

January 29, 2010

DELIVERED BY HAND

Attn: Mr. Brian Downey

The Honorable Charles E. Grassley  
Ranking Member, United States Senate  
Committee on Finance  
219 Dirksen Senate Office Building  
Washington, DC 20510

Dear Senator Grassley:

On behalf of the American Society of Anesthesiologists (ASA), I submit the following to the Senate Committee on Finance (Committee) in response to your December 7, 2009 letter requesting information and documents regarding funding provided to ASA by pharmaceutical, medical device and insurance companies from January 2006 to the present.

ASA is an educational, research and scientific association of physicians, and is organized to raise and maintain the standards of the medical practice of anesthesiology and improve the care of the patient. Since its founding in 1905, ASA's achievements have made it an important voice in American Medicine and the foremost advocate for all patients who require anesthesia or relief from pain. ASA supports patient safety by promoting improved quality, ethical behavior, discovery of new knowledge, and the involvement of an anesthesiologist with every patient who receives anesthesia services. Currently ASA has over 44,000 member physicians and other professionals.

ASA fully supports your efforts to improve the transparency of relationships between medicine and industry, and to enhance protections against conflicts of interest in this area. In that spirit, we believe that we have crafted a response to your letter in good faith, based on our understanding of the terms used in your requests. All representations herein are based on our current information and belief. We would like to note that ASA has seen the departure of several long-term employees in the past two years in connection with a recent organizational improvement initiative. Some of these employees would have been integrally involved in the preparation of the responses to this letter. Notwithstanding the recent departure of these key employees, current ASA staff has, to the best of our ability, provided the Committee with the most complete and accurate information possible.

Honorable Charles E. Grassley

January 29, 2010

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This letter and some of the enclosed documents contain or constitute confidential, trade secret, and/or proprietary information which ASA has provided the Committee pursuant to your request as Ranking Member and pursuant to Rule XXIX of the Standing Rules of the Senate. ASA has marked all such documents with the legend "CONFIDENTIAL." We respectfully request that the Committee protect against the disclosure of this confidential information. While Congress may request such information, the law, including, but not limited to, the Trade Secrets Act (18 U.S.C. § 1905), protects against the disclosure of confidential, trade secret, and proprietary information. We also respectfully request advance notice of any contemplated disclosure of any such information and a reasonable opportunity to object.

ASA does not waive, nor does it intend to waive, any of its rights or privileges with respect to this inquiry by the Committee, including any applicable attorney-client, work product or other evidentiary privilege, or any objection to the letter request from the Committee.

If you have any questions regarding this matter, please do not hesitate to call our outside counsel Dan Donovan of King & Spalding at (202) 661-7815.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ron Szabat".

Ronald Szabat, J.D., L.L.M.

Executive Vice President & General Counsel

Enclosures:

Submission to Senate Finance Committee by American Society of Anesthesiologists and CD ROM titled: "ASA Response to Senate Finance Request 2009"

## **Submission to Senate Finance Committee by American Society of Anesthesiologists**

In response to your request for a chart detailing an accounting of industry funding provided to ASA from January 2006 to the present, please see the attached chart in the enclosed CD ROM in bates range ASA 00001 – ASA 00023.

### **1. Please describe the policies for accepting industry funding and whether or not ASA allows companies to place restrictions or provide guidance on how funding will be spent.**

ASA has several policies regarding industry funding. Mainly these policies can be found in ASA's Administrative Procedures which are provided in excerpt form for the years 2006-2008 and in full for 2009-2010 on the enclosed CD ROM under the heading, "Documents Responsive to Request #1" in bates range ASA 00024 – ASA 00389. Also included are several documents such as a Letter of Agreement for Corporate Support, meeting brochures, a letter to educational speakers and presenters, procedures for conflict resolution, and conflict of interest disclosure forms.

ASA's policies do not permit pharmaceutical, medical device or insurance companies to place restrictions on such funding. As ASA is accredited by the Accreditation Council for Continuing Medical Education (ACCME), it abides by the ACCME Standards of Commercial Support of Continuing Medical Education which require that ASA ensure that decisions regarding educational programs are made free of the influence of a commercial interest. ASA Guidelines for Commercial Support of Educational Programs state the following:

#### 12.4.1 Definition

When commercial interests contribute funds and services for the development of CME activities, it is considered commercial support. A "commercial interest" is defined as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

#### 12.4.2 Rationale for Guidelines

Commercial support of CME activities has the potential to enhance ASA's educational mission. However, such support does entail risk. Commercial support has the potential to introduce commercial bias that affects the integrity of the CME activity. Such risk can be precluded by adhering to the guidelines below. The function of these guidelines should act to ensure that the sole purpose of a CME activity is to promote quality in health care; and that individuals who control the content of the CME activity do not have a competing interest with a commercial entity.

#### 12.4.3 Guidelines Based on ACCME Standards for Commercial Support

ASA is solely responsible for the administration, content, quality and integrity of all CME activity. The following will be free of the influence of a commercial interest:

12.4.3.1 Identification of CME needs;

12.4.3.2 Determination of educational objectives;

- 12.4.3.3 Selection and presentation of content;
- 12.4.3.4 Selection of persons in a position to control the content of the CME activity;
- 12.4.3.5 Selection of educational methods;
- 12.4.3.6 Evaluation of the activity.

12.4.4 A commercial interest will not be a non-accredited partner in a joint sponsorship relationship.

12.4.5 All who are involved in the planning of CME activities must disclose all relevant financial relationships with any commercial interest. Any conflict of interest that is identified must be resolved prior to the educational activity.

12.4.6 Commercial support should be in the form of an unrestricted educational grant. Commercial support (beyond equipment loans) of specific educational sessions is not allowed.

12.4.7 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of commercial support for CME activities.

12.4.8 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. Educational materials that are part of a CME activity such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

12.4.9 An individual must disclose to learners any relevant financial relationship(s) at the beginning of the educational activity.

### ***12.5 Documentation of Terms of Commercial Support***

Written agreements documenting the terms of commercial support will be sent to companies who lend equipment for use in workshops or other sessions

### ***12.6 Disclosure to Learners***

Disclosure of commercial support will be made to learners prior to activity through the following vehicles:

- 12.6.1 In the activity's program or syllabus (written materials);
- 12.6.2 On signs at the meeting site;
- 12.6.3 On the ASA website, where applicable;
- 12.6.4 Oral disclosure.

In addition ASA uses a Letter of Agreement for Corporate Support for ASA continuing medical education activity. The agreement specifically states in part:

**“Control of Content and Selection of Presenters and Moderators:** Provider is responsible for full control of content and selection of presenters and moderators. The Company agrees not to direct the content of the program. The Company or its agents will respond only to sponsor-initiated requests for suggestions of presenters or sources of possible presenters. The Company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between the Company and the speaker; and will provide this information in writing. Provider will record the role of the Company or its agents in suggesting presenter(s); will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.”

**Disclosure of Financial Relationships:** Provider will ensure meaningful disclosure to the audience, at the time of the program, of (a) Company funding and (b) any significant relationship between the Provider and the Company (e.g., grant recipient) or between individual speakers or moderators and the Company.

**Involvement in Content:** There will be no “scripting,” emphasis, or direction on content by the Company or its agents.

**Ancillary Promotional Activities:** No promotional activities will be permitted in the same room before, during, or after the activities or obligate path as the educational activity. No product advertisements will be permitted in the program room.

**Objectivity and Balance:** Provider will make every effort to ensure that data regarding the Company’s products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.

**Limitations on Data:** Provider will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analysis, preliminary data, or unsupported opinion.

**Discussion of Unapproved Uses:** Provider will inform presenters that they are required to disclose when a product is considered off-label or investigational.

**Opportunities for Debate:** Provider will ensure meaningful opportunities for questioning or scientific debate.

**Independence of Provider in the Use of Contributed Funds:**

- a. Funds should be in the form of an educational grant made payable to the American Society of Anesthesiologists.
- b. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of the American Society of Anesthesiologists.

- c. No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (including registration fees, lodging, additional honoraria, extra social events, etc.)”

Please also see documents on the enclosed CD ROM titled, under the heading, “Documents Responsive to Request #1” in bates range ASA 00024 – ASA 00389.

**2. If ASA allows companies to place restrictions on industry funding, then please explain all restrictions and/or guidance for each transfer of value from industry. For every transfer of value with a restriction, provide the following information: year of transfer, name of company, and restriction placed on funding.**

ASA’s policies do not permit companies to place restrictions on industry funding.

**3. Please explain what policies, if any that ASA plans to adopt to ensure transparency of funding in order to provide a greater public trust in the independence of your organization.**

Currently, ASA publishes commercial support it receives in meeting materials and on its website for a limited time during and after the Annual Meeting, including disclosures made by speakers or presenters for educational sessions, a list of all companies and equipment provided for in-kind support for workshops, as well as a list of exhibitors. Examples are provided in the enclosed CD ROM under the document titled, “Documents Responsive to Request #3;” in bates range ASA 00390 – ASA 00405. ASA also publishes an Annual Meeting program book that also discloses industry relationship information at both the individual and company level. As the Annual meeting program books are voluminous, we have not submitted a copy of each as an additional example.

In addition, ASA staff is actively engaged in review of current policies and procedures in this area and will be proposing in the coming months additional policies for the ASA Board to review and approve at its 2010 Board meetings for inclusion in the ASA Administrative Procedures. We would be happy to report back to this Committee regarding any polices adopted by ASA’s Board to ensure transparency of funding.

**4. Please explain your policies on disclosure of outside income by your top executives and board members.**

ASA’s Administrative Procedures state in pertinent part:

### ***11.2 Conflict of Interest***

#### **11.2.1 Requirement**

An ASA member shall not serve as an ASA officer, director, alternate director, committee member, representative to another organization or other appointed position if that service would involve a conflict, real or apparent, with any other relationship or

arrangement, financial or otherwise, participated in by the member or the member's family, as defined in the ASA Potential Conflict of Interest Disclosure Statement (COI). Further, a member serving ASA in one of the named capacities shall not permit the fact of the member's ASA service to be exploited in furtherance of the member's or any such relative's personal gain.

#### 11.2.2 Conformity

When a member is appointed or elected to serve ASA in any of the named capacities, and no less than yearly thereafter during the term of service, the member shall complete and submit to the Secretary via the ASA website the ASA Potential Conflict of Interest Disclosure Statement (COI) attesting to conformity with the above standards and noting any potential exceptions. A listing of affiliations will be distributed or made available to all respective members of the Board, Committee, Task Force or other relevant body to which the member is appointed or elected. Please note that this form is different and separate from the disclosure forms requested by the Meetings and the Education Departments of ASA.

#### 11.2.3 Enforcement

The Governance Unit shall monitor compliance with the policy. The Chair of such committee, task force or other relevant body, in consultation with the appropriate Section Chair, shall have primary responsibility to enforce compliance with the conflict of interest policy as it pertains to the work of the committee, task force or other relevant body. The ASA Office of General Counsel, in consultation with the Administrative Council, shall have primary responsibility to monitor and enforce the conflict of interest policy as it pertains to the Board. Each individual member of the Administrative Council shall also have the responsibility to monitor and enforce the conflict of interest policy as it pertains to the Administrative Council. On or before the commencement of a new term of office or service, the incoming committee chairs, Administrative Council and the Office of General Counsel shall initiate review of the potential Conflict of Interest Disclosure Statements and complete initial review of such statements within 30 days of the commencement of the term.

#### 11.2.4 Non-Compliance

The Secretary shall also be notified, other than in the context of the initial review process, in the event of an alleged failure by a sitting officer, director, alternate director, committee member, representative to another organization, or other appointed position to conform to the above standards. The Secretary shall refer any stated potential exception or alleged failure to conform to the requirements of the above standards to the Administrative Council. The Administrative Council, under its authority set forth in Title VIII of the ASA Bylaws, may determine that a conflict does not exist; determine that a conflict does exist but grant a waiver; determine that the matter should be heard by the Judicial Council; or in the case of alleged conflict by a Director or Alternate Director, refer the matter to the component society nominating the director or alternate director, for appropriate action.

Please see documents in the enclosed CD ROM titled, "Documents Responsive to Request # 4" in bates range ASA 00406 – ASA 00416. These documents include ASA Administrative Procedures; Statement on Conflict of Interest; ASA Potential Conflict of Interest Form; and ASA Conflict of Interest Disclosure Statement By Nominee As An ASA Officer, Director, Alternate Director, Committee Member, or Representative to Another Organization, or Member of the ASA Executive Staff.

**5. Please provide the disclosures of outside income filed with your organization by your top executives and board members.**

Please see documents in the enclosed CD ROM titled "Documents Responsive to Request # 5" (bates range ASA 00417 – ASA 01545). These documents include ASA Potential Conflict of Interest Forms submitted by the ASA Board of Directors for years 2007-2010. The ASA Board includes the top executives of the Society.

In 2006, the Conflict of Interest submission by the ASA Board was titled, "ASA Conflict of Interest Disclosure Statement By Nominee As An ASA Officer, Director, Alternate Director, Committee Member, or Representative to Another Organization, or Member of the ASA Executive Staff." The submissions for this year were not retained pursuant to ASA document retention policy at the time. Beginning in 2007, however, ASA used a revised form and also required that such forms and all submissions be electronic. These submissions are provided for the years 2007 through 2010. Each year ASA has improved its enforcement of this policy, and currently ASA informs those who neglect to submit the form each year that they will be removed from service to ASA if the form is not completed promptly.

Please do not hesitate to contact our outside counsel Dan Donovan of King & Spalding at (202) 661-7815 should you have any questions or need further information.

ASA Board of Directors  
Conflict of Interest Disclosures 2006

In accordance with action taken by the 1993 ASA House of Delegates, there now exists a new administrative procedure addressing potential conflict of interest for those serving on behalf of the Society, as follows:

An ASA member shall not serve as an ASA officer, director, alternate director, committee member, representative to another organization or other appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's spouse, children, siblings or parents. Further, a member serving ASA in one of the named capacities shall not permit the fact of the member's ASA service to be exploited in furtherance of the member's or any such relative's personal gain.

When a member is nominated to serve ASA in any of the named capacities, the member shall submit to the Secretary a statement attesting to conformity with the above standards and noting any potential exceptions. A waiver from the requirements set forth in the first paragraph may be allowed only by action of the Executive Committee of the Administrative Council, or in the case of a nominee for ASA office or an incumbent officer, by the disinterested members of the full Administrative Council.

It would therefore be appreciated if you would provide the information requested below and return this form with your committee appointment letter(s).

**CONFLICT OF INTEREST DISCLOSURE STATEMENT BY  
NOMINEE AS AN ASA OFFICER, DIRECTOR, ALTERNATE DIRECTOR,  
COMMITTEE MEMBER, OR REPRESENTATIVE TO ANOTHER ORGANIZATION,  
OR MEMBER OF THE ASA EXECUTIVE STAFF**

I, \_\_\_\_\_, hereby acknowledge that if I assume the position in ASA for which I have been nominated or appointed, I will occupy a position of trust requiring the good faith exercise of independent personal judgment on ASA's behalf. In so doing, I agree to subordinate to ASA's interest any conflicting interest, real or apparent, derived from any other relationship or arrangement, financial or otherwise, participated in by me or by my immediate family (spouse, children, siblings or parents). I also agree not to permit the fact of my ASA service to be exploited in furtherance of my or any such persons' personal gain.

I hereby certify that, to the best of my knowledge, neither I nor any one of my named relatives is currently participating in any of such conflicting relationship or arrangement, except possibly the following:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

I hereby certify that if during my period of service to ASA the facts change with respect to any possible conflicting relationship or arrangement, I will immediately amend this statement and file the amended statement with ASA.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**ATTENDANCE RECORD  
THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS, INC.  
BOARD OF DIRECTORS**

2006

DATE 3/5/2006 QUORUM 33  
 A.M. 0800 TOTAL SEATED 62 VOTING MEMBERS  
 P.M. N/A Arnold  
 Chair, Committee on Credentials

<b>(Voting Members)</b>	President	✓	Guidry, Orin F. M.D.
	President-Elect	✓	Lema, Mark J. M.D., Ph.D.
	Immediate Past President	✓	Sinclair, Eugene P. M.D.
	First Vice-President	✓	Apfelbaum, Jeffrey L. M.D.
	Vice-President for Scientific Affairs	✓	Otto, Charles W. M.D.
	Vice President for Professional Affairs	✓	Hannenber, Alexander A. M.D.
	Secretary	✓	Unruh, Gregory K. M.D.
	Treasurer	✓	Moore, Roger A. M.D.
	Assistant Secretary	✓	Boudreaux, Arthur M. M.D.
	Assistant Treasurer		Zerwas, John M. M.D.
<b>(Members Without Vote)</b>	Speaker, House of Delegates	✓	Keller, Candace E. M.D.
	Vice-Speaker, House of Delegates	✓	Abenstein, John P. M.D.
	Editor-in-Chief, Journals	✓	Todd, Michael M. M.D.
	Chair-Sec. on Annual Meeting		Twersky, Rebecca S. M.D.
	Chair-Sec. on Clinical Care		Hall, Steven C. M.D.
	Chair-Sec. on Edu. & Research	✓	Warner, Mark A. M.D.
	Chair-Sec. on Prof. Practice	✓	Mason, Eric W. M.D.
	Chair-Sec. on Prof. Standards	✓	Cohen, Jerry A. M.D.
	Chair-Sec. on Society Sub.	✓	Berry, Arnold J. M.D.
	Chair-Delegation to AMA	✓	Arens, James F. M.D.

COMPONENT SOCIETY	DIRECTOR	ALTERNATE DIRECTOR
ALABAMA	✓ Plagenhoef, Jeffrey S. M.D.	✓ Gosney, Michael C. M.D.
ALASKA	✓ Pease, Robert J. M.D.	(Vacant)
ARIZONA	✓ Blitt, Casey D. M.D.	Cole, Daniel J. M.D.
ARKANSAS	✓ Vollers, James M. M.D.	Eagan, Vernon L. M.D.
CALIFORNIA	✓ Sullivan, Jr., R. Lawrence M.D.	Mason, Linda J. M.D.
COLORADO	✓ Clark, Randall M. M.D.	Hawkins, Joy L. M.D.
CONNECTICUT	✓ Ehrenwerth, Jan M.D.	✓ Gross, Jeffrey B. M.D.
DELAWARE	✓ Kittle, Chris A. M.D.	(Vacant)
DISTRICT OF COLUMBIA	✓ Dombrowski, John F. M.D.	Hannallah, Raafat S. M.D.
FLORIDA	✓ Mackey, David C. M.D.	✓ Cohen, Jerry A. M.D.
GEORGIA	✓ Sween, Steven L. M.D.	✓ Duke, Peggy G. M.D.
HAWAII	✓ Montgomery, William H. M.D.	Lin, Della M. M.D.
IDAHO	✓ Wood, Matthew J. M.D.	Fox, Donald J. M.D.
ILLINOIS	✓ Osborn, Rodney C. M.D.	✓ Tuman, Kenneth J. M.D.
INDIANA	✓ Costello, Gerard T. M.D.	✓ Brandt, Robert W. M.D.
IOWA	✓ Moyers, John R. M.D.	✓ Becker, James L. M.D.
KANSAS	✓ Becker, Jr., Karl E. M.D.	✓ Kindscher, James D. M.D.
KENTUCKY	✓ Lucas, Linda F. M.D.	Sullivan, Raymond J. M.D.
LOUISIANA	✓ Thomas, Mack A. M.D.	Fontenot, H. Jerrel M.D., Ph.D.
MAINE	✓ Cary, Christopher W.M.D.	Nichols, Jr., Ray J. M.D.
MARYLAND	✓ Kalish, Murray A. M.D.	✓ Walman, A. <sup>TERRELL</sup> M.D.
MASSACHUSETTS	✓ Davis, Fred G. M.D.	✓ Entrup, Michael H. M.D.
MICHIGAN	✓ Grant, James D. M.D.	Dull, David L. M.D.
MINNESOTA	✓ McGlinch, Brian P. M.D.	Johnson, Craig M. M.D.
MISSISSIPPI	✓ Brunson, Claude D. M.D.	Pickard, Paul W. M.D.

COMPONENT SOCIETY	DIRECTOR	ALTERNATE DIRECTOR
MISSOURI	✓ Arnold, Donald E. M.D.	✓ Saak, Thomas E. M.D.
MONTANA	Schweitzer, Mike P. M.D.	Lind, Gregar H. M.D.
NEBRASKA	Gregorius, Charles D. M.D.	✓ Peters, K. Reed M.D.
NEVADA	✓ Millson, Christopher G. M.D.	Matsumura, Jerry S. M.D.
NEW HAMPSHIRE	✓ Quill, Timothy J. M.D.	Hattamer, Steven J. M.D.
NEW JERSEY	✓ Mirsky, Kenneth I. M.D.	✓ Shander, Aryeh M.D.
NEW MEXICO	✓ Wills, John H. M.D.	(Vacant)
NEW YORK	✓ Freese, Kenneth J. M.D.	✓ Groudine, Scott B. M.D.
NORTH CAROLINA	✓ Maccioli, Gerald A. M.D.	Moretz, Frank H. M.D.
NORTH DAKOTA	✓ Chatelain, John C. M.D.	(Vacant)
OHIO	✓ Bralliar, Thomas B. M.D.	Davidson, Patricia J. M.D.
OKLAHOMA	✓ Roy, Lawrence J. M.D.	✓ Stewart, Charles V. M.D.
OREGON	✓ Johnston, Richard R. M.D.	✓ Cohen, Norman A. M.D.
PENNSYLVANIA	✓ Schaner, Paul J. M.D.	✓ Martin, Donald E. M.D.
PUERTO RICO	Torres Sierra, Francisco J. M.D.	(Vacant)
RHODE ISLAND	✓ Browning, Richard A. M.D.	Cahill, Deborah M.D.
SOUTH CAROLINA	✓ Degenhart, Vincent J. M.D.	✓ Yeakel, Christopher A. M.D.
SOUTH DAKOTA	✓ Allen, Jr., Robert G. M.D.	Lunn, Robert J. M.D.
TENNESSEE	✓ West, James M. M.D.	✓ Worthington, W. Bradley M.D.
TEXAS	✓ Peterson, Mary Dale M.D.	McMichael, James P. M.D.
UTAH	✓ Clayton, Paul N. M.D.	Peterson, W. C. M.D.
VERMONT	✓ Mumford, Joel H. M.D.	Perkins, Frederick M. M.D.
VIRGINIA	✓ Long, Stephen P. M.D.	Arnold, William P. III, M.D.
WASHINGTON	✓ Dunbar, Peter J. M.D.	✓ Flanery, Mark F. M.D.

COMPONENT SOCIETY		DIRECTOR		ALTERNATE DIRECTOR
WEST VIRGINIA	✓	Johnstone, Robert E. M.D.		Deer, Timothy R. M.D.
WISCONSIN	✓	Krishnaney, Ashok R. M.D.		Kettler, Robert E. M.D.
WYOMING	✓	Witzeling, Todd M. M.D.		Morrison, Kerry D. M.D.
RESIDENT	✓	Unger, Benjamin D. M.D.	✓	Toledo, Paloma M.D.
ACADEMIC	✓	Barker, Steven J. Ph.D., M.D.	✓	Conlay, Lydia A. M.D., Ph.D.
UNIFORMED SERVICES	✓	Mongan, Paul D. M.D.		Via, Darin K. M.D.

ASA Board of Directors  
Conflict of Interest Disclosures 2007



## Potential Conflict-of-Interest Form

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

### Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No  Yes

If "Yes", Please list the name of each business and the type of goods or services involved:

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2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No  Yes

If "Yes", Please describe the nature and status of the legal action:

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3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No  Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

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4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No  Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

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5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No  Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

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6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No  Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

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7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No  Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

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8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No  Yes

If "Yes", Please list each political office:

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9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

\_\_\_ No \_\_\_ Yes

If "Yes", Please describe your political activities:

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10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

\_\_\_ No \_\_\_ Yes

If "Yes", Please list the family member involved and the nature of the activity:

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11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

\_\_\_ No \_\_\_ Yes

If "Yes", Please describe each relationship, activity or interest:

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**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

I, \_\_\_\_\_, hereby sign this "Statement of Compliance."

**ATTENDANCE RECORD  
THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS, INC.  
BOARD OF DIRECTORS**

2007

DATE \_\_\_\_\_ QUORUM \_\_\_\_\_  
 A.M. \_\_\_\_\_ TOTAL SEATED \_\_\_\_\_  
 P.M. \_\_\_\_\_

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President	Lema, Mark J. M.D., Ph.D.
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Immediate Past President	Guidry, Orin F. M.D.
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Secretary	Unruh, Gregory K. M.D.
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Assistant Secretary	Boudreaux, Arthur M. M.D.
Assistant Treasurer	Grant, James D. M.D.
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Chair – Section on Professional Practice	Mason, Eric W. M.D.
Chair – Section on Professional Standards	Cohen, Jerry A. M.D.
Chair – Section on Society Subspecialties	Berry, Arnold J. M.D.
Chair – Delegation to AMA	Arens, James F. M.D.

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KANSAS	Becker, Jr., Karl E. M.D.	Kindscher, James D. M.D.
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MASSACHUSETTS	Entrup, Michael H. M.D.	Harvey, Alan M. M.D.
MICHIGAN	Dull, David L. M.D.	(Vacant)
MINNESOTA	McGlinch, Brian P. M.D.	Johnson, Craig M. M.D.
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COMPONENT SOCIETY	DIRECTOR	ALTERNATE DIRECTOR
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NORTH CAROLINA	Maccioli, Gerald A. M.D.	Moretz, Frank H. M.D.
NORTH DAKOTA	Chatelain, John C. M.D.	Gessner, Maxwell W. M.D.
OHIO	Davidson, Patricia J. M.D.	Harter, Ronald L. M.D.
OKLAHOMA	Roy, Lawrence J. M.D.	Fitch, Jane C.K. M.D.
OREGON	Johnston, Richard R. M.D.	Cohen, Norman A. M.D.
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PUERTO RICO	Torres Sierra, Francisco J. M.D.	(Vacant)
RHODE ISLAND	Browning, Richard A. M.D.	Cahill, Deborah M.D.
SOUTH CAROLINA	Degenhart, Vincent J. M.D.	Yeakel, Christopher A. M.D.
SOUTH DAKOTA	Allen, Jr., Robert G. M.D.	Lunn, Robert J. M.D.
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VERMONT	Mumford, Joel H. M.D.	Perkins, Frederick M. M.D.
VIRGINIA	Long, Stephen P. M.D.	Arnold, William P. III, M.D.
WASHINGTON	Dunbar, Peter J. M.D.	Flanery, Mark F. M.D.

COMPONENT SOCIETY	DIRECTOR	ALTERNATE DIRECTOR
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WYOMING	Witzeling, Todd M. M.D.	Morrison, Kerry D. M.D.
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UNIFORMED SERVICES	Mongan, Paul D. M.D.	Via, Darin K. M.D.



# Potential Conflict-of-Interest Form

Membership # 224370, Year 2007

**Arnold J. Berry, M.D.**  
Emory University  
30 Battle Ridge Dr NE  
Atlanta, GA 30342-2451

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Professional Education Oversight

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board of Directors of FAER--1 year term which is renewable Board of Directors of ACCME (Accreditation Council on Continuing Medical Education)--current term through 2009 and renewable until 2012 Commissioner of the NCCAA (National Commission for Certification of Anesthesiologist Assistants)--1 year term which is renewable

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology at Emory University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

I am President of the GA Society of Anesthesiologists and may lobby on behalf of anesthesiologists in GA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

#### **Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/5/2007 1:18:48 PM )*



# Potential Conflict-of-Interest Form

Membership # 235048, Year 2007

**Linda J. Mason, M.D.**

Loma Linda University  
Loma Linda University Medical Center  
1665 Halsey St  
Redlands, CA 92373-7262  
Subcommittee on Pediatric Anesthesia

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Vice President for Compliance- Loma Linda University Adventist Health Science Center

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology and Pediatrics Loma Linda University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/6/2007 6:18:32 PM )*



# Potential Conflict-of-Interest Form

Membership # 271416, Year 2007

**Jeffrey B. Gross, M.D.**

University of Connecticut  
19 Madison Ln  
West Simsbury, CT 06092-2615

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

Subcommittee on Respiration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Director (indefinite term) "Continuing Professional Education, Inc." Privately held corporation provides continuing education to individuals in the accounting profession.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology (permanent appointment) University of Connecticut School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:2/9/2007 2:07:55 PM )*



# Potential Conflict-of-Interest Form

Membership # 249654, Year 2007

**Donald E. Martin, M.D.**

Penn State Univ. College of Medicine  
19 Gentry Drive  
Palmyra, PA 17078

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Standards and Practice Parameters

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Department of Anesthesiology, Penn State University College of Medicine - academic anesthesia practice

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Pennsylvania Society of Anesthesiologists - Secretary Treasurer and member of Board

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology - Penn State University College of Medicine - term indefinite (tenured)

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Pennsylvania Society of Anesthesiologists - advocacy for the specialty of anesthesiology in Pennsylvania Penn State University - advocacy for support of health care and research ASA Aircraft owners and Pilots Association

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/28/2007 12:55:34 PM )*



# Potential Conflict-of-Interest Form

Membership # 402059, Year 2007

**Norman A. Cohen, M.D.**

Oregon Health & Science Univ. Anes. Dept.  
0841 SW Gaines St # 504  
Portland, OR 97239-2976

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Representation to AMA

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

### Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Alternate director ASA

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Assistant Professor, Oregon Health and Science University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA only

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/19/2007 10:59:41 PM )*



# Potential Conflict-of-Interest Form

Membership # 394631, Year 2007

**Gerald Maccioli, M.D.**

American Anesthesiology of NC  
PO Box 18623  
Raleigh, NC 27619-8623

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

President's Council on Executive Office Oversight

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Partner in Critical Health Systems of North Carolina. (This is our anesthesiology & critical care medicine practice)

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President of the American Society of Critical Care Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/28/2007 12:03:00 PM )*



# Potential Conflict-of-Interest Form

Membership # 509722, Year 2007

**Jeffrey S. Plagenhoef, M.D.**

Anesthesia Consultants Medical Group  
1118 Ross Clark Circle, Suite 700  
Dothan, AL 36301

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Anesthesia Care Team

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

consultant for a computerized record company = DocuSys

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA and Med. Ass. State of AL

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:3/1/2007 5:44:54 PM )*



# Potential Conflict-of-Interest Form

Membership # 339065, Year 2007

**Daniel J. Cole, M.D.**

Mayo Clinic College of Medicine  
5777 E Mayo Blvd  
Department of Anesthesiology  
Phoenix, AZ 85054-4502

Executive Committee of the Annual Meeting Oversight

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology Mayo Clinic College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Only on behalf of ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

On behalf of ASA I am a key contact with Senator Jon Kyl

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/28/2007 8:11:16 AM )*



# Potential Conflict-of-Interest Form

Membership # 321729, Year 2007

**Mark A. Singleton, M.D.**  
1805 Greencreek Dr.  
San Jose, CA 95124-1121

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Quality Management & Departmental Administration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Shareholder, Group Anesthesia Services, Inc of Los Gatos, California. This is my medical practice. I am an employee shareholder/director along with 46 others with whom I practice.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Adjunct Professor, Stanford School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/7/2007 7:36:01 PM )*



# Potential Conflict-of-Interest Form

Membership # 406082, Year 2007

**Randall M. Clark, M.D.**  
21 Hyde Park Circle  
Denver, CO 80209

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Pediatric Anesthesia

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Rocky Mountain Pediatric Anesthesiology, PC - Medical practice STAT Consulting, PC - Consulting and medical services

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Rocky Mountain Pediatric Anesthesiology, PC - Shareholder, Director, and President STAT Consulting, PC - Shareholder, Director, and President SPA - Director, Member Governmental Affairs Committee AAP - Executive Committee (non-voting) Colorado Society of Anesthesiologists - Director, Chair Governmental Affairs Committee Denver Medical Society - Treasurer and Director Colorado Medical Society - Council on Legislation

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Assistant Clinical Professor - University of Colorado

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/27/2007 6:55:15 PM )*



# Potential Conflict-of-Interest Form

Membership # 271416, Year 2007

**Jeffrey B. Gross, M.D.**  
 University of Connecticut  
 19 Madison Ln  
 West Simsbury, CT 06092-2615

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Subcommittee on Respiration

## Disclosure of Affiliations

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## Affiliations

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Director (indefinite term) "Continuing Professional Education, Inc." Privately held corporation provides continuing education to individuals in the accounting profession.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology (permanent appointment) University of Connecticut School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

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No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:2/9/2007 2:07:55 PM )*



# Potential Conflict-of-Interest Form

Membership # 199421, Year 2007

**Murray A. Kalish, M.D., M.B.A.**

Johns Hopkins - ACCM  
7102 Rockland Hills Dr  
Baltimore, MD 21209-1113

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

Committee on Simulation Education

## Disclosure of Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Maryland State Medical Society - Board of Trustee, Treasurer, Term ends Fall, 2007 Baltimore Medical Society Trustee to the State Medical Society, Term ends Fall, 2007

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Johns Hopkins Medicine, faculty since November, 1999

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

State Medical Society/Baltimore City Medical Society/Maryland Society of Anesthesiologists - lobbying for and against bills introduced during our Maryland legislative session.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

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No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/4/2007 7:54:32 PM )*



# Potential Conflict-of-Interest Form

Membership # 681644, Year 2007

**Michael H. Entrup, M.D.**  
P.O. Box 5178  
Framingham, MA 01701-5178

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

Committee on Newsletter

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

ASA BOD

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Tufts University School of Medicine faculty

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

on behalf of ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

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If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/2/2008 9:45:01 AM )*



# Potential Conflict-of-Interest Form

Membership # 560719, Year 2007

**Ronald L. Harter, M.D.**

Ohio State University Medical Center  
7825 Holiston Ct  
Dublin, OH 43016-8659

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Residents and Medical Students

## Disclosure of Affiliations

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services, or is seeking to furnish goods or services, to ASA?

No

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If "Yes", Please describe the nature and status of the legal action:

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No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

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If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

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No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

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activities (excluding voting and political contributions)?

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No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:2/11/2007 8:06:51 PM )*



# Potential Conflict-of-Interest Form

Membership # 522673, Year 2007

**Jane C.K. Fitch, M.D.**

Oklahoma Allergy Clinic Bldg.  
Anesthesia Department  
750 NE 13th St Ste 200  
Oklahoma City, OK 73104-5024  
SEA Committee on Finance

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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- a position as proprietor, director, managing partner or key employee.

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No

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2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care business, organization or society**?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Yale Univ, Asst Prof, 1993 - 1998 Baylor College of Medicine, Assoc Prof, 1998 - 2001 Univ of OK, Professor & Chair, 2001 - present

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/6/2007 12:58:53 PM )*

Last update on:2/16/2007 6:13:23 PM



# Potential Conflict-of-Interest Form

Membership # 277387, Year 2007

Steven C. Hall, M.D.  
 Children's Memorial Hospital Pediatric Anes. Dept.  
 27 Salem Ln  
 Evanston, IL 60203-1217

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Director, American Board of Anesthesiology Director, Foundation for Anesthesia Education and Research Director, Foundation of Children's Memorial Hospital Director, Faculty Practice Plan, Children's Memorial Hospital

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor Department of Anesthesiology Feinberg School of Medicine Northwestern University Chicago, IL

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

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*( signed on:2/16/2007 6:13:23 PM )*



# Potential Conflict-of-Interest Form

Membership # 104775, Year 2007

**James F. Arens, M.D.**  
PO Box 1999  
Bayfield, CO 81122-1999

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Standards and Practice Parameters

## Disclosure of Affiliations

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## Affiliations

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

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If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

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6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Texas Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

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*( signed on:2/13/2007 1:42:37 PM )*

Last update on:2/9/2007 6:52:32 PM



# Potential Conflict-of-Interest Form

Membership # 522979, Year 2007

**Paul D. Mongan, M.D.**  
 Univ. of CO Hosp./Dept. of Anesthesia  
 11529 E Dorado Ave  
 Englewood, CO 80111-4143

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Uniformed Services and Veterans' Affairs

### Disclosure of Affiliations

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No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care business, organization or society**?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am a board member of the Montgomery Dive Club. This is a non profit parents organization that supports our local competitive platform and springboard dive team for which my children are divers. I am an officer (president) of the Uniformed Services Society of Anesthesiologists

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor Department of Anesthesiology The Uniformed Services University 4301 Jones Bridge Road Bethesda MD 20814 renewed yearly

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

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*( signed on:2/9/2007 6:52:32 PM )*

ASA Board of Directors  
Conflict of Interest Disclosures 2008

**ATTENDANCE RECORD  
THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS, INC.  
BOARD OF DIRECTORS**

**February 2008 [as of 12/5/07]**

DATE \_\_\_\_\_ QUORUM \_\_\_\_\_  
 A.M. \_\_\_\_\_ TOTAL SEATED \_\_\_\_\_  
 P.M. \_\_\_\_\_  
 Chair, Committee on Credentials \_\_\_\_\_

<b>(Voting Members)</b>	
President	Apfelbaum, Jeffrey L. M.D.
President-Elect	Moore, Roger A. M.D.
Immediate Past President	Lema, Mark J. M.D., PhD
First Vice-President	Hannenber, Alexander A. M.D.
Vice President for Scientific Affairs	Otto, Charles W. M.D.
Vice President for Professional Affairs	Johnstone, Robert E., M.D.
Secretary	Unruh, Gregory K. M.D.
Treasurer	Zerwas, John M. M.D.
Assistant Secretary	Boudreaux, Arthur M. M.D.
Assistant Treasurer	Grant, James D. M.D.
<b>(Nonvoting Members)</b>	
Speaker, House of Delegates	Keller, Candace E. M.D., M.P.H.
Vice-Speaker, House of Delegates	Abenstein, John P. M.D.
Chair – Section on Annual Meeting	Kapur, Patricia A. M.D.
Chair – Section on Clinical Care	Hall, Steven C. M.D.
Chair – Section on Education & Research	Warner, Mark A. M.D.
Chair – Section on Journals	Eisenach, James C. M.D.
Chair – Section on Professional Practice	Cohen, Norman A. M.D.
Chair – Section on Professional Standards	Cohen, Jerry A. M.D.
Chair – Section on Society Subspecialties	Berry, Arnold J. M.D.
Chair – Delegation to AMA	Arens, James F. M.D.

COMPONENT SOCIETY	DIRECTOR	ALTERNATE DIRECTOR
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ARIZONA	Cole, Daniel J. M.D.	Mueller, Jeff T. M.D.
ARKANSAS	Vollers, James M. M.D.	Walker, Brent L. M.D.
CALIFORNIA	Mason, Linda J. M.D.	Singleton, Mark A. M.D.
COLORADO	Clark, Randall M. M.D.	Slucky, Alexey V. M.D.
CONNECTICUT	Ehrenwerth, Jan M.D.	Gross, Jeffrey B. M.D.
DELAWARE	Kittle, Chris A. M.D.	(Vacant)
DISTRICT OF COLUMBIA	Dombrowski, John F. M.D.	Hannallah, Raafat S. M.D.
FLORIDA	Cohen, Jerry A. M.D.	Vila, Jr., Hector M.D.
GEORGIA	Sween, Steven L. M.D.	Duke, Peggy G. M.D.
HAWAII	Montgomery, William H. M.D.	Lin, Della M. M.D.
IDAHO	Wood, Matthew J. M.D.	Harris, R. Todd M.D.
ILLINOIS	Osborn, Rodney C. M.D.	Tuman, Kenneth J. M.D.
INDIANA	Costello, Gerard T. M.D.	Brandt, Robert W. M.D.
IOWA	Moyers, John R. M.D.	Becker, James L. M.D.
KANSAS	Becker, Jr., Karl E. M.D.	Kindscher, James D. M.D.
KENTUCKY	Lucas, Linda F. M.D.	Sullivan, Raymond J. M.D.
LOUISIANA	Thomas, Mack A. M.D.	Fontenot, H. Jerrel M.D., Ph.D.
MAINE	Cary, Christopher W. M.D.	Palman, Gary E. D.O.
MARYLAND	Kalish, Murray A. M.D.	Walman, A. Terry M.D.
MASSACHUSETTS	Entrup, Michael H. M.D.	Harvey, Alan M. M.D.
MICHIGAN	Dull, David L. M.D.	Pappas, John L. M.D.
MINNESOTA	McGlinch, Brian P. M.D.	Prielipp, Richard C. M.D.
MISSISSIPPI	Brunson, Claude D. M.D.	Pickard, Paul W. M.D.

COMPONENT SOCIETY	DIRECTOR	ALTERNATE DIRECTOR
MISSOURI	Arnold, Donald E. M.D.	Saak, Thomas E. M.D.
MONTANA	Schweitzer, Mike P. M.D.	Lind, Gregar H. M.D.
NEBRASKA	Ellis, Sheila J. M.D.	Peters, K. Reed M.D.
NEVADA	Millson, Christopher G. M.D.	Zucker, Jonathan R. M.B., Ch.B.
NEW HAMPSHIRE	Quill, Timothy J. M.D.	Hattamer, Steven J. M.D.
NEW JERSEY	Mirsky, Kenneth I. M.D.	Shander, Aryeh M.D.
NEW MEXICO	Wills, John H. M.D.	Burstrom, Ruth E. M.D.
NEW YORK	Freese, Kenneth J. M.D.	Groudine, Scott B. M.D.
NORTH CAROLINA	Maccioli, Gerald A. M.D.	Moretz, Frank H. M.D.
NORTH DAKOTA	Chatelain, John C. M.D.	Chalasani, N.V. M.B., B.S.
OHIO	Davidson, Patricia J. M.D.	Harter, Ronald L. M.D.
OKLAHOMA	Fitch, Jane C.K. M.D.	Roy, Lawrence J. M.D.
OREGON	Cohen, Norman A. M.D.	Anderson, Charles K. M.D.
PENNSYLVANIA	Martin, Donald E. M.D.	Sullivan, Erin A. M.D.
PUERTO RICO	Torres Sierra, Francisco J. M.D.	(Vacant)
RHODE ISLAND	Browning, Richard A. M.D.	Cahill, Deborah M.D.
SOUTH CAROLINA	Yeakel, Christopher A. M.D.	(Vacant)
SOUTH DAKOTA	Atchison, Scott R. M.D.	Lunn, Robert J. M.D.
TENNESSEE	West, James M. M.D.	Worthington, W. Bradley M.D.
TEXAS	Peterson, Mary Dale M.D.	Kercheville, Scott E. M.D.
UTAH	Clayton, Paul N. M.D.	Peterson, W. C. M.D.
VERMONT	Mumford, Joel H. M.D.	Perkins, Frederick M. M.D.
VIRGINIA	Long, Stephen P. M.D.	Arnold, William P. III, M.D.
WASHINGTON	Dunbar, Peter J. M.D.	Flanery, Mark F. M.D.

COMPONENT SOCIETY	DIRECTOR	ALTERNATE DIRECTOR
WEST VIRGINIA	Skaff, Paul A. M.D.	(Vacant)
WISCONSIN	Krishnaney, Ashok R. M.D.	Kettler, Robert E. M.D.
WYOMING	Morrison, Kerry D. M.D.	Calkins, Jerry M. M.D., Ph.D.
RESIDENT	Cook, Christopher R. D.O.	Stein, Erica J. M.D.
ACADEMIC	Barker, Steven J. Ph.D., M.D.	Tremper, Kevin K. M.D., Ph.D.
UNIFORMED SERVICES	Mongan, Paul D. M.D.	Via, Darin K. M.D.
MEDICAL STUDENT	Marrero, Omayra L.	Oleyar, Michael J.



# Potential Conflict-of-Interest Form

Membership # 305471, Year 2008

**Alexander A. Hannenberg, M.D.**

Newton-Wellesley Hospital  
Anesthesia Department  
2014 Washington Street  
Newton, MA 02462

President's Council on Executive Office Oversight

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Director or Officer of FAER, APSF, Massachusetts Peer Review Organization, Newton Wellesley Physician Hospital Organization, Physicians Accounts Receivable Management (professional billing company)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care business, organization or society**?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Professor, Tufts University School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Massachusetts Medical Society, Massachusetts Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/30/2007 9:31:14 PM )*



# Potential Conflict-of-Interest Form

Membership # 248550, Year 2008

**Roger A. Moore, M.D.**

Deborah Heart & Lung Center  
Deborah Heart & Lung Center  
435 E Camden Ave  
Moorestown, NJ 08057-2237

President's Council on Executive Office Oversight

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

### Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

- 1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

WIFE IS PRESIDENT OF THE MEDICAL FACULTY SENATE AT THE UNIVERSITY OF PENNSYLVANIA

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

CLINICAL ASSOCIATE PROFESSOR AT UMDNJ

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

NJSSA - lobby ASA - lobby

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/16/2007 2:38:09 PM )*



# Potential Conflict-of-Interest Form

Membership # 204204, Year 2008

**Jerry A. Cohen, M.D.**

Univ. of Florida College of Medicine

Box 100254

Gainesville, FL 32610-0254

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

**No Signature Found!**

Committee on Quality Management & Departmental Administration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Florida Society of Anesthesiologists Board of Directors

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Florida College of Medicine Department of Anesthesiology

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

FSA and ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/5/2007 10:20:37 AM )*



# Potential Conflict-of-Interest Form

Membership # 224370, Year 2008

**Arnold J. Berry, M.D.**  
Emory University  
30 Battle Ridge Dr NE  
Atlanta, GA 30342-2451

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Professional Education Oversight

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board of Directors, FAER Board of Directors, Accreditation Council on Continuing Medical Education Immediate Past President, GA Society of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology at Emory University School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/25/2008 12:26:39 PM )*



# Potential Conflict-of-Interest Form

Membership # 178942, Year 2008

**Robert E. Johnstone, M.D.**

West Virginia University Hospital  
West Virginia University  
369 Lakeview Dr  
Morgantown, WV 26508-8080

Committee on Distinguished Service Award

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Employee of University Health Associates and West Virginia University

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

West Virginia University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

American Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/16/2007 3:32:23 PM )*



# Potential Conflict-of-Interest Form

Membership # 369543, Year 2008

**Arthur M. Boudreaux, M.D.**

University of Alabama at Birmingham Anes. Dept.  
4493 Preserve Dr  
Hoover, AL 35226-4141

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Membership

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/16/2007 12:57:29 PM )*



# Potential Conflict-of-Interest Form

Membership # 420560, Year 2008

**John M. Zerwas, M.D.**  
6702 Riva Ridge Dr  
Richmond, TX 77406-8680

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

President's Council on Executive Office Oversight

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Memorial Hermann Healthcare System, Corporate Officer --Memorial Hermann Medical Group --Memorial Hermann Health Network Providers --MHS Physicians of Texas

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Texas Medical School-Clinical Associate Professor (annual appointment)

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

Yes

If "Yes", Please list each political office:

State Representative, Texas House of Representatives (District 28)

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/8/2008 12:07:50 PM )*

 **Potential Conflict-of-Interest Form**

Membership # 235048, Year 2008

**Linda J. Mason, M.D.**

Loma Linda University  
Loma Linda University Medical Center  
1665 Halsey St  
Redlands, CA 92373-7262  
Subcommittee on Pediatric Anesthesia

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

**Disclosure of Affiliations**

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

**Affiliations**

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

California Society of Anesthesiologists- Member Board of Director and Executive Committee- current and until 2009

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology and Pediatrics Loma Linda University- current and future position until at least 2009

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/28/2008 3:26:58 PM )*



# Potential Conflict-of-Interest Form

Membership # 515951, Year 2008

**James D. Grant, M.D.**

William Beaumont Hospital  
1574 Sodon Lake Dr.  
Bloomfield Hills, MI 48302

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Executive Committee of the Annual Meeting Oversight

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

South Oakland Anesthesia Associates LMT Rehabilitation Associates (private practice physical medicine and rehabilitation)

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board of Directors, Michigan State Medical Society Trustee, William Beaumont Hospital

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Michigan State Medical Society William Beaumont Hospital American Society of Anesthesiologists American Medical Association

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/30/2007 9:33:38 AM )*



# Potential Conflict-of-Interest Form

Membership # 324181, Year 2008

**John P. Abenstein, M.D.**  
 Mayo Clinic Anes. Dept.  
 10978 Eleventh Ave., N.W.  
 Oronoco, MN 55960-2110

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Bylaws

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Mayo Clinic - member and/or chair of Information Technology Comm, Workstation Oversight Group, Anesthesia/ICU Electronic Record Comm, Document Oversight Committee, Technology Oversight Group, Parking and Transportation Comm, Anesthesia Equipment Comm Blue Cross, Blue Shield of Minnesota - member Medical Policy Committee State of Minnesota - member Medical Education and Research Cost Committee Minnesota Medical Association - Delegate, sit with Board of Trustees, Alt Delegate to the American Medical Association

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor of Anesthesiology Mayo Clinic College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

active in the Minnesota Republican Party

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 4:22:27 PM )*



# Potential Conflict-of-Interest Form

Membership # 368620, Year 2008

**Steven L. Sween, M.D.**  
240 Marchand Ct., N.W.  
Atlanta, GA 30328

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Governmental Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

My anesthesia group owns and operates a Pain Practice and Pain Facility (Physician Pain Specialists/Pain Specialty Center of Atlanta) on the campus of Saint Joseph's Hospital of Atlanta. All of the partners in the anesthesia practice are equal partners in the pain practice and pain facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/18/2007 11:29:56 AM )*



# Potential Conflict-of-Interest Form

Membership # 341726, Year 2008

**James C. Eisenach, M.D.**

Wake Forest University  
Anesthesia Department  
622 Arbor Road  
Winston Salem, NC 27157-0001

Committee on Professional Education Oversight

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology Wake Forest University School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities :

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/25/2008 10:40:44 AM )*



# Potential Conflict-of-Interest Form

Membership # 271416, Year 2008

**Jeffrey B. Gross, M.D.**  
University of Connecticut  
19 Madison Ln  
West Simsbury, CT 06092-2615

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Subcommittee on Respiration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Director, "Continuing Professional Education, Inc." Private corporation providing continuing education in the finance / accounting fields

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology, University of Connecticut School of Medicine. Permanent Appointment

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

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If "Yes", Please list the family member involved and the nature of the activity:

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If "Yes", Please describe each relationship, activity or interest:

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/11/2007 12:41:29 PM )*



# Potential Conflict-of-Interest Form

Membership # 249654, Year 2008

**Donald E. Martin, M.D.**

Penn State Univ. College of Medicine  
19 Gentry Drive  
Palmyra, PA 17078

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Standards and Practice Parameters

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Pennsylvania Society of Anesthesiologists - Assistant Secretary Treasurer, Board Member

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology, Penn State University College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Pennsylvania Society of Anesthesiologists - advocacy for the specialty of anesthesiology in Pennsylvania Penn State University ASA Pennsylvania Medical Society

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:2/8/2009 9:03:55 PM )*



# Potential Conflict-of-Interest Form

Membership # 325865, Year 2008

**Kenneth J. Tuman, M.D.**  
Rush University Medical Center  
1325 Hackberry Ln  
Winnetka, IL 60093-1607

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

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11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/5/2007 12:18:30 PM )*



# Potential Conflict-of-Interest Form

Membership # 402059, Year 2008

**Norman A. Cohen, M.D.**

Oregon Health & Science Univ. Anes. Dept.  
0841 SW Gaines St # 504  
Portland, OR 97239-2976

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

Committee on Representation to AMA

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

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No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/27/2008 8:30:32 AM )*



# Potential Conflict-of-Interest Form

Membership # 394631, Year 2008

**Gerald Maccioli, M.D.**

American Anesthesiology of NC  
PO Box 18623  
Raleigh, NC 27619-8623

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

President's Council on Executive Office Oversight

## Disclosure of Affiliations

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## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President of the American Society of Critical Care Anesthesiologists [ASA subspecialty organization]

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 1:54:29 PM )*



# Potential Conflict-of-Interest Form

Membership # 552222, Year 2008

**Hector Vila, Jr., M.D.**  
4304 W Azeele St  
Tampa, FL 33609-3824

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

SAMBA Committee on Latin American Relations

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Mobile Anesthesiologists of Tampa

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Mobile Anesthesiologists of Tampa Organon Speaker Bureau Merck Speaker Bureau

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA Florida Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/30/2008 6:56:34 AM )*



# Potential Conflict-of-Interest Form

Membership # 509722, Year 2008

**Jeffrey S. Plagenhoef, M.D.**

Anesthesia Consultants Medical Group  
1118 Ross Clark Circle, Suite 700  
Dothan, AL 36301

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Anesthesia Care Team

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Small equity position with the AIMS vendor DocuSys.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Consultant for DocuSys.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Medical Association of the State of Alabama Alabama State Society of Anesthesiologists ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:2/4/2008 5:15:04 PM )*

 **Potential Conflict-of-Interest Form**

Membership # 339065, Year 2008

**Daniel J. Cole, M.D.**

Mayo Clinic College of Medicine

5777 E Mayo Blvd

Department of Anesthesiology

Phoenix, AZ 85054-4502

Executive Committee of the Annual Meeting Oversight

BOARD &amp; COMMITTEE CONTRIBUTION AGREEMENT

**No Signature Found!****Disclosure of Affiliations**

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology Mayo Clinic College of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Lobby on behalf of the ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

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No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/28/2008 9:52:05 AM )*



# Potential Conflict-of-Interest Form

Membership # 581854, Year 2008

**Brion J. Beerle, M.D.**  
 Chugach Anesthesia, LLC  
 PO Box 212289  
 Anchorage, AK 99521-2289

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Current 50% owner of medical practice, Chugach Anesthesia, LLC

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/27/2007 5:53:32 PM )*



# Potential Conflict-of-Interest Form

Membership # 673748, Year 2008

**Jeff T. Mueller, M.D.**  
 Mayo Clinic Hospital  
 Dept of Anesthesiology  
 5777 East Mayo Boulevard  
 Phoenix, AZ 85054  
 US  
 Committee on Economics

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Instructor, Mayo Clinic

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

Host Committee, fundraising event for David Schweikert, primary candidate for U.S. Congress.

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 6:38:58 PM )*



# Potential Conflict-of-Interest Form

Membership # 362227, Year 2008

**James M. Vollers, M.D.**

University of Arkansas for Medical Sciences  
1 Childrens Way  
Slot 203, S-319  
Little Rock, AR 72202-3510  
Subcommittee on Pediatric Anesthesia

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

### Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology, University of Arkansas, current

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

American Society of Anesthesiologists, local, state, and national political lobbying  
Arkansas Society of Anesthesiologists, local and state political lobbying

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 11:56:43 AM )*



# Potential Conflict-of-Interest Form

Membership # 722424, Year 2008

**Brent L. Walker, M.D.**  
 Ozark Regional Anesthesia  
 3640 E Leawood Way  
 Fayetteville, AR 72703-4827

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Medical director/board member of Arkansas Physicians Mutual, a malpractice insurance company being formed in the state of Arkansas for Arkansas physicians.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/28/2007 4:57:58 PM )*



# Potential Conflict-of-Interest Form

Membership # 321729, Year 2008

**Mark A. Singleton, M.D.**  
1805 Greencreek Dr.  
San Jose, CA 95124-1121

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Quality Management & Departmental Administration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/3/2008 4:44:42 PM )*

 **Potential Conflict-of-Interest Form**

Membership # 256707, Year 2008

**Peggy G. Duke, M.D.**

Emory University Hospital

1364 Clifton Road

Dept of Anesthesiology A303

Atlanta, GA 30322

Committee on Surgical Anesthesia

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT****No Signature Found!****Disclosure of Affiliations**

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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**Affiliations**

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Medtronic --consultant

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Emory University School of Medicine--Assistant Professor

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

#### **Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/7/2007 8:48:39 AM )*



# Potential Conflict-of-Interest Form

Membership # 565621, Year 2008

**William H. Montgomery, M.D.**

533 Ahakea Street  
Honolulu, HI 96816

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

Committee on Administrative Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

American Heart Association-Emergency Cardiac Care Committee Member 2007-2010

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor of Anesthesiology, University of Hawaii School of Medicine-Indefinite

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:9/13/2007 1:53:56 PM )*



# Potential Conflict-of-Interest Form

Membership # 399726, Year 2008

**Della M. Lin, M.D.**  
1329 Lusitana St., #604  
Honolulu, HI 96813

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Ambulatory Surgical Care

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

self employed medical practice

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

on the Board of Directors of Hawaii Medical Service Association (Blue Cross Blue Shield of Hawaii) since 2002.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/11/2007 2:44:05 PM )*



# Potential Conflict-of-Interest Form

Membership # 406082, Year 2008

**Randall M. Clark, M.D.**  
21 Hyde Park Circle  
Denver, CO 80209

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

Committee on Pediatric Anesthesia

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

STAT Consulting, P.C. Owner and Director. This is a company my wife and I use to provide medically related consulting and other medical professional services.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Same as #3. Also, Director of Colorado Society of Anesthesiologists and Denver Medical Society.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Colorado, Department of Anesthesiology Associate Professor

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:3/27/2008 2:30:46 PM )*



# Potential Conflict-of-Interest Form

Membership # 685714, Year 2008

**Alexey V. Slucky, M.D.**

South Denver Anesthesiologists, PC  
333 W. Hampden Ave., Suite 600  
Englewood, CO 80110

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

I am a physician investor in Rocky Mountain Surgical Investors, and organization that holds a 49% investment in a free-standing ambulatory surgical center -- the Rocky Mountain Surgery Center.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization** or **health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am a member of the Board of Directors for South Denver Anesthesiologists, PC. My term as a Board member expires on December 31, 2007.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

I am the current president of the Colorado Society of Anesthesiologists. As president, I represent the society and lobby on behalf of the society.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

#### **Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/6/2007 10:46:23 PM )*



# Potential Conflict-of-Interest Form

Membership # 209310, Year 2008

**Jan Ehrenwerth, M.D.**  
4 Randi Dr  
Madison, CT 06443-2440

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Equipment and Facilities

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board of Directors Ct State Society of Anesthesiologists Board of Directors Anesthesia Patient Safety Foundation  
Board of Directors Society for Technology in Anesthesia

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology Yale University School of Medicine Continuing appointment

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/10/2007 9:27:02 AM )*



# Potential Conflict-of-Interest Form

Membership # 271416, Year 2008

**Jeffrey B. Gross, M.D.**  
 University of Connecticut  
 19 Madison Ln  
 West Simsbury, CT 06092-2615

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Subcommittee on Respiration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Director, "Continuing Professional Education, Inc." Private corporation providing continuing education in the finance / accounting fields

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology, University of Connecticut School of Medicine. Permanent Appointment

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

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11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/11/2007 12:41:29 PM )*



# Potential Conflict-of-Interest Form

Membership # 272419, Year 2008

**Chris A. Kittle, M.D.**  
8 Rosecroft Ct.  
Wilmington, DE 19808-4334

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/24/2008 7:52:10 PM )*



# Potential Conflict-of-Interest Form

Membership # 376866, Year 2008

**Gerard T. Costello, M.D.**  
7404 N. Landings Trail  
Muncie, IN 47303

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Governmental Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

own partial share of Ball Hospital Outpatient Surgery Center

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

consultant with Organon Pharmaceuticals

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Clinical professor at Indiana University Medical Center

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 12:50:15 PM )*



# Potential Conflict-of-Interest Form

Membership # 560162, Year 2008

**John F. Dombrowski, M.D.**  
5123 Watson St NW  
Washington, DC 20016-5341

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Outreach Education

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 9:50:05 PM )*



# Potential Conflict-of-Interest Form

Membership # 430553, Year 2008

**Robert W. Brandt, M.D.**

Anesthesia Consultants of Indianapolis  
741 Mayfair Ln  
Carmel, IN 46032-8654

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Anesthesia Consultants of Indianapolis, LLC. -- my private practice group. Most income is derived from clinical care services performed by me. Insignificant income (not material financial interest) derived as a partner from corporate business activities and corporate investments.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Anesthesia Consultants of Indianapolis, LLC -- single-specialty partnership private practice group of 70 anesthesiologists in central Indiana providing professional anesthesiology services (my practice group). Positions: Pension Plan Trustee, Compliance Officer, Chairman of Compliance Committee, Chairman of Scheduling Oversight Committee.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:4/1/2008 3:38:54 PM )*



# Potential Conflict-of-Interest Form

Membership # 241357, Year 2008

**Raafat S. Hannallah, M.D.**

Childrens National Medical Center  
111 Michigan Ave NW  
Washington, DC 20010-2916

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Subcommittee on Ambulatory and Geriatric Anesthesia

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am a PRN medical consultant to Baxter, Organon.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Anesthesiology and Pediatrics The George Washington University Medical Center Division of Anesthesiology Children's National Medical Center 111 Michigan Avenue, N.W. Washington, DC 20010

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity.

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/8/2008 8:06:40 AM )*



# Potential Conflict-of-Interest Form

Membership # 217294, Year 2008

**John R. Moyers, M.D.**

UIHC

200 Hawkins Dr.

Dept of Anes.

Iowa City, IA 52242-1079

Committee on Quality Management & Departmental Administration

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board Directors Oaknoll Retirement Community, Iowa Ctiy, IA Board of Directors, Anesthesia Foundation Board of Directors, ASA Secretary, WFSA

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Prof., U of Iowa

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/17/2008 9:28:23 AM )*



# Potential Conflict-of-Interest Form

Membership # 323881, Year 2008

**James D. Kindscher, M.D.**

University of Kansas Medical Center  
14204 Dearborn St  
Overland Park, KS 66223-2594

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**

**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

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If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor and Chair Kansas University Medical Center

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

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No

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activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

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No

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*( signed on:12/28/2007 6:45:08 AM )*



# Potential Conflict-of-Interest Form

Membership # 323881, Year 2008

**James D. Kindscher, M.D.**

University of Kansas Medical Center  
14204 Dearborn St  
Overland Park, KS 66223-2594

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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No

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3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

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*( signed on:12/28/2007 6:45:08 AM )*



# Potential Conflict-of-Interest Form

Membership # 353770, Year 2008

**Linda F. Lucas, M.D.**  
Univ. of Louisville Hospital  
5013 Old Federal Rd.  
Louisville, KY 40207-1200

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

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No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Louisville Department of Anesthesiology and Perioperative Medicine, University of Louisville, Louisville, Kentucky. Associate Professor, March 31, 2008

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

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*( signed on:1/8/2008 12:44:19 PM )*



# Potential Conflict-of-Interest Form

Membership # 402616, Year 2008

**James L. Becker, M.D.**  
35303 Cabernet Circle  
Waukee, IA 50263-8125

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

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No

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*( signed on:1/13/2008 8:08:40 PM )*



# Potential Conflict-of-Interest Form

Membership # 585800, Year 2008

**Raymond J. Sullivan, M.D.**  
20 Medical Village Dr., Suite 258  
Edgewood, KY 41017

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

Central Anesthesia Management Services Provides management and billing services for anesthesiology groups.  
Centerview Surgical Center Holdings Physician-owned outpatient surger center.

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*( signed on:12/28/2007 9:54:24 AM )*



# Potential Conflict-of-Interest Form

Membership # 239140, Year 2008

**Mack A. Thomas, M.D.**  
244 Beverly Dr.  
Metairie, LA 70001

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Local Arrangements

## Disclosure of Affiliations

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

- 9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/10/2007 10:06:56 AM )*



# Potential Conflict-of-Interest Form

Membership # 656498, Year 2008

**Gary E. Palman, D.O.**

Spectrum Anes., Maine Med. Ctr.

22 Bramhall St

Portland, ME 04102-3134

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**

**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/1/2008 7:10:17 PM )*



# Potential Conflict-of-Interest Form

Membership # 199421, Year 2008

**Murray A. Kalish, M.D., M.B.A.**

Johns Hopkins - ACCM  
7102 Rockland Hills Dr  
Baltimore, MD 21209-1113

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

Committee on Simulation Education

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Assistant Professor of Anesthesiology & Critical Care Medicine, Johns Hopkins, Baltimore, Maryland

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

lobbying the Maryland General Assembly for the Maryland Society of Anesthesiologists, the Baltimore City Medical Society, and the Maryland State Medical Society (Med Chi) lobbying the United States Congress on behalf of the American Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

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**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/26/2008 12:40:10 PM )*



# Potential Conflict-of-Interest Form

Membership # 278073, Year 2008

**Terry Walman, M.D.**

Anes. & Critical Care Medicine  
PO Box 2968  
Annapolis, MD 21404-2968

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

Committee on Expert Witness Testimony Review

## Disclosure of Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Johns Hopkins University School of Medicine Part-time Faculty Department of Anesthesiology and Critical Care Medicine: 7/1/08 - 6/30/09

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

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If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

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**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:4/18/2008 5:50:32 AM )*



# Potential Conflict-of-Interest Form

Membership # 681644, Year 2008

**Michael H. Entrup, M.D.**  
P.O. Box 5178  
Framingham, MA 01701-5178

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Newsletter

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

ASA BOD

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Tufts University School of Medicine faculty appointment

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

on behalf of ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

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No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

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*( signed on:2/4/2008 6:41:07 PM )*



# Potential Conflict-of-Interest Form

Membership # 620515, Year 2008

**John L. Pappas, M.D.**  
William Beaumont Hospital Troy  
294 Barden Rd  
Bloomfield Hills, MI 48304-2711

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Membership

## Disclosure of Affiliations

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services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/7/2008 9:12:38 AM )*



# Potential Conflict-of-Interest Form

Membership # 660214, Year 2008

**Brian P. McGlinch, M.D.**  
 Mayo Clinic Anesthesiology  
 1832 22nd Ave NE  
 Rochester, MN 55906-8035

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

My sister Margaret A. McGlinch, J.D., M.P.P., is a lawyer-lobbyist with Clark and Weinstock in Washington, D.C.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor of Anesthesiology, Mayo Clinic, Rochester, MN 55905

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Minnesota Society of Anesthesiologists, American Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

Yes

If "Yes", Please list the family member involved and the nature of the activity:

My sister Margaret A. McGlinch, J.D., M.P.P. is a lawyer-lobbyist with Clark and Weinstock in Washington, D.C.

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/3/2007 11:47:35 AM )*



# Potential Conflict-of-Interest Form

Membership # 507308, Year 2008

**Claude D. Brunson, M.D.**  
Univ of Mississippi Med Ctr  
2500 N State St  
Jackson, MS 39216-4500

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Governmental Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Chairman, Council on Legislation, Mississippi State Medical Association

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Member, Board of Directors, Madison County Bank, Madison, MS

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Chairman and Professor, Department of Anesthesiology, Univ. of MS Medical Center

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Lobbying for medical legislation for MS State Medical Assoc. and ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 12:33:17 PM )*



# Potential Conflict-of-Interest Form

Membership # 319319, Year 2008

**Candace E. Keller, M.D., M.P.H.**  
2500 N State St  
Jackson, MS 39216-4500

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Employee of University of Mississippi Healthcare Associate Professor Department of Anesthesiology 2500 North State St. Jackson, MS 39216

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor or Anesthesiology 10/23/07 - ongoing University of Mississippi Medical Center Jackson, MS 39216

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Only as a member and/or officer on behalf of ASA and AMA and their respective component societies

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 1:35:11 PM )*



# Potential Conflict-of-Interest Form

Membership # 658201, Year 2008

**Thomas E. Saak, M.D.**  
462 Chukker Valley  
Ellisville, MO 63021

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Western Anesthesiology Associates, Inc.- private practice anesthesiology group located in St. Louis, MO.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Missouri Society of Anesthesiologists- executive committee member and participant in state lobbying activities.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/29/2007 8:10:05 PM )*



# Potential Conflict-of-Interest Form

Membership # 383330, Year 2008

**Donald E. Arnold M.D.**

Western Anesthesiology Assoc. Inc.

339 Consort Dr

Ballwin, MO 63011-4439

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**

**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

I am a partner in a private anesthesiology group practice. My wife is a physician in solo private practice.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am Chair, Department of Anesthesiology, St. John's Mercy Medical Center, St. Louis, Missouri. Board of Directors, Missouri Society of Anesthesiologists

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am Chair, Healthcare Advisory Board, Champion Bank, St. Louis, Missouri

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Only advocacy as a citizen and member of ASA and Missouri Society of Anesthesiologists.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity.

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/27/2007 12:30:03 PM )*



# Potential Conflict-of-Interest Form

Membership # 306055, Year 2008

**Mike P. Schweitzer, M.D.**  
1927 Holstein Ln.  
Laurel, MT 59044-9567

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Yellowstone Surgery Center - an ambulatory surgery center InterWest Health, a PPO Anesthesia Partners of MT, an anesthesia group Berkshire Hathaway (BRKb) stock

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Chair - Rocky Mountain Health Network - an MSO Board member InterWest Health, a PPO Director ASA VP Anesthesia Partners of MT an anesthesia group Medical Director of perioperative services - St. Vincent Healthcare Board member HealthShare MT - an organization for interoperability of EMR in MT

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

TxBus CFO, a text messaging service Board member ORPEER, a hospital software product

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

U. of Washington Anesthesiology

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

HealthShare MT advocacy Rocky Mountain Health Network advocacy MT Society of Anesthesiologists advocacy ASA

advocacy

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

Governor's race in MT for my brother

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

Yes

If "Yes", Please list the family member involved and the nature of the activity:

Governor Brian Schweitzer, MT

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 8:33:22 PM )*



# Potential Conflict-of-Interest Form

Membership # 636934, Year 2008

**Sheila J. Ellis, M.D.**

University of Nebraska Medical Center  
University of Nebraska Medical Center  
10247 Adams St.  
Omaha, NE 68127-4540

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

### Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor, Department of Anesthesiology, University of Nebraska Medical Center, July 1, 2007-June 30, 2008

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/28/2007 12:01:34 PM )*



# Potential Conflict-of-Interest Form

Membership # 232946, Year 2008

**K. R. Peters, M.D.**

University of Nebraska Medical Center  
180 S 216th Cir  
Elkhorn, NE 68022-1820

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Nebraska Medical Center, Professor of Anesthesiology 2002 to retirement

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

- 9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities :

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:3/26/2008 7:16:38 AM )*



# Potential Conflict-of-Interest Form

Membership # 299302, Year 2008

**Jonathan R. Zucker, M.B.,Ch.B.**  
1612 Saint Gregory Drive  
Las Vegas, NV 89117

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Trauma and Emergency Preparedness

## Disclosure of Affiliations

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

Nevada State Society of Anesthesiologists, President.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

UNSOM

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Nevada State Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/27/2007 9:58:33 PM )*



# Potential Conflict-of-Interest Form

Membership # 638033, Year 2008

**Steven J. Hattamer, M.D.**  
Nashua Anesthesia Partners  
8 Prospect Street  
Nashua, NH 03060

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Quality Management & Departmental Administration

## Disclosure of Affiliations

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- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp..](http://asawebapps.org/coi_admin/coiPrint.asp..)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Centers for Pain Solutions; New Hampshire state licensed ASC providing care for pain patients. Nashua Anesthesia Partners; a limited liability partnership registered in New Hampshire providing professional anesthesia services. Dental Anesthesia Associates; a limited liability partnership registered in New Hampshire professional anesthesia services.

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I'm the VP for Centers for Pain Solutions; New Hampshire state licensed ASC providing care for pain patients. I am President of Nashua Anesthesia Partners; a limited liability partnership registered in New Hampshire providing professional anesthesia services. I am President of Dental Anesthesia Associates; a limited liability partnership registered in New Hampshire professional anesthesia services.

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

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No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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**Statement of Compliance**

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*( signed on:12/27/2007 7:02:17 PM )*



# Potential Conflict-of-Interest Form

Membership # 394201, Year 2008

**Aryeh Shander, M.D.**

Englewood Hospital and Medical Center  
12 Lois Ave  
Demarest, NJ 07627-2220

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

Subcommittee on Critical Care

## Disclosure of Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

SABM, NAAC, NJSSA, SCCM.HemoCncepts, Bayer, OBI, Zymogenetics, Novo Nordik.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical professor of Anesthesiology, Medicine and Surgery. Mt. Sinai Medical School, NY.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/11/2008 8:04:58 AM )*



# Potential Conflict-of-Interest Form

Membership # 251383, Year 2008

**Kenneth I. Mirsky, M.D.**  
625 Lenox Ave.  
Westfield, NJ 07090-2162

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Finance

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Member of the Executive Committee of the New Jersey State Society of Anesthesiologists (informal appointment process, probably long-term commitment)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

I will be leaving my private-practice anesthesia group as of 12/31/07. Sometime around February-March 2008 I expect to begin an appointment as a clinical assistant professor; will notify when that happens.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

"Lobbying" as a citizen and member of the ASA and New Jersey State Society of Anesthesiologists.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/27/2007 1:30:13 PM )*



# Potential Conflict-of-Interest Form

Membership # 654062, Year 2008

**John H. Wills, M.D.**

University of New Mexico  
1 University of New Mexico  
MSC 11 6120, Dept of Anes  
Albuquerque, NM 87131-0001

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

### Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

1. Board of Directors New Mexico Molina Healthcare 2. Member, Molina Healthcare Credentialing and Peer Review Committee 3. Member, Lovelace Healthplan Quality Council 4. Board Member, University of New Mexico Medical Group 5. Board Member, New Mexico Medical Society

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor University of New Mexico

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/3/2008 9:51:30 AM )*



# Potential Conflict-of-Interest Form

Membership # 551241, Year 2008

**Ruth E. Burstrom, M.D.**  
University of NM School of Med.  
1538 Eagle Ridge Pl., N.E.  
Albuquerque, NM 87122-1154

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Audubon New Mexico - on Board of Directors and executive committee. Volunteer position. Component of the National Audubon Society. Work within Audubon and the state of New Mexico to promote its education and conservation agendas. Help set policy for the state office, board and chapters. President New Mexico Audubon Council - group comprised of activists from the separate National Audubon Chapters in New Mexico. Each term is 2 years and I'm half way through a term. As the President of the Council I am automatically a member of the Audubon New Mexico board of directors.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of New Mexico School of Medicine Assistant Professor 3 years

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Audubon New Mexico and New Mexico Audubon Council - advocacy for habitat, endangered species and energy.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:10/31/2008 4:05:21 PM )*



# Potential Conflict-of-Interest Form

Membership # 237305, Year 2008

**Kenneth J. Freese, M.D.**

Nassau University Medical Center  
660 Wenwood Dr  
East Meadow, NY 11554-4943  
US

Committee on Physician Resources

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

- 1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

New York State Society of Anesthesiologists - Executive Committee of Board of Directors

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Clinical Anesthesiology - Stony Brook University

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

New York State Society of Anesthesiologists

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/4/2007 9:09:25 AM )*



# Potential Conflict-of-Interest Form

Membership # 324013, Year 2008

**Scott B. Groudine, M.D.**

Albany Medical Center  
21 Carriage Hill Drive  
Latham, NY 12110-4946

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**

**No Signature Found!**

Subcommittee on Neuromuscular Transmission

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Albany Medical Center" Professor of Anesthesiology and Surgery

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/1/2007 3:53:16 PM )*



# Potential Conflict-of-Interest Form

Membership # 220936, Year 2008

**Frank H. Moretz, M.D.**  
Asheville Anesthesia Associates  
P. O. Box 5244  
Asheville, NC 28813

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President, Asheville Anesthesia Associates

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:3/25/2008 5:13:10 PM )*



# Potential Conflict-of-Interest Form

Membership # 298842, Year 2008

**John C. Chatelain, M.D.**  
1319 S.9th St.  
 Fargo, ND 58103-4105

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Rural Access to Anesthesia Care

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

- 9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

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No

If "Yes", Please describe your political activities:

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No

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 12:49:56 PM )*



# Potential Conflict-of-Interest Form

Membership # 560719, Year 2008

**Ronald L. Harter, M.D.**

Ohio State University Medical Center  
7825 Holiston Ct  
Dublin, OH 43016-8659

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Residents and Medical Students

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

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No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

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11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

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**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/27/2007 8:57:52 PM )*



# Potential Conflict-of-Interest Form

Membership # 522673, Year 2008

**Jane C.K. Fitch, M.D.**

Oklahoma Allergy Clinic Bldg.  
Anesthesia Department  
750 NE 13th St Ste 200  
Oklahoma City, OK 73104-5024  
SEA Committee on Finance

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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- a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor and Chair John L. Plewes Chair Department of Anesthesiology University of Oklahoma HSC November 2001-present

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/2/2008 2:43:37 PM )*



# Potential Conflict-of-Interest Form

Membership # 346388, Year 2008

**Charles K. Anderson, M.D.**  
60975 Billadeau Rd.  
Bend, OR 97702

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am in the last class of a healthcare MBA from George Washington University and anticipate completing the degree in either February or March of 2008. After completion it is my intention to seek positions similar to those mentioned above however none have been secured at this time.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

It is possible based upon the above information given but not at this time.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

I have written a advocacy paper on funding the Oregon Health Plan which I am planning to submit to my local state Senator.

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

#### **Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.



# Potential Conflict-of-Interest Form

Membership # 491536, Year 2008

**Erin A. Sullivan, M.D.**

University of Pittsburgh  
200 Lothrop St  
Department of Anesthesiology PUH C-224  
Pittsburgh, PA 15213-2536

Committee on Scientific and Educational Exhibits

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

**No Signature Found!**

## Disclosure of Affiliations

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2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

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*( signed on:12/27/2007 4:47:18 PM )*



# Potential Conflict-of-Interest Form

Membership # 491536, Year 2008

**Erin A. Sullivan, M.D.**

University of Pittsburgh

200 Lothrop St

Department of Anesthesiology PUH C-224

Pittsburgh, PA 15213-2536

Committee on Scientific and Educational Exhibits

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*( signed on:12/27/2007 4:47:18 PM )*



# Potential Conflict-of-Interest Form

Membership # 364426, Year 2008

**Richard A. Browning, M.D.**  
359 Rumstick Point Rd.  
Barrington, RI 02806

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Administrative Affairs

## Disclosure of Affiliations

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[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

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Yes

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Clinical Professor of Anesthesiology, The Warren Alpert Medical School of Brown University

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*( signed on:12/28/2007 1:29:47 PM )*



# Potential Conflict-of-Interest Form

Membership # 620912, Year 2008

**Deborah Cahill, M.D.**  
Rhode Island Hospital  
60 Plantation Ln.  
Saunderstown, RI 02874-2742

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

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*( signed on:6/30/2008 2:22:14 PM )*



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Membership # 620912, Year 2008

**Deborah Cahill, M.D.**  
Rhode Island Hospital  
60 Plantation Ln.  
Saunderstown, RI 02874-2742

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# Potential Conflict-of-Interest Form

Membership # 358718, Year 2008

**Christopher A. Yeakel, M.D.**  
206 Beaver Lake Dr.  
Elgin, SC 29045

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

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Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Anesthesiology Consultants of Columbia, South Carolina. This is legal business entity which is comprised of partner anesthesiologists engaged in the purpose of providing anesthesiology services to the Columbia geographical area. I am currently one of 20 partners in this business medical group.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I currently hold the position of Secretary of the Columbia Medical Society (CMS). CMS is one of many local medical societies in South Carolina that exist in South Carolina focusing on the local medical community, its patients and their needs.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/31/2007 8:18:49 AM )*



# Potential Conflict-of-Interest Form

Membership # 353022, Year 2008

**W. Bradley Worthington, M.D.**

Center for Spinal Surgery

202 Deer Park Drive

Nashville, TN 37205-2811

BOARD & COMMITTEE CONTRIBUTION AGREEMENT

**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

I serve as the Chief Medical Officer for Gradient Technologies and Gradient Medical both companies developing intellectual property related to treatment of various medical conditions related to abnormal cell and/or neuronal pathophysiology.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

See above

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I serve as a non-paid consultant for Demeter Systems and LENR. Both companies developing alternative fuel and energy technologies.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

I may be contacted and represent technical information related to the above mentioned companies.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

#### **Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/29/2007 10:07:20 PM )*



# Potential Conflict-of-Interest Form

Membership # 539177, Year 2008

**James M. West, M.D.**  
5229 Cosgrove Cv.  
Memphis, TN 38117-4542

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

Committee on Scientific Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

Board of Directors of Metrocare Physicians - 1500 member IPA - 2007 thru 2008

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Assistant Professor of Anesthesia - University of Tennessee Health Science Center - indefinite  
 Professor of Human Values and Ethics - University of Tennessee Health Science Center - indefinite

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Just ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/5/2007 9:14:33 AM )*



# Potential Conflict-of-Interest Form

Membership # 319330, Year 2008

**Mary Dale Peterson, M.D.**

Driscoll Found. Childrens Hospital  
210 Naples St.  
Corpus Christi, TX 78404

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**

**No Signature Found!**

Committee on Physician Resources

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

President/CEO Driscoll Children's Health Plan Delegate, Texas Medical Association Council member, Council on Socioeconomics, Texas Medical Association Board Member, Texas Society of Anesthesiologists (TSA) Committee Member, Economics, Editorial, Nominating, Awards committees for TSA Chair Communications Committee, Nueces County Medical Society Alternate Delegate, American Medical Association

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Associate Professor - University of Texas Medical Branch at Galveston Clinical Associate Professor- Texas A&M University

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Driscoll Children's Health Plan, Texas Medical Association, Texas Pediatric Society- I am asked to advocate for

children's issues in the State of Texas and testify during our legislative sessions as well as meeting with our legislators

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

( signed on:11/28/2007 2:04:54 PM )



# Potential Conflict-of-Interest Form

Membership # 347198, Year 2008

**Scott E. Kercheville, M.D.**

UTHSCSA

Mail Code 7838

7703 Floyd Curl Drive

San Antonio, TX 78229-3900

Committee on Quality Management & Departmental Administration

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**

**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

South Texas Physician Outreach, Board member & Medical Director (non-profit foundation for yearly medical missions to Honduras)

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

UTHSCSA, Dept. of Anesthesiology, Assistant Professor

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Texas Society of Anes. Governmental Affairs Comm. and ASAPAC--Annual trip to DC for Advocacy for anesthesia & health care issues as well as occ. contacts in Austin, Tx

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/4/2007 12:20:49 PM )*



# Potential Conflict-of-Interest Form

Membership # 229555, Year 2008

**Joel H. Mumford, M.D.**

VA Medical Center  
221 Elm Hill Rd.  
Springfield, VT 05156

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Governmental Affairs

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
asawebapps.org/coi\_admin/coiPrint.asp...

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Dartmouth Medical School, Assistant Professor of Anesthesiology, term continues as long as I remain employee of VA Medical Center

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/28/2007 6:40:24 AM )*



# Potential Conflict-of-Interest Form

Membership # 296246, Year 2008

**Paul N. Clayton, M.D.**  
Alta View Hospital  
#2 Old Oak Ln.  
Sandy, UT 84092-4903

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am on the Board of Directors of the Utah Chapter of Freedom's Foundation at Valley Forge, a no-profit, non-partisan organization promoting education about the principles and responsibilities of freedom in America. I am a managing member of 3 LLCs which deal in land development and investments (non-health care).

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

Yes

If "Yes", Please describe your political activities:

I anticipate involvement in political races with my own local and national representatives in this election year, such as assisting in campaign activities as a volunteer

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/27/2007 10:58:30 PM )*



# Potential Conflict-of-Interest Form

Membership # 215299, Year 2008

**Frederick M. Perkins, M.D.**  
 VAMC & ROC, #112  
 215 N. Main St.  
 White River Junction, VT 05009

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor of Anesthesiology, Dartmouth Medical School (not time limited)

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/28/2007 5:34:03 AM )*



# Potential Conflict-of-Interest Form

Membership # 505481, Year 2008

**Stephen P. Long, M.D.**

Commonwealth Pain Specialists, LLC  
1501 Maple Ave Ste 301  
Richmond, VA 23226-2553

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Finance

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Adjunct clinical faculty, Department of Anesthesiology, Associate Clinical Professor, Virginia Commonwealth University School of Medicine

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/2/2008 4:18:42 PM )*



# Potential Conflict-of-Interest Form

Membership # 291129, Year 2008

**Peter J. Dunbar, M.D.**

University of Washington  
PO Box 356540  
1959 Pacific St.  
Seattle, WA 98195-6540

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Quality Management & Departmental Administration

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

- 1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

Yes

If "Yes", Please list the name of each business and the type of goods or services involved:

Talaria Inc. a washington corporation I founded an have a significant minority interest in has in the past and might in the future bid to sell eLearning materials to the ASA

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am immediate past president of Washington state medical association (WSMA)

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Talaria Inc. CEO (2000-present) co-founder, shareholder

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Clinical Associate professor at University of Washington in anesthesiology and public health

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA, WSMA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/27/2007 1:52:55 AM )*



# Potential Conflict-of-Interest Form

Membership # 404531, Year 2008

**Paul A. Skaff, M.D.**  
28 Norwood Rd.  
Charleston, WV 25314

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

West Virginia University Adjunct Assistant Professor one year

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

West Virginia State Society of Anesthesiologists lobbying for patient rights

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/28/2007 10:03:04 AM )*



# Potential Conflict-of-Interest Form

Membership # 324057, Year 2008

**Robert E. Kettler, M.D.**

Department of Anes. FEC  
9200 W. Wisconsin Ave.  
Milwaukee, WI 53226-3596

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Professional Liability

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

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The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor of Anesthesiology, Medical College of Wisconsin, 1983-present

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

American Society of Anesthesiologists: Annual Legislative Conference, Member of Executive Board of Directors  
ASAPAC Wisconsin Society of Anesthesiologists: Member of PAC board

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/12/2008 8:36:25 AM )*



# Potential Conflict-of-Interest Form

Membership # 333353, Year 2008

**Steven J. Barker, Ph.D., M.D.**

University of Arizona  
Anesthesiology Department  
PO Box 245 114  
Tucson, AZ 85724-5114  
Committee on Economics

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

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No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

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No

If "Yes", Please describe your political activities:

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No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:7/23/2007 10:39:12 AM )*



# Potential Conflict-of-Interest Form

Membership # 311033, Year 2008

**Kevin K. Tremper, M.D., Ph.D.**

Univ of MI Hosp  
1500 E. Medical Center Dr., Rm 1H247  
Ann Arbor, MI 48109-0048

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Subcommittee on Equipment, Monitoring and Engineering Technology

## Disclosure of Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

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No

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**Statement of Compliance**

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To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:12/29/2007 8:18:12 PM )*

Last update on:9/13/2007 2:03:37 PM



# Potential Conflict-of-Interest Form

Membership # 277387, Year 2008

**Steven C. Hall, M.D.**Children's Memorial Hospital Pediatric Anes. Dept.  
27 Salem Ln  
Evanston, IL 60203-1217**BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
No Signature Found!****Disclosure of Affiliations**

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

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**Statement of Compliance**

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*( signed on:9/13/2007 2:03:37 PM )*

Last update on:1/2/2008 11:05:01 AM



# Potential Conflict-of-Interest Form

Membership # 250325, Year 2008

**Patricia A. Kapur, M.D.**

David Geffen School of Medicine  
 Ronald Reagan UCLA Medical Center  
 757 Westwood Blvd, Room 2331L  
 Los Angeles, CA 90095-7403

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

Executive Committee of the Annual Meeting Oversight

**Disclosure of Affiliations**

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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**Affiliations**

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No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Director, American Board of Anesthesiology, through 10/08 Trustee, International Anesthesia Research Society, through 3/09

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Director, International Solar Electric Technology, unlimited term

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor and Dept. Chair, UCLA Dept. of Anesthesiology

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

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If "Yes", Please describe your political activities:

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If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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*( signed on:1/2/2008 11:05:01 AM )*

Last update on:11/28/2007 4:56:58 PM



# Potential Conflict-of-Interest Form

Membership # 337161, Year 2008

**Mark J. Lema, M.D., Ph.D.**

University of Buffalo New York  
 Univ. at Buffalo Roswell Park Cancer Inst.  
 155 Roxbury Park  
 East Amherst, NY 14051-1775

President's Council on Executive Office Oversight

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

### Disclosure of Affiliations

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No

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2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

National advisor - Merck Vaccine Division Board member - Erie County Medical Society

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Chair - Canisius College Medical Advisory Board

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor of Oncology and Anesthesiology - Roswell Park Cancer Institute Research Associate Professor of Experimental Pathology - Univ at Buffalo Professor and Chair of Anesthesiology - Univ at Buffalo

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Chair of Legislation Committee - Erie County Medical Society (MSSNY)

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/28/2007 4:56:58 PM )*

Last update on:1/3/2008 12:09:32 PM



## Potential Conflict-of-Interest Form

Membership # 104775, Year 2008

James F. Arens, M.D.  
PO Box 1999  
Bayfield, CO 81122-1999

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
**No Signature Found!**

Committee on Standards and Practice Parameters

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

### Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Most likely I will serve as a consultant to MGI Pharma for the next one to two years in their quest to get Aquavan approved for sedation procedures.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

For the next year I will serve as a consultant to TEORG which is an oil and gas venture associated with UT and Texas A&M. No relationship I can see to ASA.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

I will be Professor Emeritus at UT Houston Health Science Center

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/3/2008 12:09:32 PM )*

Last update on:11/1/2007 10:08:50 PM



# Potential Conflict-of-Interest Form

Membership # 342081, Year 2008

**Gregory K. Unruh, M.D.**  
 Univ. KS Dept. of Anesthesiology  
 21215 W. 106th Street  
 Olathe, KS 66061

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Membership

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

### Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

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- a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);
- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Associate Professor, Department of Anesthesiology, Kansas University Medical Center, Kansas City, KS 1 year term

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/1/2007 10:08:50 PM )*

Last update on:1/26/2008 12:55:17 PM

 **Potential Conflict-of-Interest Form**

Membership # 274990, Year 2008

**Jeffrey L. Apfelbaum, M.D.**

2560 Greenview Rd

Northbrook, IL 60062-7032

BOARD &amp; COMMITTEE CONTRIBUTION AGREEMENT

**No Signature Found!**

SAMBA Committee on Finance and Budget

**Disclosure of Affiliations**

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

**Affiliations**

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

At my primary place of employment (University of Chicago), I serve on the Executive Committee of the University of Chicago Medical Center, University of Chicago-Pritzker School of Medicine and as a Trustee of the University of Chicago Practice Plan.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

At my primary place of employment (University of Chicago), I serve on the Executive Committee of the University of Chicago Medical Center, University of Chicago-Pritzker School of Medicine and as a Trustee of the University of Chicago Practice Plan.

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Chicago, Pritzker School of Medicine. Professor and Chair, Department of Anesthesia and Critical Care.

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

ASA

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/26/2008 12:55:17 PM )*

Last update on:11/16/2007 5:31:45 PM



# Potential Conflict-of-Interest Form

Membership # 201920, Year 2008

**Charles W. Otto, M.D.**

University of Arizona Health & Science Center  
 Department of Anesthesiology  
 1501 N. Campbell Avenue  
 Tucson, AZ 85724-5114

Committee on Professional Education Oversight

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

### Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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### Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

University Physicians Healthcare, Inc. - Group medical practice - Employee American Heart Association - Member, Advanced Cardiac Life Support Subcommittee-3 yrs

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

University of Arizona College of Medicine - Professor - yearly

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/16/2007 5:31:45 PM )*



# Potential Conflict-of-Interest Form

Membership # 871638, Year 2010

**Michael J. Oleyar**

Michigan State University College of Osteopathic Medicine  
404 Virginia Ave Apt 6  
Royal Oak, MI 48067-4101

BOARD & COMMITTEE CONTRIBUTION AGREEMENT  
Signed On: 5/16/2009 2:07:25 PM

Committee on Residents and Medical Students

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Manager and member of High Compliance LLC, a company that holds a patent for a new hospital gown. This company generates no revenues and is not likely to generate any in the near future.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am on the Governing Council of the Michigan Society of Anesthesiologists Medical Student Section.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

I plan on being active in advocacy on behalf of ASA, AMA, and the American Medical Student Association.

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:5/16/2009 2:07:25 PM )*



# Potential Conflict-of-Interest Form

Membership # 380251, Year 2008

**Lawrence J. Roy, M.D.**  
2420 Freeman Manor Dr  
Jones, OK 73049-8747

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

Please complete each question to the best of your knowledge. You may list your answers directly on this form and on a separate sheet of paper (provided at the end of this document), as may be required. Complete disclosure of all relevant material financial relationships and potential financial conflicts of interest is required. If you are uncertain about what might constitute a potential financial conflict of interest, err on the side of full disclosure, and, if necessary, contact ASA General Counsel with any questions or concerns.

If at any time during your tenure you become affiliated with another organization or cease an affiliation, please provide such information to the Secretary.

The following terms used in this statement have the following meanings:

"Material financial interest" means any financial interest, including all forms of compensation, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect your judgment with respect to decision making on behalf of ASA. Determination of a material financial interest is generally a matter of personal judgment but, the following are guidelines:

a financial ownership, partnership or substantial investment (equity or debt) interest in an entity of 5 percent or more (not minor share holding in publicly traded corporations);

a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/9/2008 11:01:57 PM )*



# Potential Conflict-of-Interest Form

Membership # 874103, Year 2008

**Erica J. Stein, M.D.**

Univ. of Pennsylvania, Dept Anesthes.  
3400 Spruce St.  
5th floor Dulles Bldg - Dripps Library  
Philadelphia, PA 19104  
Editorial Board for the Web Site

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

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If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

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11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/27/2007 10:08:57 AM)*



# Potential Conflict-of-Interest Form

Membership # 699060, Year 2008

**Darin K. Via, M.D.**

Portsmouth Naval Hospital  
27 Effingham St.  
Dept. of Anesthesiology  
Portsmouth, VA 23708-2197

Committee on Uniformed Services and Veterans' Affairs

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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- a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;
- significant honoraria or consulting fees; or
- a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:11/26/2007 12:08:25 PM )*



# Potential Conflict-of-Interest Form

Membership # 365622, Year 2008

**Patricia J. Davidson, M.D.**  
27 Keswick Dr  
New Albany, OH 43054-8075

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Ad Hoc Committee on Smoking Cessation Initiative

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Premier Anesthesiologists, LLC: private practice group Ohio Surgery Center: Where I work. Our corporation owns some shares of ownership.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Husband, William Cotton, MD is Pres of Medical Staff, Columbus children's Hospital, Immediate Past Pres. Amer. Acad. of Pediatrics, Ohio Chapter, Molina Healthcare, medical director

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

Yes

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

Ohio Society of Anesthesiologists

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

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11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

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**Statement of Compliance**

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*( signed on:11/11/2008 3:42:25 PM )*



# Potential Conflict-of-Interest Form

Membership # 318418, Year 2008

**Alan M. Harvey, M.D., M.B.A.**  
Brigham and Women's Hospital  
99 Pond Ave., #604D  
Brookline, MA 02445-7117

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

Committee on Information Management

## Disclosure of Affiliations

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[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

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6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political

activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

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No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:6/5/2007 6:05:14 PM )*



# Potential Conflict-of-Interest Form

Membership # 505801, Year 2008

**Paul W. Pickard, M.D.**  
4599 Cypress Shores Drive  
Mobile, AL 36619

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

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## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

"Family member" shall mean spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, brother, sister or spouse of a brother or sister. Interests held by a family member shall apply to the extent such interests are known to the member.

1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

Anesthesia Consultants ,PA. This is my medical practice in which I own shares of stock.

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

I am secretary for the Mississippi Society of Anesthesiologists and serve on the Medical Services Committee for the Mississippi State Medical Association.

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

No

If "Yes", Please list the name of each institution, position held and term of appointment:

7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

If "Yes", Please list the family member involved and the nature of the activity:

11. Are you involved in any other personal relationship, activity or interest which may raise a conflict of interest or impair your objectivity on ASA policies or issues?

No

If "Yes", Please describe each relationship, activity or interest:

**Statement of Compliance**

I understand that I am expected to comply with the requirements of this Statement of the American Society of Anesthesiologists.

To the best of my knowledge and belief, I have completely disclosed my affiliations.

I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:4/14/2008 7:10:58 PM )*



# Potential Conflict-of-Interest Form

Membership # 340381, Year 2008

**Richard C. Prielipp M.D.**  
 University of Minnesota  
 420 Delaware St SE Ste MMC294  
 Minneapolis, MN 55455-0341

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

## Disclosure of Affiliations

A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.

Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.

A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or other relevant body to which the member is appointed or elected.

## Affiliations

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a financial ownership, partnership or substantial investment (equity or debt) interest which contributes to your income in a material way;

significant honoraria or consulting fees; or

a position as proprietor, director, managing partner or key employee.

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

- 2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

- 3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

- 4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Executive Committee of the MSA (Minnesota Society of Anesthesiologists)

- 5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

- 6. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes

If "Yes", Please list the name of each institution, position held and term of appointment:

Professor and Chair Univ of Minnesota Medical School Dept of Anesthesiology 420 Delaware St, S.E. Minneapolis, MN 55455

- 7. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, including lobbying, on behalf of any organization?

No

If "Yes", Please list the name of each organization and describe the nature of the activities you are or will be involved in:

- 8. Do you hold, or do you intend to seek within the next 12 months, any political office (elected or appointed)?

No

If "Yes", Please list each political office:

9. Are you involved, or do you intend to become involved within the next 12 months, in any other significant political activities (excluding voting and political contributions)?

No

If "Yes", Please describe your political activities:

10. Are you aware of any activity of a family member that may conflict with ASA's policies or activities?

No

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I understand that I have a continuing responsibility to comply with the requirements of this Statement, and I will promptly disclose any affiliations required to be disclosed.

*( signed on:1/4/2008 3:18:52 PM )*



# Potential Conflict-of-Interest Form

Membership # 718530, Year 2008

**Christopher W. Cary, M.D.**  
 Maine Medical Center  
 4 Alexander Dr  
 Cape Elizabeth, ME 04107-9651

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**  
**No Signature Found!**

SEA Committee on Resident Curriculum

## Disclosure of Affiliations

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1. Do you or a family member hold or plan to hold a material financial interest in any business which furnishes goods or  
[asawebapps.org/coi\\_admin/coiPrint.asp...](http://asawebapps.org/coi_admin/coiPrint.asp...)

services, or is seeking to furnish goods or services, to ASA?

No

If "Yes", Please list the name of each business and the type of goods or services involved:

2. Have you or a family member asserted or filed, or intend to assert, a lawsuit, legal complaint, personal claim for damages or formal grievance against ASA?

No

If "Yes", Please describe the nature and status of the legal action:

3. Do you or a family member hold or plan to hold a material financial interest in any health care business or health care facility, including a private medical practice?

No

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

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*( signed on:2/28/2008 1:54:48 AM )*



# Potential Conflict-of-Interest Form

Membership # 452986, Year 2008

**H. Jerrel Fontenot M.D., Ph.D.**

Fontenot & McIntosh LLC

305 Park Ave.

Monroe, LA 71201

**BOARD & COMMITTEE CONTRIBUTION AGREEMENT**

**No Signature Found!**

## Disclosure of Affiliations

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Yes

If "Yes", Please list the name of each business or facility and provide a brief description of the type of business or facility:

H Jerrel Fontenot, MD, PhD APMC Owner, Ouachita Community Hospital LLC Owner, Ouachita Medical Properties

4. Are you, or a family member, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **health care business, organization or health-related professional society** (or do you, or a family member, anticipate becoming so involved within the next 12 months)?

Yes

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

Board of Director - Ouachita Community Hospital

5. Are you, or do you anticipate becoming within the next 12 months, a Trustee, Director, Officer, Council or Committee member, employee or consultant of any **non-health care** business, organization or society?

No

If "Yes", Please list the name of each entity, position held and term of position. If the entity is not nationally known, please provide a brief description of the entity:

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*( signed on:6/26/2008 10:28:44 AM )*