

## **Joint Task Force on Practice Parameters Conflict of Interest Policy**

In order to preserve the integrity of Allergy and Immunology Practice Parameter documents, the Joint Task Force on Practice Parameters (JTFPP) requires all individuals involved with the development of a practice parameter to complete a COI Form. Disclosure of potential COI should reflect all current commercial, non-commercial, intellectual, institutional, and patient/public activities.

Disclosure by **JTFPP Members** must be made in writing prior to the commencement of their service to the JTF and must be updated whenever circumstances require or once per calendar year, whichever is sooner.

Disclosure by a Parameter **Work Group Chair** candidate must be made in writing prior to forming the Parameter **Work Group** and must be updated whenever circumstances require or once per calendar year, whichever is sooner.

Disclosure by a Parameter **Work Group Member** candidate must be made in writing prior to forming the Parameter **Work Group** and must be updated whenever circumstances require or once per calendar year, whichever is sooner.

Examples of **potential conflicts of interest** that should be disclosed include, but are not limited to, remuneration received by the individual for any activities performed (such as grants, clinical trials, honoraria, legal or medical consulting fees, etc.), research funding sources, investments, gifts, and organizational affiliations. If the individual's employer fits the definition of a **commercial interest\***, the individual should describe the scope of his or her work responsibilities (such as administration of specific programs or the topic of research activities). If the individual's employer receives remuneration from a commercial interest for the individual's activities, this relationship should also be disclosed.

All information disclosed will be reviewed to identify potential conflicts of interest and to guide the resolution of those conflicts. Reviewing the disclosures of JTFPP members will be the responsibility of the sponsoring organization that nominated the JTFPP member (i.e. the ACAAI and the AAAAI). The JTF will review the disclosures of potential Work Group Chairs and Work Group Members.

**Financial information obtained from this disclosure form is confidential and will only be used by the JTFPP and its sponsoring societies for the purpose of determining potential conflicts of interest.**

Examples of **potential conflicts of interest** include:

1. Financial relationship with a commercial interest (e.g. received salary, income, gifts, or other assets for performing clinical trials, speaking, and consulting/advising)
2. Financial relationship with MedEd Company.
3. Financial relationship with any organization that provides commercial support to the ACAAI or the AAAAI.
4. Research funding sources (e.g. grants from NIH, Pharma-sponsored investigator initiated research, or other sources of research support).
5. Organizational affiliations, including both volunteer and paid positions held with organizations that may create or be perceived as a conflict of interest.

\*A **commercial interest** is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

# POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM

## Joint Task Force on Practice Parameters

Name: Marcus S Shaker, MD, MSc, FAAAAI, FACAAI, FAAP

Role in Practice Parameter Development:

**Task Force Member**

**Work Group Chair**

**Work Group Member. Workgroup: Anaphylaxis, Peanut Diagnostics Parameter**

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

Date Completed: 9/21/19

### A. EMPLOYMENT

My employer is: Dartmouth-Hitchcock Medical Center

My job title is: Staff physician

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

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:

<b>My brother is CEO of Altrix Medical</b>

**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 on 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 on Practice Parameters any interests or relationships which may subsequently develop or dissolve that would alter these statements in any substantive way.

Signature:

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Date: 9/16/19