

**American Society for Radiation Oncology  
Disclosure and Acknowledgements Statement**

Please make any and all disclosures and acknowledgements as required below. Note that the interests of your spouse and any dependent family members must be disclosed as well. By submitting this form, you are attesting that, except as listed in the appropriate space below, you individually (and on behalf of your family members as described above) have no other interests, positions, employment arrangements or any other relationships to disclose. In particular, this form seeks information regarding relationships with “commercial interests,” along with information about your employment, and relationships with entities related to research, treatment, practice or education in the healthcare sector. For purposes of this disclosure form, a “commercial interest” is any entity developing, producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. The time period covered by this form includes interests, positions, arrangements or relationships that are currently in place or that have been in place up to one year prior to the date of submission of the form. If changes occur during the course of your service, it is necessary to update this form within 30 days.

*Hints:*

*\* Indicates a required field.*

*If a disclosure category does not apply to your status, please check the "None" box.*

**Disclosure 01 - Employment Relationships**

Please list all employer(s) for you, your spouse or any dependent family members related to ASTRO, to any commercial interest, or to research, treatment, practice or education in the healthcare sector. This is intended to include faculty positions and employment positions in community or hospital-based practice, as well as contract services for radiation oncology practices or other specialty owned practices. (If you, your spouse or any dependent family member are employed in a job that relates to the healthcare sector, it should be disclosed here. We assume a majority of volunteers would be providing information on this question.)

First Employment Relationship

Second Employment Relationship

None

None

\*Disclosure applies to:

\*Disclosure applies to:

Self                      Family Member

Self                      Family Member

\*Entity Name:

\*Entity Name:

\*Title:

\*Title:

\*Relationship with Entity:

\*Relationship with Entity:

If Other, Description:

If Other, Description:

\*Does the Relationship Still Exist?

\*Does the Relationship Still Exist?

Yes                      No

Yes                      No    If no

If no, when did it end? Month/year

If no, when did it end? Month/year

**Disclosure 02 - Compensation/Remuneration/Funding**

Please list all sources of remuneration, for yourself, your spouse or any dependent family member(s), either monetary or in-kind (other than employment listed above) from any entity related to ASTRO, to any commercial interest as defined above, or to research, treatment, practice or education in the healthcare sector.

First Funding Source

Second Funding Source

None

None

\*Disclosure applies to:

\*Disclosure applies to:

Self                      Family Member

Self                      Family Member

\*Entity Name:

\*Entity Name:

Description of Entity:

Description of Entity:

Relationship with Entity: (Choose all that apply)

Relationship with Entity: (Choose all that apply)

If Other, Description:

If Other, Description:

\*Does the Relationship Still Exist?

\*Does the Relationship Still Exist?

Yes                      If n No

Yes                      No No

If no,when did it end? Month/year

If no, when did it end? Month/year

**Disclosure 03 - Ownerships or Investment Interests**

Please list all entities in which you, your spouse, or any dependent family member(s) have any financial, ownership or investment interest(s), including stock, stock options, partnership interests, limited liability company interests, patents, licenses, royalties or any other type of ownership interest in an entity related to ASTRO, to any commercial interest as defined above, or to research, treatment, practice or education in the healthcare sector. (Except mutual funds, retirement accounts or trusts in which you, your spouse or dependent family member cannot control the investment decisions.)

First Financial Relationship

Second Financial Relationship

None

None

\*Disclosure applies to:

\*Disclosure applies to:

Self                      Family Member

Self                      Family Member

\*Entity Name:

\*Entity Name:

Relationship with Entity: (Choose all that apply)

Relationship with Entity: (Choose all that apply)

If Other, Description:

If Other, Description:

\*Does the Relationship Still Exist?

\*Does the Relationship Still Exist?

Yes                      No

Yes                      No

If no, when did it end?

If no, when did it end?

**Disclosure 04 - Leadership Positions and other Advisory Positions**

Please list all medical, professional or scientific entities, or any commercial interests as defined above, in which you, your spouse or your dependent family member(s) serve(s) as officer, trustee, board member, committee chairman or vice-chairman, other position of leadership, or in any type of advisory position not already listed above. Both compensated and uncompensated arrangements should be reported here.

First Leadership Position

Second Leadership Position

None

None

\*Disclosure applies to:

\*Disclosure applies to:

Self                      Family Member

Self                      Family Member

\*Entity Name:

\*Entity Name:

Description of Entity:

Description of Entity:

\*Title:

\*Title:

Description of Role:

Description of Role:

\*Does the Relationship Still Exist?

\*Does the Relationship Still Exist?

Yes                      No

Yes                      No

If no, when did it end?

If no, when did it end?

## ACKNOWLEDGEMENTS

### **Confidentiality \***

I know that I may, at times, have access to information that is confidential in nature, such as nonpublic information of interest to an investing, licensing or commercial interest, or a research study that has not been published. Similarly, many discussions by committees or the Board are of a sensitive nature and must be handled on a confidential basis. All confidential ASTRO documents or information must be maintained as confidential and cannot be copied, transmitted or otherwise distributed, orally, electronically or in writing.

I will maintain the confidentiality of information I obtain by virtue of my relationship with ASTRO.

### **Conduct \***

I understand that at all times when I am interacting with ASTRO personnel or representing ASTRO, even as a volunteer, I am expected to abide by the Society's standards and policies for maintaining a positive and respectful work environment. I will ensure that my conduct complies with all applicable standards of conduct so as to reflect positively on ASTRO and meet my fiduciary obligation to act in ASTRO's best interests.

### **Duty of Loyalty \***

When serving in a fiduciary role on behalf of ASTRO, I will place ASTRO's interest ahead of any personal or other interests.

### **Intellectual Property \***

I assign copyright to ASTRO in the work I produce as an ASTRO volunteer. This assignment is not applicable to the material I submit or present solely in my role as a panelist, moderator, speaker or faculty member.

### **Reporting and Updating \***

I hereby agree to promptly report to ASTRO any additional matters, within the scope of this Statement, which may develop or come to my attention between now and each annual update of the Statement.

### **Review of Statement \***

I grant permission for ASTRO to provide for review of my Disclosure Statement and disclosure of its contents in accordance with its conflicts of interest review procedures.

**\*Name:**

**\*Date:**