Conflict of Interest (COI) disclosure
*For members of the multidisciplinary PLE team who are involved
in the development or modification of AUC

1. Do you or your family members have direct or indirect financial relationships with companies or organizations that may financially benefit from the AUC?

   Yes    No

   If the answer to the above question is yes, please provide the following information.
   The name of the company:
   The nature of the relationship:

2. Do you or your family members have any compensation arrangement, grant funding, speaking or consulting fee, or contract or collaboration agreements from the companies or organization that may financially benefit from the AUC?

   Yes    No

   If the answer to the above question is yes, please provide the following information.
   The name of the company:
   The nature of the relationship:

3. Do you or your family members have ownership or investment interests with companies or organizations including University of Utah Health or any other party participating in AUC development or modification that may financially benefit from the AUC?

   Yes    No

   If the answer to the above question is yes, please provide the following information.
   The name of the company:
   The nature of the relationship:

Print your name:

Signature:

Date: