



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: Heather Colquhoun

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, particularly as they relate to the attached *Affiliations and Interests Checklist*, including financial and/or intellectual affiliations or memberships in associations, research funding, payments, gifts, gratuities, honoraria, advocacy, consulting or other conflicts.

I have also considered the activities of my spouse/common-law partner and immediate family members in so far as they could be viewed to affect my impartiality.

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
Cervical Cancer								
Chlamydia & Gonorrhea								
CVD bundle								
Depression - Adult								
Depression- Adolescent / Children,								
Depression – Peri-natal								
Fragility Fractures (Osteoporosis)								
Falls Prevention								
Hypertension Update								
Lung Cancer								
Opioids								
Polypharmacy (Potentially Inappropriate Prescribing)								
Prostate Cancer								
Tobacco – Adults								



Details:

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 8 2021

Affiliations and Interests Checklist

In reviewing your activities (and those of your spouse/common-law partner and immediate family members), to determine whether they affect your impartiality or create a real, potential or apparent conflict of interest, among other things, consider the following:

- Investments in a business enterprise (other than mutual funds or Registered Retirement Savings Plans that are not self-directed);
- Participation as investigator in clinical trials of relevance to the CTFPHC's mandate;
- Previous, present and potential Contracts, Grants and/or Contributions;
- Pending negotiations regarding potential contracts;
- Honoraria and other sources of personal income;
- Advice to or close association with international organizations;
- Gifts and hospitality of significant value;
- Travel sponsorship;
- Promotion of a product(s) of relevance to the CTFPHC's mandate;
- Publications;
- Public statements;
- Lobbying activities;
- Membership in associations or special interest groups;
- Expert testimonies in court;



- Access to confidential information; and
- Any interest or activity that may create a reasonable apprehension of bias.