

PHARMACY & THERAPEUTICS COMMITTEE DISCLOSURE FORM

Please type or print

| | |
|---|-------------------|
| NAME (PLEASE PRINT: LAST NAME, FIRST NAME, INITIAL) | |
| SPECIALTY | WORK PHONE NUMBER |
| WORK ADDRESS | WORK FAX NUMBER |

Our Kaiser Permanente Georgia formulary policy and process are healthcare provider-driven and allow significant discretion in the choice of a drug for a given situation. Any person with the authority to direct or influence the use of Kaiser Permanente assets must disclose, in writing, any potential or actual conflicts of interest. A disclosure of a potential conflict does not necessarily mean that there is a real conflict, but the propriety of a situation may depend on whether the facts are fully disclosed. Because you recommend formulary status of drugs to the P&T Committee, please complete the following information.

I: Outside positions

Report any positions, whether or not compensated, held outside of Kaiser Permanente. Positions include (but are not limited to) an employee, officer, director, trustee, general partner, proprietor, representative, speaker fees, or consultant for a business. Exclude positions with religious, social, fraternal, or political entities or those solely of an honorary nature.

| Organization | Type of Organization | Position | (X) If no longer held |
|--------------|----------------------|----------|-----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

II: Gifts and Travel Reimbursements

Report for you and your spouse, gifts, meals, entertainment, or honoraria greater than \$100 per event, or travel reimbursement from a customer, supplier or competitor, within the past year.

| Source | Description (For travel-related items, include itinerary) | Date |
|--------|---|------|
| 1. | | |
| 2. | | |
| 3. | | |

III: Research

Report any pharmaceutical companies with whom you are a consultant or have current or past research projects, within the past year exceeding \$50,000 per year.

Report if you conduct/participate in research that is sponsored by a vendor/pharmaceutical company or service

| Pharmaceutical Company |
|------------------------|
| 1. |
| 2. |

IV: Financial

Report any direct ownership of stocks, bonds or other financial interest in a pharmaceutical company exceeding \$10 000.

| Pharmaceutical Company |
|------------------------|
| 1. |
| 2. |

I certify that the above statements are true, complete, and correct, to the best of my knowledge.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

Revised 8/10/2021