



Resolution of Conflict of Interest

This form must be completed as documentation that the UIC mechanism to resolve conflict of interest has been used when faculty have indicated they have a relevant financial relationship within the last 12 months with a commercial interest that produces health care goods or services consumed by, or used on patients.

Name(s) or peer reviewers:	
Date of review:	

Activity title:			
Faculty name:			
Activity date:			
Describe the relevant financial relationship that has existed within the last 12 months with a commercial interest that produces health care goods or services consumed by, or used on patients:			
How was review conducted:	Detailed outline/abstract of the faculty/author presentation/enduring material was reviewed	Computerized slide presentation with peer-reviewed references or best available evidence was reviewed	Other*
*If other, please describe review process:			
Results of review process:	Presentation/enduring material approved	Presentation/enduring material cancelled	Presentation/enduring material changed*
*Describe how the activity has been changed:			