

Please make all disclosures and acknowledgments as required below. List health care relationships (compensated and uncompensated) as specified in the instructions. By submitting this form, you are attesting that you do not have any other interests, positions, employment arrangements or relationships to disclose.

**Who is covered by the policy?** Please disclose your own relationships.

**What is covered by the policy?** Please disclose primary and other employment as well as any other relationships in the health care sector, especially those involving Commercial Interests (also known as ineligible companies). Any commercial (as opposed to volunteer) relationship with ASTRO should also be disclosed.

For purposes of this form, a Commercial Interest is “involvement with any entity developing, producing, marketing, re-selling, or distributing health care related goods, services, or information consumed by or used on patients”. Relationship means “any employment, consulting, research, funding, leadership, ownership, stock, or any other way in which an individual may have an association with or interest in an entity.” Individuals must disclose Relationships regardless of their view of the relevance of the relationship to their role with ASTRO.

**Time period:** The time period covered by this form includes any current relationships, as well as any that have been in place currently or within the past two years prior to the date of submission of the form.

**Duty to update:** If any changes occur during your service with ASTRO, you must update this form within 30 days.

**Definitions:** Please see the [disclosure category definitions page](#) for additional details about the terms used or feel free to contact ASTRO at [AnnualMeeting@astro.org](mailto:AnnualMeeting@astro.org).

Hints:

\* Indicates a required field.

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

## Disclosure 01 - Employment Relationships

List for yourself any current employer and any employer during the last two years. This includes faculty positions and employment in community or hospital-based practices, contract services for radiation oncology or other specialty-owned practices, and any other types of employment relationships. If your work status is unemployed or retired, please enter this information here, with applicable dates.

### First Employment Relationship

None

\*Entity Name:

\*Title:

\*Relationship with Entity:

If Other, Description:

### Second Employment Relationship

None

\*Entity Name:

\*Title:

\*Relationship with Entity:

If Other, Description:

\*Does the Relationship Still Exist?

Yes                      No

If no, when did it end? Date/Month/Year

\*Does the Relationship Still Exist?

Yes                      No

If no, when did it end? Date/Month/Year

**Disclosure 02 - Consulting or Advisory Board, Speaker, Faculty, Research, Honoraria**

List for yourself all advisory board, consulting, honoraria, education or faculty, speaker’s bureau, or research roles, including relationships compensated by monetary, travel expenses or in-kind support as well as uncompensated relationships in these categories, with any entity related to ASTRO, any commercial interest, or any entity in research, treatment, practice or education in the healthcare sector, within the past two years.

**First Relationship**

None

\*Entity Name:

\*Description of Entity:

**Relationship Type: (Choose all that apply)**

**Second Relationship**

None

\*Entity Name:

\*Description of Entity:

**Relationship Type: (Choose all that apply)**

If Other, Description:

If Research:

Who receives the funding:

Salary support in whole or part? Yes      No

Description of role:

If Other, Description:

Description of Topic:

If Other, Description:

If Research:

Who receives the funding:

Salary support in whole or part? Yes      No

Description of role:

If Other, Description:

Description of Topic:

**Method of Remuneration:**

Grant/Research Funding

Honoraria

Travel Expenses

Salary Support

Compensation/Payment

Uncompensated

Other

If Other, Description:

In-kind Donations

If In-kind, Description:

\*Description of role and topic:

Provide dates of involvement from approximate start date to end date or 'to present' is ongoing (required):

Start Date:

End Date:

**Method of Remuneration:**

Grant/Research Funding

Honoraria

Travel Expenses

Salary Support

Compensation/Payment

Uncompensated

Other

If Other, Description:

In-kind Donations

If In-kind, Description:

\*Description of role and topic:

Provide dates of involvement from approximate start date to end date or 'to present' is ongoing (required):

Start Date:

End Date:

**Disclosure 03 - Ownerships or Investment Interests**

Please list all entities in which you 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 health care sector. (Except mutual funds, retirement accounts or trusts in which you cannot control the investment decisions.)

**First Financial Relationship**

None

\*Entity Name:

\*Relationship with Entity: (Choose all that apply)

**Second Financial Relationship**

None

\*Entity Name:

\*Relationship with Entity: (Choose all that apply)

If Other, Description:

If Other, Description:

\*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? Date/Month/Year

If no, when did it end? Date/Month/Year

**Disclosure 04 - Leadership Positions and other Advisory Positions (Compensated or Uncompensated)**

Please list all medical, professional or scientific entities, or any commercial interests as defined above, in which you serve 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. If compensated for this role, please indicate this in the description.

**First Leadership Position**

**Second Leadership Position**

None

None

\*Entity Name:

\*Entity Name:

\*Description of Entity:

\*Description of Entity:

\*Do you receive compensation:

\*Do you receive compensation:

Yes                      No

Yes                      No

\*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? Date/Month/Year

If no, when did it end? Date/Month/Year

**ACKNOWLEDGEMENTS**

**\* Reporting and Updating**

I agree to promptly report any new or additional matters to ASTRO.

**\* Review of Statement**

I grant ASTRO permission to review my Disclosure Statement and disclose its contents in accordance with its Conflict-of-Interest review procedures.

\*Name:

\*Date: