

Canadian Task Force on Preventive Health Care

Disclosure Form

Preamble:

The Canadian Task Force on Preventive Health Care (CTFPHC) Disclosure Form will be completed by CTFPHC members prior to each in-person meeting to provide information on financial, business/professional, and intellectual potential conflicts of interest related to the topics addressed. CTFPHC members are expected to provide full disclosure for new topics, and an updated disclosure, reflecting changes in their situation since the form was last completed, for continuing topics. The CTFPHC Disclosure Form will also be completed by new CTFPHC members prior to their participation. Completed Disclosure Forms will be kept on file by the Project Lead and posted on the CTFPHC website.

Name:

KEVIN POTTIE

I have reviewed my current activities and those of recent years for potential conflict of interest that would impair the scientific integrity of the work of the Canadian Task Force on Preventive Health Care, including financial (to include clinical practice that would benefit from CTFPHC topics under development, eg. diagnostic radiologists and breast cancer screening), intellectual, affiliations or memberships in Associations, research funding, payments, gifts, gratuities, honoraria, advocacy, consulting or other conflicts.

I would like to bring the following to the attention of other members of the Canadian Task Force on Preventive Health Care (check appropriate box and provide details below):

| Guideline | Financial | Intellectual | Affiliations/ memberships | Research Funding | Payments/gifts | Advocacy | Consulting | Others |
|---|-----------|--------------|------------------------------|---------------------|----------------|----------|------------|--------|
| Glaucoma and Impaired Visual Acuity in Older Adults | | | | | | | | |
| Esophageal Cancer Screening | | | | | | | | |
| Antenatal Screening for Fetal Neural Tube Defects and Down syndrome | | | | | | | | |

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|---|--|--|--|--|--|--|--|--|
| Antenatal Screening for Bacteriuria to Prevent Pyelonephritis | | | | | | | | |
| Breast Cancer Screening | | | | | | | | |
| Lung Cancer | | | | | | | | |
| Thyroid Dysfunction | | | | | | | | |
| Hep C | | | | | | | | |
| Developmental Delay | | | | | | | | |
| Colorectal Cancer | | | | | | | | |
| Tobacco | | | | | | | | |
| AAA | | | | | | | | |
| Periodic Health Examination | | | | | | | | |
| Cognitive Impairment | | | | | | | | |

Details:

NO CONFLICT OR DISCLOSURES.

I hereby certify that I am not in a position of real, potential or apparent conflict of interest except as disclosed above.

I undertake to inform the Chair and the Project Lead of any changes in circumstances that may place me in a position of real, potential or apparent conflict of interest.

Signature

Date

JAN 12 2016