

**UW Medicine Pharmacy & Therapeutics Committee
Disclosure Statement**

It is the UW Medicine policy that all individuals involved in the Pharmacy & Therapeutics Committee disclose any real or potential conflict(s) of interest. This disclosure statement must be completed and submitted at the time of appointment to the Pharmacy & Therapeutics committee or any of its subcommittees or work groups, and resubmitted annually.

A member of the P&T Committee or any of its subcommittees or work groups may not participate or vote in discussions or deliberations of any class of drugs or any agenda item for which a conflict of interest is identified.

Check one of the following boxes

- I, the undersigned, declare neither I nor members of my immediate family have and financial arrangements or affiliations with companies that may be perceived as a conflict of interest.
- I, the undersigned, or an immediate family member, have a financial interest or affiliation with the following commercial companies that may be perceived as a conflict to interest.

Affiliation and/or financial arrangement	Name or Organization(s)
Consultant (e.g. member of advisory committee, review panel, board)	
Employee	
Grants/Research Support	
Meeting Sponsorship	
Stock/Shareholder/Creditor	
Other Financial/Material Support	

I certify that I have read and understand this Disclosure statement and that the information I have provided is true and correct as of this date.

Signature

Print Name

Date

Please return to:

Shabir Somani
Director of Pharmacy Services
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