

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant Fred Wells Brason II

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state “no conflicts”, sign and return the form.

Adaptpharma	Scientific Advisory Board	Done
Kempharm	Charitable Donation Project Lazarus	
Purdue Pharma	Contract for services North Carolina Medication Disposal Initiative	
Zongenix	Charitable Contribution Project Lazarus	Done
Kaléo	Charitable Contribution Project Lazarus	Done
Kaléo	Scientific Advisory Board	Done

Signature 

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant__Chester Buckenmaier III. MD_____

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state “no conflicts”, sign and return the form.

No Conflicts

Signature_____

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

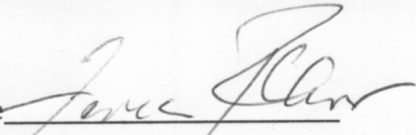
Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant Teresa Carr

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state "no conflicts", sign and return the form.

No conflicts

Signature 

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant ___ Myra J. Christopher _____

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state “no conflicts”, sign and return the form.

I have no personal conflicts of interest to disclose. I do currently hold a chair that was initiated by a grant from Purdue Pharma.

The Center for Practical Bioethics is a nonprofit, free-standing and independent organization nationally recognized for its work in practical bioethics. Its work is supported by individual and organizational members, income from consultation work and contracts in communities across the country, and by grants from a number of local and national foundations and corporations. Grants and contributions come from a wide variety of donors, including pharmaceutical companies.



Signature _____

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant Penney Cowan

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state “no conflicts”, sign and return the form.

Signature 

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant Patrice A. Harris, MD, MA

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state "no conflicts", sign and return the form.

No Conflicts

Signature 

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant ___ Carol Havens MD _____

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state “no conflicts”, sign and return the form.

No conflicts

Signature ___ Carol Havens MD, (electronic signature) _____

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant Maria Lowe

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state “no conflicts”, sign and return the form.

I am an employee of and have stock options in PatientsLikeMe

Signature Maria M Lowe

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant Paul A. Moore

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state "no conflicts", sign and return the form.

No Conflicts

Signature Paul A. Moore

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant Lisa Robin

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state "no conflicts", sign and return the form.

no conflicts

Signature Lisa Robin

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant Greg Terman MD PhD

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state "no conflicts", sign and return the form.

NO conflicts



Signature _____

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant Robert Twillman, Ph.D.

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state “no conflicts”, sign and return the form.

My personal conflicts are the following:

Janssen Pharmaceuticals—consultant and speaker for non-branded educational program in 2014

Adapt Pharmaceuticals—consultant and speaker in 2015

Millennium Health—consultant in 2016 and 2017

Signature _____

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting

FDA Public Workshop

Training for Opioid Analgesic Prescribers – Exploring the Path Forward

May 9 and 10, 2017

Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the Training for Opioid Analgesic Prescriber Public Workshop on May 9 and 10 in Silver Spring, MD. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant Greg Williams

Please list any financial arrangement or affiliation or other beneficial interest in the past 3 years with any products or firms relevant to the discussion relating to the use of opioid analgesic drug products. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on speakers bureau or receiving funding, grants, or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state "no conflicts", sign and return the form.

No Conflicts

Signature 

Please email the form to Mary Gross (mary.gross@fda.hhs.gov) by cob today, May 8 or bring the completed forms to the meeting tomorrow. Speakers and panelists, we also ask that you verbally disclose any conflicts as part of your presentation or panel discussion at the meeting