disordered Breathing |
| <input type="checkbox"/> Education & CPD | <input type="checkbox"/> Tuberculosis & Infectious Disease |
| <input type="checkbox"/> Home Mechanical Ventilation | <input checked="" type="checkbox"/> Other guideline panel (s), working group(s), committee(s) or project(s) (please specify): OSA guideline panel |
| <input type="checkbox"/> Interstitial Lung Disease | |
| <input type="checkbox"/> Long Term Planning | |

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University grant monies	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Industry-sponsored contracts/grant monies	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other grant monies	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Money for patient enrolment or completion of research	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Honoraria:			
Participating in speaking activities	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
CME/Course development	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Peer reviewer	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Consultancy work	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Royalties, shares or company holdings in any relevant companies			
Royalties or in-kind benefits from a commercial entity	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pharmaceutical or Medical Device company	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Government Agency / Committee at the provincial or federal levels	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Reimbursement Committee	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Formulary or similar Committee	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
International Non-Governmental Organization (WHO, IUTLD, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Charitable Organization/Not for profit	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Are you related to a provincial or federal government employee or official?	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other			
Other interests that may be perceived as potential conflicts	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

AUTHORSHIP and COPYRIGHT

(Applicable only to assemblies, committees, guideline panels and working groups developing guidelines, position/consensus papers, commentaries or other official publications)

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AGREEMENT (Applicable to all)

By checking the box below, I acknowledge having read, understood and agreed to comply with the principles addressed in this document and confirm the accuracy of the conflict of interest information disclosed therein.

Check to confirm and acknowledge your agreement with the above.

Date: February 5, 2023

PLEASE EMAIL YOUR COMPLETED FORM TO THE CTS STAFF PERSON SUPPORTING YOUR COMMITTEE'S ACTIVITIES.

Canadian Thoracic Society
27-30 Concourse Gate, Ottawa, ON, K2E 7V7
info@cts-sct.ca

NAME: Anne Van Dam

CONFLICT OF INTEREST DISCLOSURE, CONFIDENTIALITY, AUTHORSHIP AND COPYRIGHT

CONFLICT OF INTEREST DEFINITION:

A) Relationships with commercial organizations

Any financial relationship can be a potential conflict when the individual or members of the individual's family benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), gifts, or in-kind compensation or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. There is no set minimum dollar amount for financial relationships to be considered significant; therefore, any amount is considered an incentive to maintain or increase the value of a possible commercial entity.

B) Relationships with other organizations

Real or potential conflicts of interests may also arise when the individual is involved in other organizations such as governmental entities, foundations, and other provincial or national organizations or associations, whether or not that relationship involves a financial benefit for the individual. The individual's relationship with other organizations might cause or appear to cause them to act in a manner at odds with the CTS or against the best interests of the CTS.

C) Other conflicts

Other unforeseen real or potential conflicts of interest may arise and would be dealt with as they occur.

CTS AFFILIATION

Please check the box relating to each committee or clinical assembly of which you are a member:

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Membership & Communications |
| <input type="checkbox"/> CRGC | <input type="checkbox"/> Pediatric Council |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Pulmonary Function Standards |
| <input type="checkbox"/> Chest Procedures | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> CRHP | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> CTS Board of Directors | <input type="checkbox"/> Sleep Disordered Breathing |
| <input type="checkbox"/> Education & CPD | <input type="checkbox"/> Tuberculosis & Infectious Disease |
| <input type="checkbox"/> Home Mechanical Ventilation | <input checked="" type="checkbox"/> Other guideline panel (s), working group(s), committee(s) or project(s) |
| <input type="checkbox"/> Interstitial Lung Disease | (please specify): CTS-CSS Ped OSA |
| <input type="checkbox"/> Long Term Planning | guideline panel |

Please complete the sections that are applicable to your role(s) in CTS.

GENERAL DISCLOSURE

(Applicable to all)

A. Over the past twelve months, I have not had any affiliation (financial or otherwise) with a commercial or other organization that could lead to a real or perceived conflict of interest.

B. Over the twelve months, I have had affiliations (financial or otherwise) with a commercial or other organization that could or has led to a real or perceived conflict of interest (s):

- Pharmaceutical industry
- Medical device/equipment company
- Tobacco or electronic cigarette industry
- Cannabis industry
- Other:

(If you selected this option, fill in the Disclosure Details section below with specifics.)

CONFIDENTIALITY

(Applicable to all)

Check to confirm that you have read and understood what follows.

Through the course of their work, committee and clinical assembly members may have access to confidential information that should not be disclosed outside the committee/assembly. In particular, committee members must not share with anyone outside their committee/assembly any information or documents related to the development of guidelines, position/consensus papers, commentaries, letters to the editor, and research funding applications. Other types of activities and projects may also call for confidentiality, categorized as such by the chair.

If you are not sure how this confidentiality statement applies to your particular committee or assembly, contact the committee/assembly chair for clarification prior to disclosing any information.

All confidential documents and correspondence should be stored and transmitted in a secure manner. Any breach of confidentiality should be reported to the relevant committee or assembly chair and the CTS Executive Committee.

DECLARATION OF INTEREST DETAILS (LAST 12 MONTHS) (Applicable to all)

CATEGORY OF COI	Mark 'Yes' or 'No' to indicate whether each listed circumstance applies (over the last 12 months)		
	NO	YES (include source and other relevant details. Any reported amounts will not be disclosed publicly.)	
Research Funding:			
Peer-reviewed grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
University grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Industry-sponsored contracts/grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Money for patient enrolment or completion of research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Honoraria:			
Participating in speaking activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
CME/Course development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Peer reviewer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Consultancy work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Royalties, shares or company holdings in any relevant companies			
Royalties or in-kind benefits from a commercial entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pharmaceutical or Medical Device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Government Agency / Committee at the provincial or federal levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Reimbursement Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Formulary or similar Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
International Non-Governmental Organization (WHO, IUTLD, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Charitable Organization/Not for profit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member of Canadian Sleep Society
Are you related to a provincial or federal government employee or official?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other			
Other interests that may be perceived as potential conflicts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

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AGREEMENT (Applicable to all)

By checking the box below, I acknowledge having read, understood and agreed to comply with the principles addressed in this document and confirm the accuracy of the conflict of interest information disclosed therein.

Check to confirm and acknowledge your agreement with the above.

Date: October 28, 2025

PLEASE EMAIL YOUR COMPLETED FORM TO THE CTS STAFF PERSON SUPPORTING YOUR COMMITTEE'S ACTIVITIES.

Canadian Thoracic Society
1000 Innovation Drive, Suite 500, Ottawa, ON, K2K 3E7
info@cts-sct.ca

NAME: Mitchell Zelman

CONFLICT OF INTEREST DISCLOSURE, CONFIDENTIALITY, AUTHORSHIP AND COPYRIGHT

CONFLICT OF INTEREST DEFINITION:

A) Relationships with commercial organizations

Any financial relationship can be a potential conflict when the individual or members of the individual's family benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), gifts, or in-kind compensation or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. There is no set minimum dollar amount for financial relationships to be considered significant; therefore, any amount is considered an incentive to maintain or increase the value of a possible commercial entity.

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|--|--|
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| <input type="checkbox"/> CRHP | <input type="checkbox"/> Research Committee |
| <input type="checkbox"/> CTS Board of Directors | <input type="checkbox"/> Sleep Disordered Breathing |
| <input type="checkbox"/> Education & CPD | <input type="checkbox"/> Tuberculosis & Infectious Disease |
| <input type="checkbox"/> Home Mechanical Ventilation | <input type="checkbox"/> Other guideline panel (s), working group(s), committee(s) or project(s) |
| <input type="checkbox"/> Interstitial Lung Disease | (please specify): Canadian Paediatrics Society Resp Section |
| <input type="checkbox"/> Long Term Planning | |

Please complete the sections that are applicable to your role(s) in CTS.

GENERAL DISCLOSURE

(Applicable to all)

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B. Over the twelve months, I have had affiliations (financial or otherwise) with a commercial or other organization that could or has led to a real or perceived conflict of interest (s):

- Pharmaceutical industry
- Medical device/equipment company
- Tobacco or electronic cigarette industry
- Cannabis industry
- Other:

(If you selected this option, fill in the Disclosure Details section below with specifics.)

CONFIDENTIALITY

(Applicable to all)

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Peer-reviewed grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
University grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Industry-sponsored contracts/grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other grant monies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Money for patient enrolment or completion of research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Honoraria:			
Participating in speaking activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
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Peer reviewer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Consultancy work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Royalties, shares or company holdings in any relevant companies			
Royalties or in-kind benefits from a commercial entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shareholder (or stock option holder) of a pharmaceutical or medical device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
I am a volunteer/member/advisor/consultant/employee of a:			
Industry Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pharmaceutical or Medical Device company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Government Agency / Committee at the provincial or federal levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Reimbursement Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Pricing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Drug Approval Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Formulary or similar Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
International Non-Governmental Organization (WHO, IUTLD, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Charitable Organization/Not for profit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Child Development Center, Nanaimo BC
Are you related to a provincial or federal government employee or official?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	My son works for Fisheries and Oceans Canada as a Marine Biologist
Other			
Other interests that may be perceived as potential conflicts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

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Date: Feb 24, 2022

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Canadian Thoracic Society
27-30 Concourse Gate, Ottawa, ON, K2E 7V7
info@cts-sct.ca