



Minnesota Drug Utilization Review Board Meeting

Public Comment Disclosure Form

Name _____

Affiliation _____

(You may stop here if a pharmaceutical manufacturer employs you.)

Has any pharmaceutical manufacturer offered you any financial or other incentives to provide comments (for example, money, free dinner, free samples in the clinic, patient referrals or gifts)?

Have you ever been a paid speaker for any pharmaceutical manufacturer? Which manufacturer? What topics?

Do you own stock or have a financial interest in any pharmaceutical manufacturer? Which manufacturer?

Disclose the research funding, other funding, or payments made to you, or the organization you are representing, directly or indirectly by pharmaceutical manufacturers during the past 5 years. If you are unable or unwilling to provide this information but still wish to provide public comments, please note that below. The committee will still permit you to provide comments with the incomplete disclosure form.

By signing this form, I hereby attest that the answers given above are true, correct, complete, and not intended to mislead.

Signature

Date
