

# POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM

## Allergy and Immunology Practice Parameters

Name: Ira Finegold MD

Role in Practice Parameter Development:

Task Force Member

Work Group Chair

Work Group Member. Workgroup: Rhinitis

Other: \_\_\_\_\_

Date Completed: March 27, 2017

### A. EMPLOYMENT

My employer is: Self

My job title is: CEO

If this employer is defined as a commercial interest ("any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients"), please attach a brief description of job responsibilities.

**B. COMPETING RELATIONSHIPS (financial, research, and/or legal):**

In the previous calendar year I, or a member of my household or immediate family, have no competing relationships (if this box is checked please skip to "D")

The following are competing relationships in the previous 12 months from which I, or a member of my household or immediate family, received less than \$5,000 in salary support, income, or other assets:

Competing Relationship	Stocks	Consultant	Advisory Board	Speaker	Honorarium/Gift	Research Grant	Other

I, or a member of my household or immediate family, have 1 or more competing relationships from which I received \$5,000 or more in salary support, income, or other assets (if this box is checked please go to "C"; if not, then skip to "D")

**C. COMPETING RELATIONSHIPS totaling \$5,000 or more**

Please also include any other interests of mine or a member of my immediate family or household that would be judged by a majority of my peers to be more than casual and/or likely to impact my ability to exercise independent judgment.

Please place a checkmark in the "Ongoing" column, if this relationship is still in effect at the time of this disclosure.

**1. \$5,000 - \$25,000**

Name of Organization / topic of Testimony or Consultation	Nature of Relationship	Ongoing? Yes/No

**2. >\$25,000 but less than \$100,000**

Name of Organization / topic of Testimony or Consultation	Nature of Relationship	Ongoing? Yes/No

**3. \$100,000 or more**

Name of Organization / topic of Testimony or Consultation	Nature of Relationship	Ongoing? Yes/No

**D. ORGANIZATIONAL INTERESTS**

I have disclosed below information about volunteer positions I have held during the **previous 12 months** with organizations that may create or be perceived as a conflict of interest. Please note, any personal financial gain from these relationships should be disclosed in section B, "Financial Interests".

**Please place a checkmark in the "Ongoing" column, if this relationship is still in effect at the time of this disclosure.**

Name of Organization	Nature of Relationship	Ongoing? Yes/No
None		

I have no such organizational interests to disclose.

I refuse to disclose.

**E. COMPETING INTERESTS MOST LIKELY TO REPRESENT REAL OR PERCEIVED CONFLICT**

I feel that the following are most likely to constitute a real or perceived conflict of interest:


**F. CONFLICT RESOLUTION**

I have taken the following steps to limit bias from my potential conflicts as disclosed above (please attach additional page if necessary).


I have no conflicts to resolve.       I refuse to disclose.

I hereby acknowledge that I occupy a position of trust and that I am expected to act at all times in good faith, and to act in such a manner as to avoid even the appearance of using my position to advance, in a way inconsistent with the purposes and interests of the Joint Task Force for Allergy and Immunology Practice Parameters, any private interest of mine or of any individual or entity with whom I have a significant relationship.

I certify that the statements I have made above are true, complete, and correct to the best of my knowledge and belief, and agree to report to the Joint Task Force for Allergy Immunology Practice Parameters any interests or relationships which may subsequently develop or dissolve that would alter these statements in any substantive way.

Signature:       Date: March 27, 2017