



**Case Submission Form  
Mayo Clinic Thoracic Pathology Workshop  
September 6-7, 2019**

**Deadline for receipt of abstracts: June 30, 2019**

**Case Submission Instructions:**

1. Complete Submission Form Below
2. Download and Complete PowerPoint Template (download link below):  
<https://ce.mayo.edu/sites/ce.mayo.edu/files/Case%20Submission%20Template.pptx>  
PowerPoint Template format:
  - a. Title Slide: Include Name, Institution, and Workshop Number
  - b. Short Clinical History:
  - c. Radiographic Images: Image type: jpeg, png, gif, Image size: 300-600 KB each.
  - d. Pathology Images: Recommended 4-8 slides
  - e. Final Diagnosis
3. Complete the following CME Required Forms:
  - a. Faculty and Provider Disclosure Form
  - b. Biography Form
4. Send completed Forms and PowerPoint presentations as email attachments to Valerie Fernandez at [flacmeabstracts@mayo.edu](mailto:flacmeabstracts@mayo.edu)  
Submission Email should include:
  - a. PowerPoint Presentation
  - b. Case Submission Form
  - c. Faculty Provider and Disclosure Form
  - d. Biography Form
5. Send a Glass Pathology Slide by Mail. Slide will be returned to submitter at the course.  
Mail to: Andras Khor, M.D., Ph.D.  
ATTN: Pulmonary Pathology Workshop  
4500 San Pablo Rd, Jacksonville, FL 32224  
**\*Include tracking number in Submission Form.**
6. The deadline for submission of abstracts is **June 30, 2019.**

Please **type** the following information. Duplicate this form for multiple case submissions.

Name \_\_\_\_\_ Workshop # \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

This email address will be used for acceptance notification.

Slide Mailing Tracking Number \_\_\_\_\_



**Faculty and Provider Disclosure & Copyright**  
**Mayo Clinic Continuing Professional Education**

Form content not retained in medical record.  
**For local storage only.**

**Important:** Per the Accreditation Council for Continuing Medical Education (ACCME), persons who fail to complete this form are not eligible to be involved.

Name (First, Middle, Last)	Activity Date (mm-dd-yyyy)
Activity Title	
Presentation Title(s)/Topic(s)	

**Disclosure of Relevant Financial Relationships**

Disclose only where the relationship is associated with the content of the activity. List the names of proprietary entities producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on patients. With the exemption of non-profit or government organizations, and with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months.

With respect to this CE activity (check one):

- No, I (nor my spouse/partner) do not have a relevant financial relationship.
- Yes, I (and/or my spouse/partner) do have a relevant financial relationship. Describe below:

Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)
<input type="checkbox"/> Consultant	
<input type="checkbox"/> Speaker's Bureau	
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	
<input type="checkbox"/> Stock Shareholder (self-managed)	
<input type="checkbox"/> Honoraria	
<input type="checkbox"/> Full-time/Part-time Employee	
<input type="checkbox"/> Other (describe):	

**Disclosure of Off-Label and/or Investigational Uses**

If, at any time, during my education activity, I discuss an off-label/investigative (unapproved) use of a commercial product/device, I understand that I must provide disclosure of that intent.

- No, I do not intend to discuss an off-label/investigative use of a commercial product/device.
- Yes, I do intend to discuss off-label/investigative uses(s) of the following commercial product(s)/ device(s):

Manufacturer(s)/Provider(s)	Product(s)/Device(s)
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# Faculty and Provider Disclosure & Copyright (continued)

## Presentation(s) Content: Faculty Responsibility

- The Presenter/Faculty acknowledges that they are responsible for obtaining all necessary copyright permission(s) for any third party materials incorporated into their presentation. Upon request Presenter agrees to furnish copies of said permission(s) to the Mayo Clinic CE provider. The Presenter is responsible for all fees, royalties, and other charges for the use of such materials. The Presenter, if not a Mayo Clinic employee, shall indemnify Mayo Clinic for all damages, costs and expenses, including attorneys' fees, incurred by Mayo Clinic as a result of a violation of this paragraph.
- CE must give a balanced view of therapeutic options. Use of generic drug names contributes to impartiality. If your CE educational material or content includes trade names; the trade names from several companies should be used where available, not just trade names from a single company.

I have read the statements regarding Presentation(s) Content: Faculty Responsibility.

I attest that the information is accurate. Accept this as my signature.

Name (First, Middle, Last)	Date (mm-dd-yyyy)
Return form to	

## Commercial Interest

The ACCME defines a "commercial interest" as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

## Financial Relationship

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse/partner.

## Relevant Financial Relationship

ACCME focuses on financial relationships with commercial interests in the 12 month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "'relevant' financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. After you submit the completed disclosure form, it is your responsibility to inform Mayo Clinic School of CPD if the status of your financial relationship changes prior to your presentation.

## Off-Label Use and/or Investigational Uses - FDA Statement

Some drugs or medical devices demonstrated have not been cleared by the FDA or have been cleared by the FDA for specific purposes only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical devices he or she wishes to use in clinical practice.

"Off-label" uses of a drug or medical device may be described in CME activities so long as the "off-label" use of the drug or medical device is also specifically disclosed (i.e. it must be disclosed that the FDA has not cleared the drug or device for the described purpose). Any drug or medical device is being used "off-label" if the described use is not set forth on the product's approval label.

Mayo Clinic College of Medicine and Science complies with the requirements of the National Physician Payment Transparency Program OPEN PAYMENTS (Physician Payments Sunshine Act).



## Faculty Biography Form

Mayo Clinic Thoracic Pathology Workshop 2019  
September 6-7, 2019  
Semmelweis University  
Budapest, Hungary

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This information will be used to introduce each speaker and will be included in the course app.

Name:

Current Title:

Educational Background:

Institution:

Department:

Brief Bio:

### **Example:**

**Current Title:** Consultant, Department of Physical Medicine and Rehabilitation; Co-Director of Sports Medicine Center; Professor of Physical Medicine and Rehabilitation, Mayo Clinic College of Medicine.

**Education:** Northwestern University Medical School - MD; Duke University, BS in Psychology.

Dr. Edward Laskowski has been a member of the Mayo Clinic staff since 1990. Currently, he serves as a consultant in the Department of Physical Medicine and Rehabilitation, Co-director of the Mayo Clinic Sports Medicine Center and a professor at the Mayo Clinic College of Medicine. His specialty areas include sports medicine, fitness, and strength and stability training. Dr. Laskowski is an elite-level skier and an avid hiker, cyclist and climber. Dr. Laskowski has been able to combine his personal interest in athletics and professional interest in health and fitness by serving on the President's Council on Physical Fitness and Sports; he was recently appointed to this position by President George W. Bush. He has also served on the medical staff of the Chicago Marathon and as a consulting physician to the National Hockey League Players' Association. At the 2002 Winter Olympics in Salt Lake City, he served on the medical staff at the Olympic Polyclinic. He is a featured lecturer at the American College of Sports Medicine's Team Physician Course and a contributing editor of the Mayo Clinic's *"Fitness for Everybody"* book.

**Return electronically to:** [fernandez.valerie@mayo.edu](mailto:fernandez.valerie@mayo.edu)